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The delusion of Wonderland

Mental illness in Carroll's *Alice's Adventures in Wonderland* as a sign of the double address

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Abstract

This thesis seeks to address how Lewis Carroll's novel *Alice's Adventures in Wonderland* can be interpreted as a story about mental illness, where the main character is suffering from Schizophrenia. The story of Alice has been adapted many times since it first was published, even by Carroll himself who wrote three different versions of the Alice story. I will look into how children's literature has been defined over the years, as well as address the emergence and acceptance of the fantasy story. *Wonderland* was quite controversial at the time it was published. Children's literature was supposed to be of a moral character, always seeking to teach children how to be good, behaved persons. However, Carroll did not write according to these criteria. Rather, his writing appeals to the enjoyment of the child, and the adult, as I will address. The focus will be on how Alice's Schizophrenia is making her imagine things and places, and that Wonderland and its characters are really not the fairy tale it appears to be. Rather, Wonderland is a mental asylum, and the characters she encounters are other, fellow patients of the mental asylum. Thus, I will also be addressing Schizophrenia and mental illness through the times. Through this interpretation of *Wonderland*, I will show how the reader is as much a part of creating the story as the author is. The author can have all the intentions they want, but in the end, it is up to the reader how they interpret it. They might see a whole different story than the author intended to write.

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1 Introduction

I have reason to believe that “Alice’s Adventures in Wonderland” has been read by some hundreds of English Children, aged from Five to Fifteen: also by Children, aged from Fifteen to Twenty-five: yet again by Children, aged from Twenty-five to Thirty-five: and even by Children—for there are such—Children in whom no waning of health and strength, no weariness of the solemn mockery, and the gaudy glitter, and the hopeless misery, of Life has availed to parch the pure fountain of joy that wells up in all child-like hearts—Children of a “certain” age, whose tale of years must be left untold, and buried in respectful silence.

(Carroll, *The Nursery ‘Alice* ix)

Lewis Carroll begins his third version of the Alice story by asserting that the child is ageless in his preface. It appears that Carroll suggests that whether you are five or thirty-five, the child within will never grow old. When writing the children’s classics *Alice’s Adventures in Wonderland*, Carroll perhaps understood the term ‘children’s literature’ more broadly than the average children’s author.

Still, there is no denying that Carroll’s *Wonderland* belongs to the classics of children’s literature. *Wonderland* is part of this category for numerous reasons. Amongst these reasons, we find that the story is built on already existing models in the category of children’s literature, and it appeals to the imagination of children. The novel was not the first fantastical work in the category of children’s literature. However, the time in which Carroll’s work was published was the start of a new era for English literature, especially with regards to children’s literature. The acceptance of his work was made possible because of “the enthusiasm of the Romantic movement for fantasy and...for fairy tales” (Shavit 81). The fantasy model came to be more accepted in the category of children’s literature after it had been accepted in the category of adult literature. The acceptance of the fantasy model within the adult literature category mostly happened through translation, especially translation of the works of Perrault, Grimm, and Andersen (Shavit 81).

Looking at the history of English children's literature up until the acceptance of fantastical stories and the publication of *Wonderland*, it is quite clear why Carroll's work got the attention it did. Before *Wonderland*, there was not a lot of, though some, children's literature solely addressing children's imagination without trying to be moralistic and carefully explaining that 'this is not real'. In *Wonderland*, Carroll is very vague regarding what should be considered reality, if anything.

Carroll and his Alice are still relevant today. More than 150 years have passed since the novel was first published, but the story of Alice is still being consumed today by children as well as adults. The story has brought about countless theories about the mystery of Alice. As google results will show, finding the meaning behind the Alice story has occupied psychiatrists, social anthropologists, and literary scholars as much as the everyday man (Kohlt; Deems). Googling 'Alice in Wonderland interpretation' will give you approximately 2.7 million hits. A google search for 'Alice in Wonderland analysis' will provide you with nearly 5 million results (searches performed on 21 April 2022).

If the novel ever was just a piece of nonsensical entertainment, it surely is not simply that any longer. As the Google searches show, the story about Alice has seemingly become a mystery in need of a solution. The mystery of Alice is continuously being pursued, even today, as this thesis itself exemplifies.

But why this fascination over an alleged children's book from the 19th century? Well, *Wonderland* is quite an ambiguous book. This ambiguity leads to unlimited interpretations of the story, only limited by the reader's imagination. Thus, the reader is enabled to create the version of their liking – whether that version is Alice as a daydreamer or Alice as a drug abuser. The choice is the reader's, because what is a book without a reader?

My interpretation as a reader is that Alice is suffering from the mental illness of Schizophrenia. Wonderland is the psychiatric hospital in which she has been placed. The characters she encounters are her fellow mentally ill patients of the psychiatric hospital. I argue that because it is possible to interpret Alice as a schizophrenic character, the text demonstrates duality to the point where it no longer can be considered solely children's

literature. Additionally, however ambiguous Carroll made the book, it is the reader that opens up to an understanding of the Alice story as something more than nonsensical children's literature.

In this thesis, I seek to investigate how and why Carroll's beloved *Wonderland* can be interpreted as a story about a girl suffering from mental illness, living in the delusion of Wonderland, which is really a psychiatric hospital. Furthermore, I wish to illuminate the story's ambiguity and demonstrate why this book is so much more than a children's literature book, and why it can be read as a story about mental illness meant not only for children. Lastly, I will be investigating what role the reader plays in the creation of this version, and all the other versions, of the Alice story.

My argument includes diagnosing a fictional character with a very real and serious disease. It is not my intention to make people, or in this case, characters, who are not mentally ill, seem ill. I am not a mental health specialist, nor do I seek to be one. I do not condone diagnosing oneself or others without seeing a professional. Neither would I like to participate in what appears to have become a trend among teenagers on social media platforms – the trend of self-diagnosis, which will lead me to believe that I have ADHD just because I daydream a lot. My intention is rather to illustrate how a text can be read so differently by different readers, and to illustrate how the reader is as much a part of the construction of the story as the writer is. Even though Alice might not suffer from any mental disorders, and Lewis Carroll may not have had any intention of making it appear as if she did, I would like to show you how readers can form the story by how they read and interpret every word.

Reading the story of Alice as a mentally ill girl is not purposeless. If one is to believe that Carroll meant for his readers to interpret Alice as schizophrenic, he probably did so with an intention. There are many a reason for writing Alice as schizophrenic. Firstly, Alice is just a girl. There is no harm in Alice. She is kind, sociable and funny. She is highly imaginative and creative. She is also curious and wondering, and open to the world around her. Alice then being schizophrenic shows that schizophrenic people are just people. Their illness does not define them, nor are they a danger to society. Perhaps this is the message that Carroll tries to

convey, if he did in fact intend to write Alice as having a mental illness – that mentally ill people are just people. Kind or vicious – a mental illness does not make a person.

I view Alice as schizophrenic to investigate why Carroll might have chosen to write her in that way, and thus, getting to learn more about Victorian society, mental illness and the classification of mental illness at the time, as well as learning more about the author himself.

In order to explore the questions in my introduction, I will be looking into theory concerning children's literature, as well as theory on the psychological matters I will be investigating in Carroll's work.

Firstly, I will be discussing the term 'double address', a literary term that signifies that a piece of literature is addressed to more than one single audience – hence, 'double'. Going into detail on the double address, what it is, and how it works, allows me to show you how children's literature can be interpreted in several ways, depending on who is reading it. Further, arguing that *Wonderland* is subject to the 'double address' supports my claim that the main character, Alice, suffers from at least one mental illness.

Since I argue that Alice can be read as having a mental disorder, I will be addressing the disorder(s) in question – definitions, symptoms, and other information I believe you might find useful. The mental disorder I will describe is Schizophrenia. However, I will also discuss Schizotypy, or Schizotypal personality disorder, which is on the spectrum of Schizophrenia.

Moreover, I will address how mental illnesses have been classified over time. Classification of mental illnesses has evolved since the day it first was discovered and will most likely keep evolving until the end of days. I believe it is important and useful to see how the classification of mental illnesses was at the time Lewis Carroll wrote the story of Alice, to see what concepts he had to work with, and to see what the attitude towards mentally ill people was at that time. This could perhaps give light to why Carroll made the character of Alice mentally ill, if that happened to be his intention.

2 Theory Chapter

2.1 The double address – children’s literature being written for the adult as much as the child

Within literature, one can distinguish between an abundance of categories, from fantasy to dystopian and adult to children’s literature. However, sometimes, literature cannot be so easily placed in only one of these categories. Sometimes, the literature in question might contain elements from several genres, and might belong in various categories that, in truth, are opposed to one another. This is the case for an array of literature that is considered children’s literature.

For example, the narrative features of some modern children’s classics have been shown to be rather adult. An example of this is *The Very Hungry Caterpillar*. The story follows a caterpillar’s transformation into a butterfly. The transformation from caterpillar to butterfly most likely has little or no significance to the child, whereas the adult reading the story might see the transformation as something metaphorical, possibly signifying the child’s transformation into an adult. This is one of many examples of how stories that are meant for children can contain literary elements that do not belong in the category of children’s literature. As Knoepfmacher puts it, some of our finest children’s literary pieces are “hybrid constructs that combine a child’s perspective with the guarded perspective of the former child we call ‘adult’.” (159). Within the children’s text, there is a dialogue between the present self and the former self – which is the child the adult once was. Not all elements in children’s literature are meant for the child to understand. However, is it then children’s literature?

This is where the ‘double address’ comes in. The ‘double address’ refers to literature such as *The Very Hungry Caterpillar*, which addresses two sets of audiences in two different ways (or more). The ‘double address’ can be intentional or not, but it allows for different interpretations of the same story. This is the case for Carroll’s *Wonderland*, which I will discuss in more detail further on. In short, *Wonderland* has been interpreted in more ways than one, by audiences belonging to very different categories – such as child audience and adult audience – and there have been various adaptations into plays, movies, and even

videogames. The impact of the Alice stories might come from their ambiguous nature, which leaves room for a lot of interpretations. However, the adventurousness, the humorousness, the variety of extravagant characters, and the unknowing of what is going to happen, and *could* happen, have also probably contributed to the fascination of Carroll's books, and should not be dismissed.

2.2 History of English children's literature

For more than a century, the fantasy story model was rejected in English children's literature. The fantasy story is a genre that centres on imaginary elements – or fantastical elements. These elements can be imaginary worlds, the supernatural, magic, mythological creatures, superheroes or supervillains, monsters – everything out of the ordinary (“fantasy”). Eventually, the fantasy story came to be accepted through the notion of translation and cultural interaction. Fairy tales that had been previously rejected came to be approved, and almost became the standard for children's literature. Shavit mentions the “invasion” of fairy tales in English children's literature was highly influenced by the translation of the works of several writers of fairy tales, for instance, the work of Hans Christian Anderson, which was translated into English in 1864 (81). Knoepflmacher points out that it was the trans-generational and the trans-gendered fluidity of fairy tales that allowed them “to evolve and spread into other discursive forms.” (159).

When translating a text, the translator can allow themselves great liberties. However, all translated fantasy stories needed to meet the demands of what Shavit calls the children's literature systems (82). The children's literature system came into being as a system distinctly different from the adult literature system, with its own genres and features. Later on, the children's canon was established. For children's literature, there were many norms to be followed. There were norms for what themes should or should not be addressed, norms for how the narrative structure should be, and norms for what values should be proclaimed through the literature. These are the norms of writing morally good stories, understandable, non-confusing stories. Writers were not allowed to deviate from these specific norms (Nikolajeva xi). Writers, such as Carroll himself, went against these norms that existed for the children's literature system, introducing new narrative structures and more controversial

themes in their writing (Nikolajeva xi), such as combining several literary models and excluding the moralistic aspect partially, if not completely. Thus, writers, including Carroll, led the way for more contemporary writers and contemporary writing.

Shavit argues that the writers' attempt to meet the demands of the children's literature system explains two preeminent characteristics of English children's literature in the early days of the acceptance of fantasy stories for children.

Firstly, children's literature was to be moralistic stories that ensured the moralistic development of the child consuming the literature. Stevenson argues that the way adults viewed children's literature correlates with the nutritional model and the theory that "children, if left to their own devices, will tend to consume junk" (109). In the Victorian era, this theory dominated the treatment of children's literature. The adult writer, and every other adult, was to ensure that the impressionable child was not exposed to "junk" literature that could possibly stain the pure, innocent child mind. In reality, children had no autonomy when it came to the literary category addressed specifically to them because the adults feared that their lack of judgment could be dangerous and cause them harm – in this case, the wrong choice of literature could be hazardous.

Secondly, there was to be made a clear distinction between fantasy and reality in children's literature, in order for the child not to be confused. Many writers even considered it their responsibility to ensure that there was no confusion as to whether their story was realistic or imaginary. In her preface to *The Adventures of a Pincushion*, Mary Ann Kilner writes that

as I would not willingly mislead your judgment: I would previous to your reading this work, inform you, that it is to be understood as an imaginary tale; in the same manner as when you are at play, you sometimes call yourselves gentlemen, and ladies, though you know you are only little boys or girls. So, when you read of birds and beads speaking and thinking, you know it is not so in reality, any more than your amusements, which you frequently call making believe. To use your own style, and adopt your own manner of speaking, therefore, you must imagine, that a Pincushion is now making believe to

address you, and to recite a number of little events, some of which really have happened, and others might do so with great probability: and if any of the characters here represented should appear to be disagreeable, the Author hopes you will endeavour to avoid their failings, and to practice those virtues or accomplishments, which render the contrary examples more worthy of imitation. (Kilner xiv).

These words of a writer in a work published in the late 18th century perfectly exemplify the adults' duty to ensure that the child would not be confused nor harmed by imaginary tales, in addition to their moralistic development.

In his making of *Wonderland*, Carroll combined three literary models – the fantasy story model, the adventure story model, and the nonsense story model. The adventure story contains some kind of adventure. Adventure is defined as an unexpected or remarkable journey or experience (“adventure”). It can also be defined as an event happening as a ‘result of chance’. Adventure stories often include dangerous situations and brave acts. The adventure part of *Alice in Wonderland* is very apparent. Alice happens upon Wonderland by chance, she embarks on this unexpected and remarkable journey, and she is faced with danger and has to make brave decisions. As for *Wonderland* being a nonsense story, the nonsense story can be defined as

a genre of narrative literature which balances a multiplicity of meaning with a simultaneous absence of meaning. This balance is affected by playing with the rules of language, logic, prosody and representation, or a combination of these.

(Tiggis quoted in Oliveira 65)

The balance of a multiplicity and an absence of meaning is quite a striking characteristic of *Wonderland*. The characters Alice meets say many things that don't make a lot of sense, but at the same time, they somehow do make sense. For example, the Queen says that “Why sometimes, [she's] believed as many as six impossible things before breakfast” (Carroll, *Through the Looking-Glass, and What Alice Found There* 46). On the one hand, as Alice points out, it does not make sense to believe impossible things. If you believe impossible things, are they then impossible? Do you then truly believe they are impossible? However, on

the other hand, the statement gives more meaning to the story, to the character of the Queen and to the setting of Wonderland. Because why not believe impossible things, if you can?

Due to Carroll combining all these genres – the fantasy story, the adventure story, and the nonsense story, this was quite the extraordinary literary work. Furthermore, *Wonderland*, contrary to the preceding children’s literature, makes it quite difficult to distinguish between fantasy and reality. Carroll does not carefully explain what is and what is not reality. In fact, it seems that he has purposefully made the book confusing.

Is *Wonderland* thus to be considered children’s literature? The fact that the book does not attempt to follow the demands of children’s literature systems could indicate that Carroll did not intend to write a children’s book but rather a book that appealed to a larger audience – both children and adults, and everyone in between.

2.3 The three different versions of *Alice* – was Carroll intentionally ambiguous?

Carroll has published three different versions of *Alice*. The first version, *Alice’s Adventures Underground*, was a Christmas present for Alice Liddell, who was a child at the time. Alice Liddell first heard the story from Carroll himself during a river trip. The story follows a bored girl seeking to find adventure. Alice Liddell enjoyed the story quite a lot and requested to have it written down – making for the first written-down version of the Alice story (Moruzi xii). The first *Alice* book was not written as a children’s literature book; rather it was written for one specific child – Alice Liddell. The second version, the most known story, is *Wonderland*. The third version Carroll published is *The Nursery ‘Alice’*. This third book was intentionally published for children up until the age of five years. Carroll’s last version is a simpler, less confusing version of *Wonderland*, and it would perhaps be considered more ‘appropriate’ children’s literature in the Victorian era. Carroll even goes to the length of explaining to his readers that this is not real life but rather a dream, something that could not possibly happen in real life. He says about Alice’s fall down the rabbit hole: “It was just like a very deep well: only there was no water in it. If anybody really had such a fall as that, it would kill them, most likely; but you know it doesn’t hurt a bit to fall in a dream,

because, all the time you think you're falling, you are really lying somewhere, safe and sound and fast asleep" (Carroll, *Nursery* 3).

The fact that Carroll wrote three different versions of *Alice* yet again indicates that Carroll's intention with *Wonderland* was not to write a children's book—in any case, not a book solely meant for children. Instead, as Shavit argues, Carroll intended to write an ambivalent text. An ambivalent text is a text "which belong[s] at the same time to more than one system, and consequently [is] read differently by at least two groups of readers" (Shavit 76).

A great deal of the early children's literature was, in fact, also written with the intention of attracting an older audience. The trend of the 'single address' – that is, the trend of addressing literature to a single group, in this case, not addressing children's literature to both children and adults, but instead focusing on the interest of the child, with no concerns for whether the literature would appeal to the adult reader – arose in the early 20th century, according to Wall (as cited in O'Sullivan 16).

Unlike my argument, Wall argues that *Wonderland* is the precursor to the 'single address' in terms of children's literature. Wall makes a fair point in arguing that Carroll's work is the precursor to the 'single address' considering how non-moralistic and absurd the story of Alice is, playing on and aiming at the imagination of a child. *Wonderland* was, as mentioned, a turning point for English children's literature for this exact reason. However, I still believe that it is important to see *Wonderland* as an example of the double address because of the differences that are found in Carroll's separate works about Alice.

O'Sullivan states that many people have found *Wonderland* to be the exact opposite – an excellent example of the 'double address' (16) – that is, literature addressed to more than one group of audience; here, both the child and the adult reader. The most apparent evidence of *Wonderland* being an example of the 'double address' lies in the fact that Carroll did indeed write three different versions of the Alice story, and that the last version, *Nursery*, is a simplified and more conventional story than *Wonderland*. Carroll intentionally made a

different version of the Alice book, especially for younger children. Thus, what audience was *Wonderland* aimed at if *Nursery* was specifically aimed at younger children?

It is worth noting that since *Nursery* was written more closely to the Victorian children's literature system, and that it was following the norms of making the distinction between reality and fantasy much clearer than what was the case for *Wonderland*, it also aimed at the adult Victorian audience, who appreciated moralism and distinctions between reality and fantasy. Thus, even *Nursery* could be seen as an example of the double address because it aims to please the older generation of the Victorian society.

Even though Wall states that *Wonderland* is a great example of the 'single address', and O'Sullivan argues the book is a great example of the 'double address', they are not necessarily in as much disagreement as one could believe. I agree with O'Sullivan that the story is targeting a dual audience. However, I believe there is something to Wall's argument as well. Carroll does specifically address children more so than other children's books of the Victorian era. The single addressed children's books of the Victorian era addressed children from an adult's perspective, in a highly moralistic way, and did not appeal to children as much as Carroll's book did, with his creative nonsense, playing on and appealing to children's imagination.

In contrast to Wall, Shavit claims that Carroll intentionally tried to make *Wonderland* an ambivalent text, whereas *Nursery 'Alice'* was consciously constructed as a univalent text (79). By contrasting the ambivalence of *Wonderland* with the univalence of *Nursery 'Alice'*, I believe we find the answer to the previously asked question. The ambivalence of *Wonderland* ensures that the text is at all times read and interpreted differently by more than one group of readers. It is differently read and interpreted by the adult reader and the child reader. The adult reader might read into the story underlying criticism or issues that are not specifically spoken, whereas the child might be ignorant of these clues, and solely respond to the fantastical, imaginative aspect of the story.

2.4 Mental illness through the times

2.4.1 Classification of mental illness

In order to portray Alice as Schizophrenic, I believe it is important to look at how the classification of mental illness has looked like throughout the years – from the time Carroll wrote his work up until today. I find it is relevant to see what concepts Carroll had to work with, as well as looking at modern concepts that can contribute to the analysis of Alice.

Having a standardized classification system of mental illnesses is important – for diagnosis, for having the ability to treat people who suffer from mental illness correctly, and for being able to understand the illnesses on a deeper level. Furthermore, having such a system makes it easier to discuss mental illness and thus describe the experiences relating to mental illnesses. However, the creation of such a system is not that easy, as history will show. Diagnoses of mental illnesses can be traced as far back as Ancient Greece.

In the 18th century there were numerous attempts to create a categorization of mental diseases. As Munsche and Whitaker write in their article on the historical perspective of mental illness classification, it could be considered “the century of classification” (226). Four physicians of the 18th century stand out in their attempt to categorize mental diseases: Linnaeus, de Sauvages, Vogel and Cullen. It was a paper written by de Sauvages in 1731 that started the process of classifying mental diseases (Munsche and Whitaker 224).

De Sauvages work inspired later classification systems. One of those he inspired was Carolus Linnaeus, who published a book called *Genera Morborum (Varieties of Disease)* in 1759. In this book he categorizes diseases, and divides them into 11 different classes, 37 orders, and a number of 325 species. In the fifth class he addresses mental illness. This book was likely inspired by de Sauvages work of 1731. Linnaeus’ book included an abundance of diseases; however, there were few details attributed to each of the diseases. In a revision of his earlier book, *Nosologie méthodique*, de Sauvages echoes the ideas provided by Linnaeus; however, he supplied more extensive descriptions (Munsche and Whitaker 226-228). Whereas both Linnaeus and de Sauvages only classified the symptoms of the diseases, Cullen recognized the need for finding possible underlying causes of the mental illnesses, which, in

turn, was a more modern approach to classification of mental disease (Munsche and Whitaker 228).

There were other contributors and other propositions for a classification system, and there was a great deal of disagreement about how such a system should look. The pressing need for a standardized system with agreed-upon terms and definitions gave rise to the Diagnostic and Statistical Manual (DSM). The first edition was published in 1952, and the manual has been remodelled over the years since (Farreras 251).

Before the 1800s, Western concepts like mental illness, insanity and madness went hand in hand. Mentally ill people were often compared to animals. They were seen as lacking the ability to reason, as possessing no control over themselves. They were considered unprovokedly violent, among other things. It was believed that fear was the best cure for their insanity, and that fear would bring them back to the state of sanity (Farreras 248). In the books about Alice, Carroll portrays mental illness as something different from the animalistic and illustrates how mentally ill people are also reasoning beings.

By the time Lewis Carroll wrote the Alice books, the protests against the ill treatment of the mentally ill were well on their way. The protests began at the beginning of the 18th century, and they contributed to a more humanitarian and compassionate view of the mentally ill (Farreras 248). Carroll had a special interest in mental illness (Kohlt 151). Thus, it is a possibility that *Alice* was his contribution to the protest.

2.4.2 History of Schizophrenia

Today Schizophrenia is understood as a psychotic disorder. Schizophrenia is a severe mental illness that affects the brain of the person who suffers from the illness. It affects the thoughts, feelings and behaviour of a person (National Institute of Mental Health 2020). Schizophrenia is defined by the current DSM as “abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.” Negative symptoms commonly found for schizophrenic patients are those of avolition and diminished emotional expression (American Psychiatric Association 87-88).

The first decent description of Schizophrenia dates back to the early 18th century. However, it was not known as Schizophrenia at the time. In the beginning of the 19th century the disorder was described as ‘early dementia’ (Lavretsky 3). Thomas Willis addressed a Schizophrenia-like illness in his (1672) chapter on foolishness and stupidity. He claims that while foolish people may have an intact memory, “by reason of a defect of judgement, they compose or divide their notions evilly, and very badly infer one thing from another; moreover, by their folly, and acting sinistrously and ridiculously, they move laughter in the by-standers” (Hare 522). Translated into more modern terms; “they have a loosening of associations”, as Cranefield would interpret Willis’ statement (Hare 522). Seemingly, Willis makes no distinction between the two terms of stupidity and foolishness. However, he seems to be of the opinion that stupidity is something you are born with, whereas foolishness is the result of some kind of malformation or damage of the brain (Hare 522). What Willis describes as foolishness seems to be a description of a Schizophrenia-like illness, according to Cranefield, who describes it as “a fairly good very early description of simple schizophrenia” (Hare 522). The fact that he addresses what likely is Schizophrenia as foolishness, and proceeds to say that it is no different than stupidity, illustrates the attitude some people had towards mentally ill people not too many centuries ago. Even professionals within health care, such as Willis, used words such as ‘evil’ and ‘sinister’ when describing schizophrenic people.

2.4.3 Schizophrenia as classified today

Schizophrenia is a well-known mental illness that affects 1 in 300 people—that is, about 24 million people across the world, according to the World Health Organization (2022). Typically, schizophrenia is diagnosed between late adolescence and early thirties. Although rarely, Schizophrenia is also diagnosed in younger children. The diagnosis usually follows a person’s first episode of a psychosis. Before experiencing psychosis, it is common that the person’s thoughts and moods change gradually (National Institute of Mental Health 2020).

The main characteristic of Schizophrenia is that the ones suffering from it have an impairment in the way they perceive reality. Although the impairment is significant, the way the impairment presents itself in the brain varies from one individual to the other. The perception of reality can be twisted in a way that makes the person suffer from persistent

delusions. That is, the person may believe certain things that simply do not correlate with reality. Another person might suffer from persistent hallucinations – hearing, seeing, smelling and feeling things that are not present. Some might experience a lack of control regarding their own feelings, thoughts and actions, that they are not in control themselves of these aspects, but that someone else is controlling them. Disorganized thinking or behaviour is also common amongst those who have Schizophrenia. This means that the person’s speech or behaviour is strange, purposeless and greatly disorganized. Oftentimes, cognitive skills, such as attention, memory and problem solving, are also affected negatively in people who have Schizophrenia.

The mental illness is highly stigmatized and often misunderstood. Media has been a big contributor to the stigmatization of Schizophrenia – illustrating schizophrenic people as violent and dangerous. Research shows that stigma around mental illness leads to mental health services being less prioritized, difficulties with hiring qualified staff, difficulties with finding employment and housing for those who have had episodes related to mental illness, and social isolation of those suffering from mental illness (Kadri and Sartorius 597). Also, the stigma concerning Schizophrenia is leading to social exclusion and discrimination. In addition, people who suffer from Schizophrenia also experience human rights violations in both community settings and in mental health institutions (World Health Organization 2022).

A mental disorder that is closely related to schizophrenia, and perhaps one that could be mistaken for schizophrenia, is Schizotypy, or Schizotypal Personality Disorder. This personality disorder is a highly underrecognized mental disorder and is often misdiagnosed. It is no wonder that Schizotypy repeatedly is mistaken for Schizophrenia, as the mental disorders are very much alike. In fact, Nettle states that Schizophrenia cannot develop without the presence of the underlying personality style of Schizotypy (267). Schizophrenia is a multidimensional disorder, including positive, negative and disorganized dimensions. There are several variations of this disorder. Schizotypy sometimes happens to fall upon the scale of Schizophrenia, with their similarities; however, it is considered much less severe than Schizophrenia (Mayo Clinic).

Schizotypy can be measured with standard personality scales. People who suffer from psychotic illnesses, such as bipolar disorder and schizophrenia, usually score high on the schizotypy scale. However, some people who have never been treated for a mental illness also happen to score high on this scale. Looking closely at the Schizotypy scale, one finds subdimensions of the condition that are independent from one another, meaning that subjects of the test can score high in one aspect without it affecting the other aspects. One of these subdimensions is related to having unusual beliefs, ideas and experiences. This subdimension includes the positive aspects of Schizophrenia and is very often linked to creativity and imagination (Schuldberg as cited in Nettle 268). People of the arts tend to score high on this subdimension of the Schizotypy scale—in fact, they often score as high as people who have Schizophrenia (Nettle 268).

DSM-V lists nine symptom criteria for Schizotypal personality disorder:

ID	Symptom criteria
C1	Ideas of reference (excluding delusions of reference).
C2	Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.
C3	Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or “sixth sense”; in children and adolescents, bizarre fantasies or preoccupations).
C4	Unusual perceptual experiences, including bodily illusions.
C5	Behavior or appearance that is odd, eccentric, or peculiar.
C6	Lack of close friends or confidants other than first-degree relatives.

ID	Symptom criteria
C7	Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped).
C8	Inappropriate or constricted affect.
C9	Suspiciousness or paranoid ideation.

(Xi, Cai, Peng, Lian, Tu 3)

According to the DSM-V, you have Schizotypal personality disorder if you have five or more of these symptom criteria (Xi et al. 2).

Investigating Carroll as an individual, in addition to studying his work, it is possible to find similarities between Carroll's personality traits and the symptom criteria for Schizotypal personality disorder. As I will discuss in the following chapter, Carroll did have insight into the mental asylums of the Victorian era, and it is not unlikely that he encountered people who suffered from Schizophrenia or showed Schizophrenia-like symptoms. Thus, it is possible that Carroll based the character of Alice both on his personal experiences and on his knowledge of mental illness, more specifically his knowledge of the mental illness we today call Schizophrenia.

2.5 Involvement in psychiatry

Lewis Carroll's uncle, Robert Wilfred Skeffington Lutwidge, was a Lunacy commissioner. He worked with the inspection of British and Irish lunatic asylums. Skeffington Lutwidge was an important figure and a well-connected person within psychiatry of the Victorian era (Kohlt 147).

According to Carroll's personal diaries it appears that he had a close relationship with his uncle. Speculations have been raised as to whether Carroll's relationship with his uncle

has influenced his work as a writer, and whether his characters have been inspired by encounters with or knowledge of the people in the lunatic asylums where Skeffington Lutwidge worked. Questions have also been raised about whether information on the inhabitants in these asylums has been ‘leaked’ from uncle Skeffington Lutwidge to nephew Carroll, and further found its way into Carroll’s *Alice* books (Kohlt 147-148).

Carroll also had an interest in photography that connected him to the local discourse on mental illness. His interest in photography played an important part in Carroll’s life, on an artistic, scientific, and social basis. Photography allowed him to expand his social circle, making connections with important persons that he most likely would not have become acquainted with had he not showed interest in photography. These important connections that he made might have paved the way for the creation and publication of the *Alice* books. For instance, through his photography experimentations, Carroll developed a friendship with the Liddell family, whereas one of Henry Liddell’s daughters was the inspiration behind the Alice character (Kohlt 149-151).

Diamond, a psychiatric doctor, a photographer and one of Skeffington Lutwidge friends, photographed his patients at the Surrey County Asylum for the purpose of classifying and cataloguing different types of insanity. He was convinced that photography was a better device for recording insanity, than caricatures that he believed “disfigure[d] almost all portraits of the Insane” and was “valueless to Science” (Diamond as cited in Kohlt 150). Psychiatric theory at the time claimed that “the appearance of the face is intimately connected and dependent upon the state of mind” (Morison as cited in Kohlt 150-151). According to Kohlt, it was here Carroll’s two interests of photography and the psychological converged. In combining these interests, it was possible to trace “the connection between the visible and invisible” (151).

That Carroll became acquainted with several Lunacy commissioners greatly impacted his knowledge of the psychiatric profession. Through his acquaintances he gained knowledge of the asylums’ grievances and the treatment methods used in the asylums. For instance, tea parties were used as therapeutic entertainment for mentally ill people (Kohlt 156). The infamous tea party that takes place in *Alice* illustrates many popular beliefs about the mentally

ill, as well as several specialities of the psychiatric profession and the methods that were used in lunatic asylums. The tea party in *Alice* is one of many examples of how Carroll's knowledge of the psychiatric profession influenced his writing (Kohlt 155-156).

2.6 Lewis Carroll vs. Charles Dodgson – a dual personality?

A psychoanalyst investigated *Alice* and the creator of the work. Using Freudian techniques, the analyst concluded that Carroll himself might have suffered from 'dual personality'. The analyst explained the creation of *Alice* as a form of expressing one's destructive tendencies (Youngman 111). It has also been theorized that *Alice* is an extension of Carroll's own psyche and his own mental health issues (Youngman 119).

The theory that Carroll suffered from a 'dual personality' was later summed up by biographer Langford Reed in a chapter titled "The Strange Case of Professor Dodgson and Mr Carroll", the title inspired by Stevenson's famous novel *The Strange Case of Dr Jekyll and Mr Hyde*. Charles Ludwig Dodgson is Carroll's real name, whereas Lewis Carroll is the pseudonym. In the work of Reed, the writer explains the duality of Carroll, and how Dodgson and Carroll differ so much that they appear to be two different persons. Where Carroll appeared to be a cheerful and nonsensical, the Dodgson persona came off as frigid and serious (Youngman 111).

In *Wonderland*, there is a passage in which Carroll may possibly have inserted his own feelings about having a dual personality. Carroll tells the readers that "this curious child was very fond of pretending to be two people. 'But it's no use now,' thought poor Alice, 'to pretend to be two people! Why, there's hardly enough of me left to make one respectable person!'" (Carroll, *Wonderland* 16). Based on the theory which claims that Carroll suffered from 'dual personality', one might see this passage as Carroll integrating his own feelings and struggles into the character of Alice. Alice, as is said, often pretended to be two people, so much that she often cheated against herself in games she was playing alone, so that she would "win" the game. However, no matter which one of her won, the other one of her would lose. Perhaps this was how Carroll felt being both Charles Dodgson and Lewis Carroll. No matter which persona succeeded, his other persona would fail. This might be a far reach, and one can

only guess at how Carroll, or Dodgson, really felt. Thus, I will not dig further into this theory. It is rather a curious remark, and something to consider when interpreting the mental aspect of the Alice character, and which influences have contributed to her being interpreted as mentally ill by so many readers.

As the books about Alice illustrates, Carroll saw things differently. For instance, the way madness is portrayed in his work, is rather different than how madness was portrayed in the Victorian society. Again, to score high on this scale is not necessarily a negative thing; rather, it can be quite the opposite. Look at Carroll, for instance. His imagination and creativity are immense, as we can see reflected in his *Alice* books as well as the character of Alice. Furthermore, as discussed in the previous chapter, odd beliefs, thinking and speech, as well as having bodily illusions are all symptoms of Schizotypal personality disorder, and these traits are found all over his work, in several of his characters. Seeing that it was Carroll who wrote the story of Alice, it is his mind, his thinking and his ideas that have created the story. Thus, it is possible that Carroll would score high on the schizotypy scale.

3 Analysis of *Alice*

Upon first encounter with the Alice books, the story might appear as just a funny, fantastical children's tale, with funny and strange characters, whether one is reading *Nursery* or *Wonderland*. However, looking closer at the text, there are several indicators that the wonderful world of Wonderland is actually a depiction of a mental asylum. To begin with, the characters living in Wonderland all show signs of having different mental illnesses. Secondly, the construct of the place – the design, if you want – also shows various resemblances to a mental asylum. Furthermore, Tenniel's illustrations in Carroll's work show strong indications of the characters being 'mad' – or suffering from mental illnesses.

3.1 Alice's Madness

Several analyses of the Alice character have come to the conclusion that Alice is mentally ill. The research done on the character displays that she possibly suffers from various mental illnesses, amongst them, eating disorders and personality disorders. Some of the researchers on this subject claim that Alice is suffering from the mental illness of Schizophrenia. As do I. There are several aspects of the Alice character, and the way she experiences the world, that indicate severe mental illness, and possibly Schizophrenia. I will address the characteristics of Alice that can also be found in schizophrenic patients and how her perception of the world can be compared to how schizophrenic patients can perceive the world.

3.1.1 A different reality

Alice is the only one in her world to perceive the world as she does. Everyone else outside of Wonderland appear to be unable to see the fantastical elements that Alice describes, such as the mad characters and the nonsensical objects that are to be found in Wonderland. Although all those who suffer from Schizophrenia experiences the illness in different ways and have different experiences with how they perceive the world, it is not uncommon to see, hear and feel things that are not there. Alice appears to be suffering from persistent delusions. That is, persistent until she "returns" to the real world, or rather – wakes up from her delusions. That Alice has no disbelief in Wonderland being a real place, that it is something made up in her

own mind, is a sign of Alice being delusional. She does find things to be weird and unusual, but she does not dismiss them as being unreal. She is often found to be thinking about the curious nature of Wonderland. Not long after falling down the rabbit hole, she thinks to herself: “[h]ow queer everything is today! And yesterday things went on just as usual” (Carroll, *Wonderland* 20). Thoughts and statements from Alice like this are to be found in the book from beginning to end. Another example of how curious she finds Wonderland, yet no track of disbelief in her thoughts is at the very beginning of the story.

There was nothing so *very* remarkable in that; nor did Alice think it so very much out of the way to hear the Rabbit say to itself, “Oh dear! Oh dear! I shall be too late!” (when she thought it over afterwards, it occurred to her that she ought to have wondered at this, but at the time it all seemed quite natural)

(Carroll, *Wonderland* 9)

After processing what has happened to her, she seems to come to the conclusion that she *should* find it weird. However, initially, it does appear very natural to her, as she is thinking to herself.

Hallucinations are a struggle for many schizophrenic people. One might see the Alice character as hallucinating the whole of Wonderland. However, looking at specific elements, some of them seem to be more apparent hallucinations. One of these quite obvious hallucinations that Alice has might be the Cheshire Cat – a very prominent character in *Wonderland*. This character appears out of thin air, and disappears again, as if it was never there. Sometimes, there is not even a whole cat that appears, but only parts of it. Encountering the Cheshire Cat, Alice thinks to herself: “Well! I’ve often seen a cat without a grin...but a grin without a cat! It’s the most curious thing I ever saw in my life!” (Carroll, *Wonderland* 72). And curious it is that Alice sees this reappearing cat in the ways she does. However, hallucinations can come as the most curious things one ever did see. Another notable thing about Alice, when it comes to the Cheshire Cat, is that when it vanishes, she “half expect[ed] to see it again” (Carroll, *Wonderland* 72). Alice strongly believes the things surrounding her are real. Despite how curious Wonderland turns out to be, she merely expects the curious

things to happen, and is somewhat startled when things are not even more curious. To illustrate, Alice happens to come across many little cakes, some time after the consumption of her first cake, which changed her size dramatically. The first thought to appear in her head is “[if] [she] eat[s] one of these cakes...it’s sure to make some change in [her] size” (Carroll, *Wonderland* 45). Normally, when one runs into a bundle of cakes, one does not immediately assume it will make one’s body grow or stretch or shrink. It is a cake. Furthermore, she does in fact believe her body to be changing in size, which might also be an indicator that she is hallucinating. However, Alice possesses no doubt about the realness of the curious things she stumbles upon and the curious things that happens to her.

3.1.2 A curious girl or an irrational girl?

Alice shows signs of irrational thinking several times throughout the story. An example of Alice’s irrationality is her belief in talking animals. Desperately trying to make her way out of the pool of tears she has made for herself, she encounters a mouse. Wondering if it would be of any use, she decides to reach out to it because “[e]verything is so out-of-the-way down here, that [she] should think very likely it can talk” (Carroll, *Wonderland* 25). And indeed, in her perception, the mouse does speak. The mouse is not the only animal Alice encounters that speaks to her. She has already heard the rabbit speak and did not seem to find it bizarre. She also makes friends with cats that appear out of thin air, and smoking caterpillars, with whom she also makes conversation as if it was the most normal thing to do in the world. To her, it appears as though talking animals are something one happens upon every day. These irrational thoughts and beliefs are not uncommonly found in schizophrenic patients.

The famous fall down the rabbit hole illustrates Alice’s irrational thinking well. One might think that if one were ever to fall down a rabbit hole, such as the hole Alice is falling down, one might be frightened or injured, or most likely both. But on her way down, Alice finds herself thinking about what she has learned in school, as well as practicing curtsying, just in case she “fall[s] right *through* the earth...[and] come[s] out among the people who walk with their heads downwards” (Carroll, *Wonderland* 11). Her mind is wandering a lot, to

places and things one would not believe the mind of a rational person would wander when falling down such a long rabbit hole.

3.1.3 Thoughts and feelings of the schizophrenic patient embodied in Alice

Fear and paranoia tend to be common among those suffering from Schizophrenia. During a meeting with the Queen, “Alice began to feel very uneasy: to be sure she had not as yet had any dispute with the Queen, but she knew that it might happen any minute” (Carroll, *Wonderland* 91). Further on she thinks to herself: “what would become of me? They’re dreadfully fond of beheading people here; the great wonder is, that there’s anyone left alive!” (Carroll, *Wonderland* 92). It is no wonder one becomes frightened when figures of authorities, such as the Queen, go on about ordering to have your head off – and the heads of everyone else, it seems. However, reading Alice as if she suffers from Schizophrenia, this is all happening in her head. As she later states; the Queen and soldiers are “nothing but a pack of cards!” (Carroll, *Wonderland* 136). In this passage she seems to have overcome her fear; however, to be frightened of a pack of cards to begin with is alarming, and not usual for mentally stable people.

Like many patients diagnosed with Schizophrenia, Alice is continuously overwhelmed by her own feelings. The ‘Pool of Tears’ chapter in *Wonderland* illustrates this lack of control over one’s own feelings well:

she sat down and began to cry again. “You ought to be ashamed of yourself,” said Alice, “a great girl like you,” (she might well say this), “to go on crying in this way! Stop this moment, I tell you!” But she went on all the same, shedding gallons of tears, until there was a large pool all round her, about four inches deep and reaching half down the hall.

(Carroll, *Wonderland* 20)

Alice is trying to get control over her own feelings, as she tells herself to stop crying. However, crying until you find yourself in a pool of your own tears illustrates that Alice is in no control of her own feelings. She then proceeds to have to swim in her own tears, as the water she first thought was the sea has grown to become nine feet high (Carroll, *Wonderland* 24). Alice suffers from lack of emotional control, irrational beliefs, delusions, and hallucinations. All these symptoms correlate with the symptoms of Schizophrenia. When she finds herself in the pool of her own tears, she is mad at herself for crying so much and believes she must be punished for her obsessive crying “by being drowned in [her] own tears” (Carroll, *Wonderland* 24). Crying is a normal human experience, and not something that one should be punished for. However, Alice seems to believe that since she was unable to control her feeling – dare I say after a rather traumatic experience of falling down a rabbit hole, finding herself to be stuck in a place where she has not been before, and on top of that growing bigger and smaller within seconds – she deserves punishment.

Obsessive thinking and intrusive thoughts are common amongst schizophrenic patients. The “pool of tears” scene discussed in the previous paragraph is as much an example of obsessive thinking and intrusive thoughts as it is an example of lacking emotional control. The obsessive thinking is present in her inner dialogue, when she literally obsesses over how much she is crying. The intrusive thoughts that present themselves in Alice’s mind are apparent in the thoughts she is having of punishing herself for her emotional reaction. Wanting to punish yourself is a sign of self-destructive behaviour. What it is not a sign of is mental wellbeing.

3.1.4 Disorientation – who is Alice?

Merriam-Webster defines disorientation as “state of confusion especially as to time, place, or identity often as a result of disease or drugs” (“disorientation”). Alice certainly appears to be quite disorientated about who she is. In an encounter with a Caterpillar, Alice’s confusion about herself is quite apparent:

“Who are *you*?” said the Caterpillar.

This was not an encouraging opening for a conversation. Alice replied, rather shyly, “I – I hardly know, sir, just at present – at least I know who I *was* when I got up this morning, but I think I must have been changed several times since then.”

“What do you mean by that?” said the Caterpillar sternly. “Explain yourself!”

“I can’t explain *myself*, I’m afraid, sir,” said Alice, “because I’m not myself, you see.”

“I don’t see,” said the Caterpillar.

“I’m afraid I can’t put it more clearly,” Alice replied very politely, “for I can’t understand it myself to begin with; and being so many different sizes in a day is very confusing.”

(Carroll, *Wonderland* 50)

Alice is certainly confused about who she is. However, looking at this passage from a psychological perspective; instead of confused, one might rather describe her as delusional. She claims to have changed numerous times just in a day, but in what way is it that she has changed? She does state that she has changed in size several times. However, her size changes seem to only have confused her a little. It seems that the changes she has gone through have made her lose her sense of self. As she tells the Caterpillar, she can no longer explain who she is, because she does not know.

Schizophrenic people can also experience their thinking as being quite disorganized. Disorganized thinking can show itself as random stops in the thought process and randomly spoken outburst. There is an incoherence in the way the thoughts of the schizophrenic patient function. This may affect the person’s ability to make decisions, in addition to the person’s memory. Oftentimes, Alice finds that she has forgotten how to do basic things, things she had no problem doing previous to entering Wonderland. For example, when Alice is confused about who she is, she tries to test herself, seeing if she has the knowledge she used to have:

Let me see: four times five are twelve, and four times six is thirteen, and four times seven is – oh dear! I shall never get to twenty at that rate! However, the Multiplication table does not signify: let’s try Geography. London is the capital of Paris, and Paris is the capital of Rome, and Rome – no, *that’s* all wrong, I’m certain!

(Carroll, *Wonderland* 22)

At least Alice realizes she has made mistakes. However, she does not believe that it is *she* who has made mistakes. Rather, she believes that she is not the same person as she was yesterday, but has been changed for a girl named Mabel, who apparently does not possess the same knowledge as Alice does. Furthermore, she tries to recite a poem, but she finds that she does not have the right words (Carroll, *Wonderland* 22). Moreover, she often thinks, or says out loud, to herself “what nonsense I’m talking!” (Carroll, *Wonderland* 18). Her memory is not as intact as it previously was. She randomly speaks to herself, out loud, often in a negative way. Like the example above, she tends to shame herself for talking nonsense or feeling certain ways, and she often states these things out loud, even though no one but her is listening. If this is not enough to illustrate her disorganized thinking, and how this has, especially, affected her memory, she sometimes seems to have forgotten even how to speak proper English: “‘Curiouser and curiouser!’ cried Alice (she was so much surprised, that for the moment she quite forgot how to speak good English)” (Carroll, *Wonderland* 18). What is more is that her spoken words are at several times purposeless. This is also common for those who suffer from disorganized thinking.

3.1.5 Daydreaming – is it a sign of mental illness?

There was a conspicuous theory and discussion on whether “children’s daydreaming and imagination could result in psychological disorders later in life” (Deems 65). The Alice character possesses quite the imagination and tends to wander in thoughts quite a bit. Both the beginning and the end of *Wonderland* signals that she is in a dream world. The first chapter starts off with Alice feeling very tired, “sleepy and stupid”, and being in her own mind thinking to herself (Carroll, *Wonderland* 9). Whether she is daydreaming, simply imagining the White Rabbit, or whether she already has fallen asleep is not explicitly stated. The ending, on the other hand, makes it quite certain that Alice took a journey to the dreamland, as she is woken up by her sister, apparently having had a very long sleep (Carroll, *Wonderland* 136). Stephanie Schatz came up with the definition of “castle building”, which described the child’s imagination of building non-existent worlds and characters. In the Victorian era many psychologists viewed this ‘castle building’ as a disorder (Deems 65). If a child seemed to

daydream a lot, and create their own worlds using their imagination, it was believed that they would experience trouble distinguishing the real world from fantasy. This was believed to be the case for any child, no matter if they seemed to be in perfect mental health (Deems 65-66). Children's imagination and creativity was seen as a threat in the Victorian era. The view was that people who suffered from mental illness were not fit to work and could not be expected to do so. Since the belief was that a high level of imagination almost certainly led to mental illness, imagination was thus a threat. However, in his work and research with child development, Freud states that daydreaming is an essential part of the development of a child (83), and not something to be feared, as the Victorians seemed to think. Daydreaming is simply an expression of the child's fantasy, fears and wishes. Daydreaming is what used to be expressed in the child's play, but as one grows older, it moves into the mind (Freud 83).

3.2 Wonderland as a mental asylum

3.2.1 Tea parties as an activity for the mentally ill

As previously mentioned, tea parties were regularly arranged at lunatic asylums, and Carroll's own tea party was most likely inspired by his observation and knowledge of the asylums. Thus, the fact that there is a tea party present in Carroll's *Wonderland* is a considerable indicator of Wonderland being a mental asylum. First of all, the characters present at the tea party possess traits of mentally ill people, such as the Hatter who shows signs of several mental illnesses, including borderline personality disorder and ADHD. However, there are other details about this specific tea party that indicates that it is one of those tea parties frequently arranged at lunatic asylums. For example, at Carroll's tea party there is only served bread and butter for food, and tea for drinks. This dietary was the standard dietary of Littlemore Pauper Lunatic Asylum (Kohlt 157).

3.2.2 Architectural similarities between Wonderland and mental asylums

Looking at the construction of Wonderland as a place, there are several similarities to mental asylums. Deems argues that similarities to architectural features of asylums can be found in the architectural features of Wonderland (67). When Alice falls down the rabbit hole, she finds herself in a corridor with many doors. "There were doors all around the hall, but

they were all locked; and when Alice had been all the way down one side and up the other, trying every door, she walked sadly down the middle, wondering how she was ever to get out again.” (Carroll, *Wonderland* 13). All these doors are locked, and at first, she is unable to find any key to open any of these doors. These locked doors are reminiscent of Victorian asylums: places where mentally ill people were treated, but not places of care or freedom (Deems 64). Psychiatric institutions usually have several corridors for different departments within the institution. These corridors will often have many doors. Some of these doors will lead to other areas within the psychiatric institution, and some will lead to the patients’ own personal “dorm”. These doors also tend to be locked, needing a key to open them, which usually only the people who work in these institutions have the access to. Alice does find a key eventually. However, it is not an easy task to find it, nor find the door that it opens. The hallway with the locked doors is perhaps what is most similar to the architectural structure of asylums. The hallway is no place of freedom, like the mental asylums were no place of freedom. It is an organized place of boundaries and thresholds. The organization of the whole of Wonderland also reflects the organization of asylums. The entire space of Wonderland consists of spaces that are restrictive and hard to navigate. At times, Alice is either too large or too small to fit through entrances, and thus finds herself being stuck. The structure of Wonderland impairs her in her attempt to leave certain spaces, just like an asylum with locked doors would impair you from leaving.

3.2.3 Drinks and cakes as medical treatment in Wonderland

The bottle marked with ‘drink me’ and the cake marked with ‘eat me’ might represent the medicine Alice receives for her mental illness. When looking for the key to open the doors of the corridor, Alice notices a bottle, “which certainly was not there before”, marked with the label ‘drink me’ (Carroll, *Wonderland* 14). Alice proceeds to drink it, assuming it must be safe because the bottle is not marked with poison. Further on, Alice finds a tiny cake that says ‘eat me’. Like with the drink, she consumes the whole thing. When she drinks the drink, she finds that it alters her body in a strange way – she shrinks to be only ten inches high. The purpose of medicine is of course to “change” something or hinder bad things from happening to your mind or body. Drugs, prescribed or not, can also create feelings of changes, and Alice might be experiencing this “curious feeling” of “shutting up like a telescope” due to the

medicine she has received (Carroll, *Wonderland* 15). The curious feeling might be just that, a ‘feeling’, and not something that actually happened to her. The same thing might be the case for the ‘eat me’ cake. However, what is curious here is that Alice at first does not notice any difference and finds it quite boring. All medicine will not have the same effect, or an apparent affect. For example, you will most likely not notice taking a pill of paracetamol as you will with being injected with morphine.

3.2.4 The surrounding characters as fellow patients

The Cheshire Cat claims that Alice is mad simply because she is surrounded by mad people.

«But I don’t want to go among mad people,” Alice remarked.

“Oh, you can’t help that,” said the Cat: “we’re all mad here. I’m mad. You’re mad.”

“How do you know I’m mad?” said Alice.

“You must be,” said the Cat, “or you wouldn’t have come here.”

Alice didn’t think that proved it at all; however, she went on “And how do you know that you’re mad?” “To begin with,” said the Cat, “a dog’s not mad. You grant that?”

“I suppose so,” said Alice.

“Well, then,” the Cat went on, “you see, a dog growls when it’s angry, and wags its tail when it’s pleased. Now I growl when I’m pleased, and wag my tail when I’m angry. Therefore I’m mad”

(Carroll, *Wonderland* 71)

Although it is quite the presumptuous opinion, to claim that Alice is mad simply because everyone around her is mad, it makes sense to some extent. That Alice is walking amongst mad people does not equal her being mad. However, it could be an indicator that she is in a place where “mad” people gather; for example, in a mental asylum.

If we are to believe the Cheshire Cat, all the characters we encounter in Wonderland are mad and thus possess qualities that indicate madness. Some of the characters might show signs of ‘madness’ more clearly than others. The characters we encounter on Alice’s journey through Wonderland that most instantly show signs of mental illnesses are the Mad Hatter, the Cheshire Cat and the Red Queen. I will not go into great detail about their possible mental illnesses, as I do with Alice. However, for the purpose of demonstrating how Wonderland resembles a mental asylum through the presence of ‘mad’ characters, I will briefly discuss the characteristics of some of the characters we encounter in the Alice books and the mental illnesses they appear to have.

3.2.4.1 The Hatter

One might associate the expression ‘mad as a hatter’ with Carroll’s *Alice*. However, the term did not originate from Carroll. It is commonly believed that the term originates from the hat-making industry and the theory that the workers of this industry were in danger of getting mercury-poisoning. This theory has not been confirmed. Nonetheless, hatters were often believed to be mad. The term ‘mad as a hatter’ was commonly used in Carroll’s time, and it was most likely an inspiration for the character of the Mad Hatter (Kohlt 156). However, the term was never used in the *Alice* books by Carroll himself. The character we know as the Mad Hatter is actually referred to as the Hatter, and it is the Cheshire Cat who first states that he is mad, in an encounter with Alice: “In that direction,” the Cat said, waving its paw round, “lives a Hatter: and in *that* direction,” waving the other paw, “lives a March Hare. Visit either you like: they’re both mad!” (Carroll, *Wonderland* 71). The Mad Hatter character is based on popular beliefs about madness and the insane, but the character does not possess the common traits of someone suffering from mercury poisoning (Kohlt 156). Yet, he does possess other traits of someone suffering from mental illness, such as bipolar disorder and PTSD (Miclau as cited in Youngman 113).

3.2.4.2 The March Hare

At the same tea party that the Mad Hatter is present at, we find the March Hare. Also here, Carroll’s inspiration probably derived from the known term ‘mad as a march hare’. Being ‘mad as a march hare’ refers to the manic mating ‘rituals’ of hares in the spring (Kohlt

156). The mating season starts in March, and makes the hares behave in an abnormal way – vertically jumping around and participating in boxing matches (Youngman 115). Furthermore, Tenniel’s illustration of the March Hare also indicates that the March Hare is mad. In his illustration Tenniel has chosen to draw straws on the March Hare’s head (Figure 1). Carroll himself states in *Nursery* that the straws upon the hare’s head “showed he was mad” (37-38), but he cannot say why. The straw on one’s head is a stereotypical visual aspect of mentally ill people, or rather, inmates of the asylums. The illustration has been used as an indicator of insanity in several literary works, among them, Shakespeare’s plays *Hamlet* from 1603 and *King Lear* from 1606, two plays that both portray madness (Kohlt 160-161). In *Hamlet*, Ophelia is often decorated in flowers and straws. In *King Lear*, King Lear himself is “crown’d with rank fumiter and furrow weeds” (Shakespeare as cited in Kohlt 160).



Figure 1. John Tenniel, 'A Mad Tea-Party', *Wonderland*, pp. 75

3.2.5 Tenniel's illustration of the characters as a tell-tale sign of Wonderland being a mental asylum

Figurative madness plays an important role for how the reader interprets the characters. Thus, Tenniel contributes considerably to how *Alice* can be interpreted. His illustrations somewhat guide, or manipulate, the reader into believing that the characters are mad. As figures 1 and 2 show, Tenniel took his liberties in the creation of the characters, making sure to include what were considered clues of madness in the Victorian era, like the straw on the head.

The face Tenniel gives the characters of Wonderland corresponds with scientific ideas at the time of how insanity looks. For instance, the features Tenniel has chosen to apply to the Mad Hatter are similar to the features of one of the types of madness that Hugh Welch Diamond describes. In one of Tenniel's illustrations of the Mad Hatter in *Alice Through the Looking-Glass, and What Alice Found There*, the character is depicted with a deeply wrinkled face, frazzled hair and widely open eyes (Figure 2). Tenniel's illustration of the Mad Hatter closely corresponds with the 'suicidal melancholic patient' (Connolly as cited in Kohlt 161).



Figure 2 John Tenniel, 'The King's Messenger in Prison', *Through the Looking-Glass*, pp. 197

4 Discussion

4.1 The reader as constructor of the narrative

There have been created many versions of the Alice story since it was first published. Several of the creators of these versions have based their product on the interpretation of Alice as a mad character and Wonderland as a place of madness. One of the darkest versions that has been created, based on Carroll's work, is Tim Burton's film *Alice in Wonderland* from 2010. In this film, Burton emphasizes all the craziness and insanity of Wonderland and makes it a believable story. Burton stated that "[t]hese characters are all different representations of some kind of madness, and because in terms of past things with Alice, all the characters are just crazy, in their own kind of way; it's not craziness for the sake of it" (as cited in Youngman 112).

In *Alice Through the Looking Glass*, the sequel film to *Alice in Wonderland*, also produced by Tim Burton, Alice is at one point found in a mental hospital. This happens after she has discovered the magical looking glass taking her to Wonderland. By accident, she falls through a mirror, which takes her back to her own world. This is when she finds herself in the mental hospital, where she has gotten the diagnosis of female hysteria – a diagnosis commonly given to females who showed symptoms of anxiety, nervousness, lack of appetite, sexual desire, in addition to having a "tendency to cause trouble for others" (Youngman 123).

The creators of these different versions of the Alice story are good examples of the reader as constructor of the narrative. That is not to say that one has to create a product in order to be considered a constructor of a narrative. However, the constructors of these *Alice* versions have illustrated what a creative interpretation can look like. By doing so, they have become the constructors of the narrative, because they have constructed a version that Carroll was only part of constructing.

According to psychology, we, as humans, have a fundamental need to find some sort of meaning in life. Frankl stated that "man's search for meaning is the primary motivation in his life" (as cited in Krause 456). Perhaps then, it is no wonder that we interpret stories in

such different ways – perhaps it is our psychological need to find meaning, even in places where everything is nonsensical, such as in Wonderland. Maybe there is no deeper meaning behind the story of Alice, maybe we just want there to be some sort of explanation or symbolism of something, of anything. It is perhaps in our hunt for meaning that we become the creators of the narrative. The need for a deeper meaning can sometimes overshadow what really is there. Perhaps there was no deeper meaning behind any of it. Nonetheless, we place meaning where we want there to be meaning. As Humpty Dumpty put it in Carroll’s sequel novel *Through the Looking-Glass*: “When I use a word...it means just what I choose it to mean – neither more, nor less” (Carroll, *Through the Looking-Glass* 58). Humpty Dumpty creates the meaning of the word as he speaks it. He places meaning where he wants there to be meaning, even though it might not mean the same, or anything, for other people.

Whereas a story can be written by one person alone, it is never created by just one person. The creation of the story is a group project, if you will, where writer and reader come together in combining their imaginations and creating a universe. That is why one reader will experience the story in their own way, with their own interpretations of what the story is about. No “group’s” work will be the same, seeing that we are all different individuals, and we all have a subjective view of the literary work we are reading. Of course, the experience with the story and the reader’s conclusion of what happened can be similar, but it is never the exact same. Without the reader, the work of an author is just words on a page. It is in the mind of the reader that the words of the author come to life.

As a writer, the reader is your accomplice. As the author Dwight Swain states, in his book on creating characters, “readers know a story isn’t real, isn’t true. But in their role of fiction fans, on an unconscious level they pretend it *is* true, accept it and live through it with the characters” (169). The reader is fully aware that your story is made up, a fantasy, a lie. Yet, they willingly contribute to keeping the ‘lie’ alive through reading the work of the writer.

Every reading experience will be different because every reader is different. Being humans, we will never be the exact same as one another, and our readings of a work will never be exactly the same. We come from different places, have different backgrounds,

different experiences and thus, we will have different associations with words written on a page. As Swain so wisely puts it;

[i]t isn't just the point or person we're seeing the story from; it's *how* we're seeing, and the essence of that *how* lies in the viewpoint character's beliefs and attitudes and prejudices, the emotion that drives him, the way he *reacts* to what happens, the stimuli that impinge on him. Each of us responds to each person we meet, each thing that happens, according to our already existing attitudes, our feelings. If I feel my brother is forever bossing me, I may respond with hostility instead of gratitude when he, with the best possible intentions, lines me up for a high-pay job.

(Swain 170).

No matter how the writer intended to write it, there is no guarantee that the reader will read it that way. As with Swain's brother, who most likely only intended to help his brother, responses may be unexpected. However, although one might expect a certain response, or expect readers to understand one's work in a specific way, there are endless possibilities to the outcome, seeing that we are only humans, all built differently.

4.2 Making it possible to interpret *Alice* in different ways

My argument that the Alice character can be read as someone suffering from Schizophrenia is supported by Miclau, a mental health researcher. She notes that:

[w]hen looking specifically at adaptations of Lewis Carroll's *Alice in Wonderland*, the majority of the characters present symptoms of various psychological disorders in some form or another, but without explicitly mentioning mental health. For example, the White Rabbit's obsession about promptness and consequently, his fear and paranoia associated with time, correlates to a stress-related disorder such as General Anxiety Disorder, the Caterpillar, always seemingly smoking a hookah, speaks in riddles in a slow, prophet-like manner as if he was Alice's superior, which is characteristic of grandiose delusion (DG). In addition, although Alice exhibits symptoms of paranoid schizophrenia, and the Mad Hatter those of both Bipolar

Disorder and PTSD...the audience is not experiencing the characters as diseases, but instead as a plethora of very different individuals with diverse mannerisms

(as cited in Youngman 113)

As I have previously discussed, I have no intention of diagnosing Alice nor the other characters simply for the sake of diagnosing. However, I believe that Miclau's statement supports my reasons for "diagnosing" Alice, or rather, it supports my explanation for why I am reading Alice as a schizophrenic character. As Miclau discusses, the characters are not experienced as diseases. Nevertheless, I argue that even though the Alice character, for instance, is not experienced as an embodiment of Schizophrenia, it does not necessarily mean that she cannot be read as having the mental illness. To rephrase, I do not believe that the reader immediately thinks of Schizophrenia when reading the name Alice, but I do believe that those who interpret the books in the same, or in a similar, way as I do will pick up clues about the schizophrenic characteristics that Alice possesses.

4.3 Why *Alice's Adventures in Wonderland* can be read as more than solely children's literature

Looking at the interpretation of Alice as a mentally ill character and Wonderland as a mental asylum, it is obvious that *Wonderland* is not solely meant to be read by children. This interpretation, as several other interpretations I have come across, is what makes it appear as if there is an intended double address. If you read the story with the eyes of a child, it can, at first, appear as if the story is just a nonsensical children's story. Carroll may have subconsciously portrayed some of his own mental issues, and subconsciously channelled his own schizotypal traits. These instances where Carroll's subconsciousness comes to show, one can discover the underlying, more serious tone of the story.

Firstly, mental illness was not something typically addressed by children's authors in the Victorian era. As the history of children's literature shows, children were to be protected. Writing to children about mental illness and letting them get to know mentally ill characters could certainly be seen as being a danger to their innocent minds. Mental illness was in fact seen as something 'dangerous' and was equated with madness and insanity. Thus, addressing

children with the seriousness of these ‘dangerous’ and ‘insane’ characters could potentially be viewed as staining their minds. Making the main character, Alice, a mentally ill character, would most likely not be seen as appropriate in the Victorian era. That is not to say that Carroll did not write her as a mentally ill character. If he did, he did so with great caution and discretion. However, we cannot know that he meant to write her as mentally ill. Rather, the clues are there if you want to pick them up. People who suffered from mental illness in the Victorian era were to be put away in mental asylums, away from the ‘respectable’ society. The history of mental illness showed that during the time that Carroll was alive, and *Wonderland* was published, mentally ill people were to be feared. They were seen as violent, animalistic creatures, having absolutely no control over their action – thus, as a possible danger to everyone around them.

During the Victorian era mentally ill people did become more visible in society, as the use of mental asylums rose. The mental asylum came to symbolize insanity. Deems explains that what was seen as mental illness expanded “past already existing disorders to certain social deviances, illegal behaviours, and habits that seemed illogical or fantastical” (65). Seeing that the time of the publication of Carroll’s Alice story was a time where mental illness and psychiatric hospitals were a focal point for the Victorians, there are reasons to believe that Carroll did intend to write about this prominent theme, and thus, intended to reach an adult audience, “educating” them on the theme in a less conventional way, that is, through what looked like children’s literature.

With the Alice books, it appears as if Carroll tried to defang mental illness. He did write about mental illness as the dangerous, violent madness common to the public view – for example, in the madness of the Queen, who shouts that she will behead everyone, or at least everyone who does not behave as she wants. However, he also wrote of mental illness and madness as something liberating, and not necessarily only negative. Therefore, I argue that the Alice character does not necessarily suffer from Schizophrenia, but rather the Schizotypal personality disorder.

Alice herself does not come off as a dangerous or violent character. However, that does not mean that she did not suffer from any mental disorders. Deems argues that this sense

of madness, that is found in characters such as Alice, is “harmless-madness as a result of freedom from [the] norms” of Victorian society (64). Further on, she states that the madness we find in Carroll’s work is playful and rebellious, a representation of creativity beyond the strict social norms and order. I agree with Deems in terms of Wonderland-madness not being harmful. This way of portraying madness also contributes to the ambiguity of the work; it illustrates that madness can be many things, that there are several aspects to madness, that madness is ambiguous in itself.

Carroll’s creation of Wonderland as a place of madness, or a mental asylum as I have argued, could be viewed as him critiquing the society he lived in – critiquing the strict social norms and rules, and viewing madness as something freeing for the individual, instead of something that creates a need for them to be locked up and “tamed”. Carroll gives light to the positive aspects of ‘madness’. Looking at Carroll’s work, his reasons for creating the mad place of Wonderland, and implying that several of Wonderland’s inhabitants, in addition to Alice, are mentally ill, was perhaps to illustrate that mental illness is not inherently dangerous, or that mentally ill people do not equal dangerous people. Certainly, people with mental illness can be dangerous in some respects, but so can people who do not have any mental illness. Being mentally ill does not mean you are dangerous. It means that you are different, perhaps. But being different is rarely a negative thing.

The madness of Wonderland has humorous aspects, adding to the lightness and nonsense of the story. It functions as a shocking device for the readers, especially the Victorian readers, perhaps the adult readers even more than the children, who perhaps had not seen or read anything like it previously. However, the madness, it appears, is not solely meant for amusement for its readers, but also as a political and social critique – something of a more serious matter, than just play.

When comparing Carroll’s second and third versions of the Alice books – *Wonderland* and *Nursery* – the reason why *Wonderland* can and should be read as more than a children’s story becomes more apparent. As when comparing translated texts with the originals, comparing the different versions makes it easier to find and extract the features of each version. Which features can be found in one version and not in the other? And what does it

mean that the writer chose to exclude this feature in that specific version? Looking at the contrast between *Wonderland* and *Nursery*, there are many alterations done in order to make *Alice* more child friendly. First of all, *Nursery* is given a much simpler structure, being a simple fantasy story with fewer features of the adventure and nonsense story. Second, the continuous confusion over what is happening, where it is happening, and when it is happening, is taken out of the equation. Third, there are several satirical poems in *Wonderland*. These are not to be found in *Nursery*, the reason most probably being that it would make the book more understandable for children. It might also be an indicator that the satirical poems were meant for an older audience, and thus, an indicator that *Wonderland* is meant for an older audience as well, in addition to the child audience.

Analysing *Wonderland*, there is no trace of Carroll trying to ‘ensure the moralistic development of the child’. He does not at any point make it clear for the child that you should not do this or should not do that. He does not caution the child reader against following a rabbit down a hole in the ground, and he does not caution the child reader against following the advice of complete strangers – strangers that additionally appear quite *strange*. Furthermore, there is no clear distinction between fantasy and reality in the book. Even though Alice apparently wakes up from a dream in the ending of the book, he does not specifically say that it was in fact a dream. Rather, he leaves it up to the reader to wonder if it actually was a dream, or if it did happen, perhaps in another universe.

4.4 Positive effects of reading *Wonderland* as a mental asylum

One can have many reasons for finding a deeper meaning in a story. It can be to learn more about the writer – who they were (or are), where they come from, and what urged them to write what they wrote, it can be to learn about the historical period of the time the story was written and what kind of society the writer lived in. As for looking for the deeper meaning in Carroll’s *Alice* story, I have come across many interpretations and many purposes behind looking for a deeper meaning. For instance, one of the secondary sources used to back up this thesis revolved around the historical context of Carroll’s work. In her article, Deems investigated Carroll’s work as a critique of the Victorian society. Here, she looks for clues about Carroll’s opinion on Victorian society in the story of *Alice*. Her analysis of the *Alice*

story indicates that the purpose behind her looking for a deeper, hidden meaning in the story is to illustrate what was wrong with the norms of Victorian society, and why it was wrong. My point is that analysing a work, finding a deeper meaning behind a story, can be useful and there can be benefits to reading stories in different ways, and I agree with Deems that there is more to extract from the story of Alice, than just the story itself.

Secondly, writing Alice as schizophrenic could perhaps contribute to raise awareness about mental illness and normalize it, instead of making people fear mental illness and those suffering from it. Additionally, it could contribute to the awareness of psychiatric institutions, and how psychiatric institutions were experienced by the patients committed to the institutions.

Reading the character of Alice as schizophrenic is not for the mere pleasure of it, all though there is pleasure to be found in interpreting Alice as something more than a curious child. What I mean to say is that there are many aspects to the Alice story that can be investigated, and one can learn a lot from reading what is considered a children's book, for instance historical and biographical aspects, mental health issues, and stigma around mental health. However, I would also like to argue that reading Alice as schizophrenic has been quite interesting.

5 Future research

The complexity of Carroll's Alice books makes for interesting theories and analyses, and raises a multitude of questions. Starting off this project, there were many interesting topics I wanted to investigate further. However, this paper is only so long, and including all of what I found intriguing about Carroll's work would be an everlasting project. Be that as it may, I would like to dedicate this part of the thesis to shortly discuss possible future research, for myself, as well as for you, the reader of this thesis, to dive further into.

Besides Alice, there are plenty of other interesting characters and several other mental illnesses that they might suffer from that can be further investigated. I have already briefly discussed the madness of some of the surrounding characters in the Alice books. However, there is much more to say about those I have discussed, those I have briefly mentioned, and those who I did not find the place to include in this thesis, despite the fascination of these characters. However, I will make a few short remarks about these riveting characters.

The Caterpillar Absolem is quite the intriguing character. Referring to Micleau's statement about the mental state of the characters, which I discussed in the chapter on the possibilities of different interpretations of the Alice story, she reports that Absolem shows signs of the mental disorder called Grandiose Delusion. However, there are several theories about the mental state of Absolem. One of the theories, which I would have liked to discuss further, is the theory that Absolem is suffering from substance use disorder. That Absolem is "always seemingly smoking a hookah" (Micleau as cited in Youngman 113) is a great indicator that he does indeed have an issue related to narcotics. An analysis of Absolem as suffering from Substance Use Disorder would make an interesting paper, especially in relation to the historical period the Alice story was written in, seeing that being addicted to narcotics was not until recently seen as a mental illness (Robinson and Adinoff 1).

The complex character of the Hatter could of course be discussed in much more detail than I have already done. His characteristics suggests of a variety of mental disorders: borderline personality disorder, bipolar disorder, Attention Deficit/Hyperactivity Disorder (ADHD) and obsessive-compulsive disorder (OCD). Here, as you can see, there is a lot to dig

into. An even ‘madder’ character than those discussed is probably the Queen. Many of the analyses of the Queen suggest that she is both a narcissist and a sociopath. The Rabbit that leads Alice to Wonderland shows signs of General Anxiety Disorder, always looking at the time, always stressing. Then we have the twins, Tweedledee and Tweedledum, who possibly might suffer from attention deficit disorder (ADD).

Another interpretation of Carroll’s work is that *Alice* is a story about drug addiction. As previously discussed, an interpretation of the character Absolem is that he is a drug addict. However, interpretations of the Alice story take this even further and suggest that the entirety of *Alice* is about battling drug addiction, and that Alice herself is a drug addict. She does eat mysterious cakes, drinks suspicious potions and consumes magic mushrooms. As of today, magic mushrooms would be associated with drugs, and according to several dictionaries, magic mushrooms will make you see things that are not real (“magic mushroom”).

Obviously, there are many possibilities when investigating the work of Carroll, as this chapter illustrates. These are just some interpretations and theories concerning the books about Alice, theories that I would have liked to discuss more, but I’m afraid that would be to stray away from what my thesis is really about.

6 Conclusion

This thesis aimed to investigate the possibilities of different interpretations of the Alice story, and what the different interpretations of the story could tell us about the intent Carroll had with his work. More specifically, the interpretation of the Alice story that was investigated was the interpretation of Alice as mentally ill and Wonderland as the psychiatric hospital she was a patient at. Another big question I have tried to answer in this thesis is the role, and perhaps the responsibility, the reader has in creating a story.

As for how the story about Alice could be interpreted as a story about mental illness, I have tried to answer this part in analysing the book. Ultimately, Alice's characteristics have many similarities to schizophrenic patient. What Alice sees and experiences in Wonderland is not something one normally sees nor experiences in real life. Her feelings tend to overwhelm her and lead her into a downward spiral of self-hatred. She is highly irrational. She believes in illogical things such as talking animals. Her ridiculously long fall down the rabbit hole does not make her question whether what she experiences is real. Also, she has no disbelief in food and drinks making her body change in size. Actually, she expects the food and drink that she comes across in Wonderland to make her body change some way or another. Moreover, Alice's thinking is highly disorganized, and if she is in fact schizophrenic, it appears that the illness has affected her cognitive abilities. Taking her skill at reciting poems into account, the reader can assume that her memory has suffered considerably. Lastly, she shows great confusion as to who she is as a person. All these signs make it possible for the reader to interpret Alice as mentally ill, as a sufferer of Schizophrenia. We have yet to see her entering psychosis. However, it is common that people suffering from Schizophrenia experiences gradual mood changes before entering psychosis. The frustration, the overwhelming feelings and the uncontrollable crying that Alice experiences throughout the story could be just the first stages of this severe mental disease, and the first steps towards psychosis. Although Schizophrenia can be diagnosed in younger children, it is not common. Therefore, the reason that we have not seen Alice enter psychosis might be that Alice is quite young, and Schizophrenia usually is diagnosed between late adolescence and the early thirties. Thus, Alice probably is just in the beginning stages of this severe disease. The signs of Wonderland

being a depiction of a mental asylum lies in the architectures of place – the hallways and the locked doors, the resemblance between what happens in a psychiatric hospital and what happens in the place of Wonderland – the tea parties, the food and drink of Wonderland as the medicine, and the surrounding characters in Wonderland as other mentally ill patients Alice meets in the institution. Tenniel has also been a great contributor to the portrayal of madness, or rather, mental illness, through his illustrations.

The story about Alice has become so much more than what it originally was; films, folklore, a meme. All over the web we find memes with quotations from the Alice story. We have stretched our role as constructor thus far that we have even chosen to place words in the mouth of the characters of Wonderland that they have never spoken. For instance, the following phrases are today associated with Carroll's work:

- “Don't let anyone drive you crazy; it is nearby anyway and the walk is good for you.”
- “I'm not crazy, my reality is just different from yours.”

These are phrases that I until recently was positive were written down in the book and proclaimed by certain characters. However, they were never actually produced by Carroll. These quotes came after the book was published and fit surprisingly well with the story. It has just been accepted as an association to the story about Alice and Carroll, without either of them having anything to do with the novels. My point is that the literature we read can become a meme if we want it to. The reader can give it the meaning they want to give it. And as my foregoing example illustrates, literature can expand and come to include things that were never originally there. As such, the reader is perhaps both the constructor of the narrative and the carrier of it.

In this thesis the classification of mental illness, in particular Schizophrenia, has been discussed, and utilized as a tool for analysing the Alice story. Carroll did not have many concepts nor characteristics of Schizophrenia to work with. However, mental illness was very much present in the Victorian era, and having been a part of the psychiatric environment, due to his personal relation with the lunatic commissioner that happened to be his uncle, Carroll has been able to study the signs and characteristics of mental illness up front. Carroll was writing about a topic that was, first of all, quite taboo, in both that period of time, but also in

literature. Moreover, compared to today's situation, there was not much information about this topic, and even less for those who did not have the connections within the psychiatric profession, as Carroll did. Thus, the quest of writing about such a topic could not have been easy. Yet, with the information and resources Carroll had available, he portrays a convincing schizophrenic Alice, also according to newer classifications of the mental illness.

Regardless of whether Carroll did intend to write Alice as a schizophrenic character, and Wonderland as an asylum for mentally ill people, he does not contribute to the stereotypes of mental illness. Rather, he tells a story about interesting, very diverse characters, and illustrates that mental illness does not equal danger. Perhaps Carroll did intend to say that these characters are not crazy just because their reality is a little different from your own. Though the Cheshire Cat never does say this line in the books, it is quite the appropriate comment on the people of Wonderland. It is also quite suitable for my thesis, as I am not trying to say that Alice, or any other character, is crazy. In Alice's example, she just happens to have a condition that affects her brain and how she experiences the world.

We will probably never know Carroll's precise intentions with *Wonderland* – if nothing else, because he died in 1898. However, there is no one to stop us from wondering about the deeper meanings of the books or imagining deeper meanings. As my thesis has shown, there has been a lot of wondering and imagining for many, many years, and there probably will be for many, many years to come.

In this thesis you have gotten an insight to the meaning that *I*, in the role as reader, have given it. I will not take credit for coming up with the theory that Alice suffers from Schizophrenia, because numerous people before me have argued this case. However, as I have said before, every reader is different, and every reader will create their own narrative. Thus, even though my interpretation of the Alice story is similar to previous interpretations, it is not the same.

As a final note, I would like to encourage you to always read with your eyes wide open. Do not dismiss children's literature as something that can only be read by children, solely because it belongs to the children's literature genre. Firstly, children's literature is not

always meant exclusively for children, as I have illustrated with *Wonderland*. Additionally, you can find that, even though you have long ago passed the time of childhood, children's literature can be just as enjoyable as adult literature.

I would also advise you to not dismiss nonsense literature as just nonsense. As nonsensical as literature can be, one can always find sense in the nonsense. The story about Alice is first and foremost a piece of nonsensical literature; however, as I have exemplified with my interpretation of the story, there is much sense to be found within. It just depends on how you as a reader choose to read it.

For teaching purposes, my analysis of the Alice story can contribute to enlighten mental illness in children's literature. Further, it can work as a gateway to the discussion and teaching of the interdisciplinary subject "health and life skills", that has been implemented in the school over the past years. Mental illness can be found in all ages, all over the world. Showing how mental illness can look like in a beloved children's classic like the Alice books can contribute to reducing the stigma around discussing mental illness in the classroom and amongst children and teenagers. I believe that discussing mental health from a young age and being educated about mental health is necessary for understanding and acceptance of others and yourself.

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