FROM “HOME-PLACE” TO THE ASYLUM
Confining Spaces in A Streetcar Named Desire

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When I was nine years old, I made my first visit to a mental institution, the afternoon visit, the guest pass variety, not the “where is your suitcase” and the “this bed will be yours” kind of stopping off. With my father at the wheel of our Ford Fairlane, my sisters and I arrived with him at Norristown State Hospital to see my mother (who had brought her suitcase weeks earlier) after a thirty-five-minute drive on tree-lined eastern Pennsylvania roads. It was my first visit to the site but not my last, for my mother’s brief but thrice-repeated stay was echoed tragically in my older sister’s long-term residency, a life time, really, a life sentence, one that began soon after she reached adulthood.

What I remember from that first day is the place itself, the grounds and the buildings; my impression was of the sheer vastness and beauty of the place. After entering through one of the hospital’s several gates, we proceeded along a quiet drive lined with well-manicured gardens and towering trees, to the patient dormitory where my mother lived on a ward with several dozen other women. My father had to sign her out for the afternoon, even though we did not plan to leave the grounds, deciding on a picnic spot that overlooked the sloping hills within sight of the main hospital barn. A picturesque scene stretched out before us as we settled on the lawn, one that gave the impression of a country estate rather than a hospital. The grounds continued as far as we could see. My mother bragged about the institution’s facilities; it was the size of a small village, she said, with enough land and resources to grow much of its own food, operate a dairy, staff its large laundry with patients and engage in various money-making enterprises.

Soon after we had begun eating, we heard screams, and my parents realized that they had chosen a spot just behind the foreboding building that housed the criminally insane. What I remember, most vividly and visually, is a naked man standing pressed against a glass window crossed by iron bars, his screams breaking the boundaries of the glass and metal even though his body could not. This memory comes back to me each time I contemplate the ending of A Streetcar Named Desire, and when Blanche crosses the stage that last time, led off by the Doctor to “rest in the country,” leaving behind “nothing but spilt talcum and old empty perfume bottles,” I know where she is headed. I have seen the locked wards, I have heard the screaming; I know that ivy-covered walls, giant oaks, manicured grounds and a community farm cannot fully disguise the horror and inhumanity of life at the state asylum.
Williams knew too: in 1947, when *Streetcar* premiered, his sister Rose had already spent ten years as a patient at Farmington State Hospital in Missouri, having been committed there on July 31, 1937. She lived at Farmington until Williams’s success enabled him to remove her from state care, first to a clinic in Connecticut in 1949 and by 1951 to a permanent home at Stony Lodge, a private hospital-residence in Ossining, NY. Although Williams had visited Rose only twice while she lived at Farmington, once in 1938 and not again until 1948, he received frequent detailed reports from his mother and brother through which he learned of the circumstances of her life. His sister’s confinement changed him, for he wondered how he had avoided it; he demonstrated both his fear of and his fascination with confined spaces throughout his career by setting his dramatic works in prisons, locked theaters and cramped boarding house rooms; as Robert F. Gross has noted, “Williams’s landscape is marked with sites of captivity, and his plays repeatedly dramatize efforts at escape” [Gross, 91]. *Streetcar* is one of several plays in which a sibling pair confront asylum captivity: in this case, one succumbs to it and one escapes it. Or so it would seem.

*Streetcar* ends with Blanche’s departure from her sister’s New Orleans apartment, thus sparing the audience from having to see the asylum to which she is led by the stern matron and the kindly doctor. But I will argue that in the depiction of certain other spaces either dramatized or discussed throughout the text, the play draws parallels between those spaces and the state mental institutional system, a system first developed in America during the height of the antebellum period and still in place when the play was first produced, a system whose landscapes still bore the mark of antebellum architecture, whose treatment programs were still influenced by nineteenth-century practices, and whose public representations still reflected the values of that earlier age. By projecting images and details from the asylum onto the New Orleans apartment where the play is set and onto Belle Reve, the DuBois ancestral home, the play shrinks the distance between each of these spaces, and thus reconfigures the journey away from the plantation home for both Blanche and Stella. Instead of traveling from freedom to captivity or from the Old South to the New South, for example, in this reading, Blanche comes from one institutional setting (the plantation) to another institutional setting (the marriage flat) and will eventually leave to reside in the asylum; Stella’s parallel journey away from Belle Reve and toward marriage to Stanley is seen here as one in which her blood ties to Blanche connect her to insanity and confinement and complicate her life choices with emotional struggle and compromise.

Drawing parallels among these spaces will blur the line between the indignities we know that Blanche would suffer as an asylum resident and those that she and Stella endure throughout the play and back into their shared family history. The image of vitality and the promise of postwar prosperity otherwise indicated in the union of Stanley and Stella, a biological bond that even Blanche admits may be, as she says, “what we need to mix with our blood now that we’ve lost Belle Reve” [Williams, 285], become considerably more problematic and less promising than they first appear. Highlighting these references in production, that is, “staging” the asylum, may begin to suggest an alternative reading in which asylum life, postwar domestic life, even plantation life, are strikingly similar.
Particularly, by focusing attention on several related spaces, the madhouse, the apartment and Belle Reve, I will demonstrate the extent to which this reading might encourage particular acting choices; because my interest is in the sibling pair, I will concentrate on Blanche and Stella and use the play’s first director Elia Kazan’s production notebook to guide me in situating these characters in the various spaces I have chosen to compare.

Traditional readings of the play have suggested that Blanche comes to stay with Stella and Stanley in desperate need of protection, and as she says to Stella in Scene One, “I want to be near you, got to be with somebody, I can’t be alone! Because—as you must have noticed—I’m—not very well . . .” [257]. Kazan determines that the spine of Blanche’s character is to “find protection,” and, he adds, “the tradition of the old South says that it must be through another person” [Kazan, 366]. While this need for protection has been rightly connected to the social patterns of the patriarchal South and the representation of Blanche as a needy aging belle, her request may also be the first indication of a kind of “voluntary commitment” that Blanche undergoes, protecting herself by turning over her life to sister and brother-in-law. Blanche has already admitted, just a few breaths before, her desperate plea for supervision, “I was so exhausted by all I’d been through my—nerves broke . . . I was on the verge of—lunacy, almost!” [Kazan, 254]. Within moments of her arrival, therefore, she gives herself over to Stella (and, by implications of the Napoleonic code, to Stanley) and her institutionalization has begun.

In Scene Two, Stanley, the “asylum” superintendent, goes through Blanche’s trunk to inventory her belongings, a common practice during check-in at institutions (asylums, jails, workcamps and the like) considered to be “total institution;” according to Erving Goffman, they are distinguished from less encompassing institutions because of their “barrier to social intercourse with the outside and to departure that is often built right into the physical plant, such as locked doors, high walls [and] barbed wire” [Goffman, 4]. The inventory of her possessions also reinforces her lack of privacy, already evidenced by the fact that she sleeps in the kitchen/living room on a collapsible cot pressed against the wall shared with the bedroom.

In Scene Two, Blanche has her first treatment: a hot bath, “to quiet her nerves” [269]. What began in the nineteenth century as the “water cure” or hydropathy, offering a proto-spa remedy popular among middle-class women, was portrayed by practitioners as well-suited to “delicate female physiology,” for it “allowed women to escape oppressive domestic routines” [Gamwell, 112]. As this “cure” became increasingly popular as a recreational activity, the mental health focus was downplayed at resorts but in the asylum context the treatment was renamed “hydrotherapy” and incorporated by mental hospitals as part of their therapeutic regime in the latter part of the century. Indeed, Blanche refers to her baths as “hydrotherapy” and makes no secret of her use of them to soothe her nervous condition. The bathroom is an offstage area that Blanche retreats to regularly for her treatments, and this space becomes rather like the mysterious “side rooms” along the corridor of a typical state hospital. Here a patient would be locked in a padded room, or, in an earlier era, given an
insulin treatment (Rose Williams had them). Hydrotherapy was, of course, one of the few benign therapies, with others, including shock treatments and lobotomies (the latter also performed on Rose Williams) making permanent alterations in brain and personality.

Meanwhile, Stanley indicts Blanche for her exotic former life, as he imagines it, with help from the items in her trunk: “feathers and furs,” a “solid gold dress,” a “crown for an empress!” [274-275]. Besides an empress, in this scene Stanley also calls Blanche a “pirate,” a “deep-sea diver,” and he accuses her of being a swindler [274-275]. His naming of her seems to be a diagnosis of sorts, an attempt to pin down the particulars of what he sees as her pathology. But her talk therapy sessions begin in this scene as well, when Stanley uncovers the secret that Blanche, the reluctant patient, attempts to hide from him: the letters from her dead husband, Allan Grey. It is the first in a series of revelations Blanche makes about her former life, which in terms of psychological treatment would be seen as a breakthrough and perhaps the first step to a “cure.” But in this asylum, confessions are not therapeutic nor do they bring increased mental health. Instead, they render the patient more vulnerable to mental and physical abuse.

In a pattern typical among asylum residents, Blanche attempts to personalize her new space by softening the harsh institutional atmosphere. Most significantly, of course, she covers the naked bulb in the bedroom with a flimsy paper lantern, a combination of concrete items that make metaphorical magic. In this reading, she shades the bulb in an attempt to cover up the cold, searching eye of the asylum; thus does the apartment and its raw reality correspond to the real asylum, where your unedited past is fair game for the resident psychiatrist and your frustrations or quirks are fodder for group therapy sessions. Indeed she seeks to hide her past (embodied by her aging face) and her bad habits (embodied by her drinking), and she succeeds temporarily in deflecting the investigation, but ultimately the shade comes off, the institutional light shines brightly, and like the moth to which she is compared, she shrivels in the glare. As her “therapeutic program” proceeds against her will, the lantern is torn off, and she is forced to confront her former life and her failings.

By Scene Ten, the second episode in which her wardrobe seems to offer clues to her psychosis, Blanche has assumed the stereotypical asylum personality, complete with hallucinations. At scene opening, she is “murmuring excitedly as if to a group of spectral admirers,” and she appears in what the stage directions describe as a “somewhat soiled and crumpled white satin evening gown and a pair of scuffed silver slippers,” her look completed with the rhinestone tiara [391]. Stanley calls the dress a “worn out Mardi Gras outfit” and the tiara a “crazy crown,” thereby making a direct connection between her dress and the visible signs of mental deterioration that she exhibits in the scene. But even here we may note the vestiges of yet another therapy developed in the nineteenth-century asylum: the lunatic ball. Although men and women were housed separately, many institutions allowed them to come together for dancing, an entertainment considered therapeutic even while it offered “rich metaphorical associations” between dancing and madness [Gamwell, 42]. Also note that Blanche’s condition worsens during her time at the apartment, her lack of
progress reflecting yet another historical reality of asylum treatment: that many patients quickly become institutionalized, sometimes copying behaviors of other patients or becoming increasingly less willing to care for themselves [Grob, 200].

While Blanche admits to and exhibits “crazy” behavior that grows increasingly worse, Stella demonstrates less obvious signs of anxiety that become more significant in the context of this reading. Once again Kazan’s comments prove helpful: he asserts that Stella’s spine is to “hold onto Stanley,” explaining that “Stella is a refined girl who has found a kind of salvation or realization, but at a terrific price” [372]. He suggests that “Stella would have been Blanche except for Stanley” and that Blanche’s appearance has reminded her “how much Stanley means to her healthy” [372].

Thus has Stella chosen the protection of marriage, whose vows represent a commitment both to a person and to a social institution. She acknowledges her dependence on Stanley and signals her own instability when she says, “I can hardly stand it when he is away for a night. . . When he’s away for a week I nearly go wild!” [259]. She struggles to maintain her balance when Stanley travels on business, and her comment implies that this weakness is a less dangerous version of the excessive sexuality that condemns Blanche. Indeed, the comparison between the two women instigated by Stella’s confession is further emphasized when, in two scenes in which Blanche’s mental disintegration becomes clear, she is called a “wild cat” for drinking her brother-in-law’s liquor, and “Tiger—tiger!” [402] when she attempts to fend off Stanley in the moment before the rape. Although Stella has established herself in a socially acceptable position, in which her husband helps her to control her excesses while giving her the illusion of self-empowerment, she needs supervision and containment as much as Blanche does.

Once Blanche has arrived at the flat, she does not venture out alone for the remainder of the play, and the first time that she leaves the apartment, at the end of Scene Two, she needs Stella’s direction to proceed, “Which way do we go now, Stella—this way?” Stella replies, “No, this way” [285]. Although Blanche’s response, the “blind are leading the blind,” contains her characteristic use of cliché to smooth over an awkward moment, it also insinuates that both she and Stella are confused, lost, even handicapped [285]. Thus do the hints of a different reading, one in which the apartment serves as a kind of institutional imitation, serve to problematize Stella’s role as the female in residence.

In a position that vacillates between patient and faithful aide, Stella and her loyalties are split between the authority of the institution (Stanley, as both husband and asylum superintendent) and the challenge to that authority, (im)patient Blanche. Throughout the play Stella waits on Blanche repeatedly, something that replicates common patterns of asylum hierarchy. While asylum superintendents are usually men, the staff, particularly those who interact with female clients (nurses, caseworkers, attendants) are overwhelmingly female. Often those staff members along the lower end of the authority spectrum enact complicated relationships with the patients, part servant and part supervisor, in order to win cooperation, encourage confidences or even build friendships. Stella does so with Blanche, waiting
on her and watching over her. She doles out the patient’s tonics, offering medicinal doses of alcohol, which until the formation of the FDA was often present in nerve elixirs, combined with potentially addictive amounts of opiates and other chemical substances [Gamwell, 115]. Even the Cokes that Stella fetches from the drugstore have a correlation as treatment, for their first advertisements in the 1890s proclaimed the medicinal benefits of the product as the “ideal brain tonic and sovereign remedy for headache and nervousness” [Gamwell, 139]. Stella’s care for Blanche is anchored in Blanche and Stella’s personal past at Belle Reve, of course, for Stella claims that waiting on Blanche “makes it seem more like home” [333]. However, in the apartment/asylum she operates as attendant, chaperone, counselor, playing all the roles of an aide and thus demonstrating the varied levels of authority acted out in this version of the asylum.

But on another level, Stella represents a patient herself, one who is favored for the tasks she performs but nonetheless subject to torment by the administration. She tolerates Stanley’s verbal and physical abuse because she is, according to Kazan, “plain out of her head” about him. He goes on, “she’s in a sensual stupor . . . drugged, trapped” and “actually narcotized all day. . . She is glazed across her eyes” [372-373]. According to historian Gerald Grob, drug treatments for the insane during the antebellum years and beyond were similar to those used for physical ailments; however, “[mental] hospital physicians were particularly attracted to drugs that tended to calm noise and troublesome patients... Consequently, various sedatives and hypnotics were regularly employed,” among them opium and morphine [Grob, 13]. In his stage directions, Williams describes Stella as wearing a look of “narcotized tranquility” the morning after the poker night, and he reminds Kazan of this phrase in a note on day four of rehearsal, cautioning Kazan not to allow Stella to bounce around like a “co-ed on a Benzedrine kick” [374]. By attempting to “contrast Blanche’s rather feverish excitability,” Williams pairs her with a sister who embodies “natural passivity,” one who “gives in, accepts, lets things slide” [374]. Thus he also created with these women two typical and contrasting asylum types: the feverish hysteric and the indolent depressant.

Both drugs and mental illness are often associated with hallucinations, and the latter appear here most specifically in the “spectral admirers” that Blanche speaks to at the opening of the rape scene. But when Stanley visits his showy sexuality upon Stella to keep her placid, it gets “them colored lights going,” a possible suggestion of hypnosis or pleasure-based hallucination. And then there is Belle Reve, the “beautiful dream,” the third space that completes the triangle of institutional sites that connects the two women; some of its memories suggest that the space acts as yet another example of a hallucination, while others are more likely to demonstrate the similarities between itself and the asylum, recalling at once the latter’s institutional ideal and its grim reality.

A striking image of Belle Reve, the home-place, is evoked in the play’s early lines, when Eunice calls it “the great big place with white columns” [249]. In a study of the Pennsylvania Hospital, a model asylum constructed in 1841, a photograph of the “hospital ‘family,’” taken in the 1860s, shows a group of twenty people, mostly women, on the steps of a grand building
with large white columns [Tomes, 165, Figure 4]. In size and the style, the 
main building of an antebellum-built asylum often embraced Gothic 
Revivalism and demonstrated the principle that beautiful buildings and 
beautiful grounds will lead to an improved mental state; significantly, many 
of these asylums bear striking similarities to the image of the plantation 
home that the description of Belle Reve suggests.

During the antebellum period of construction, hospital officials 
selected good sites for the asylums that offered proximity to cities but 
seclusion as well, with productive soil that could feed the patients and staff. 
The state hospital where I visited my mother and sister, which opened in the 
1880s, was originally part of a large tract of land owned by Pennsylvania 
founder William Penn, who ordered a survey of it in 1689, before passing it on to his son. Parts of it were later subdivided, sold and farmed 
commercially until two centuries later, when the asylum was established on 
1,000 acres and patients raised crops, cows, pigs and chickens as part of their 
therapy [Sapatkin]. The area we looked out upon that day of my first visit 
has since become a state park designed for general recreation and tourism, 
and the description of the site on a county web page still reflects the 
unspoiled paradise in the middle of an industrial area and the extent to 
which it has remained unchanged since the 1960s, when I first saw it,

This unique agrarian setting on the edge of urban sprawl allows 
visitors a chance to visit a working farm as well as hike, bike or just 
wander the trails of this 700-acre island of fields, woods, pasture and 
meadows. From fishing to cross-country skiing and from baseball to 
wildlife watching, this Park offers something for almost everyone. 
[County of Montgomery, PA web page]

Thus do the architecture, the agrarian setting, even the passing of the land 
from one generation to the next develop intriguing ties between the asylum 
and the plantation, connections that can be further examined through the 
many references to Belle Reve made throughout the play.

Several references are clustered in the opening scene, when Blanche 
berates Stella for having escaped their home-place, and Stella responds in a 
manner that seems to indicate she left for the sake of her own survival, “The 
best I could do was make my own living, Blanche” [260]. Of course, making 
her “own living” seems to have been finding a husband to support her, 
acknowledging that, in doing so, “there were things to adjust [her]self to 
later on” [258]. As the discussion continues, Blanche provides details about 
the horrors of the home-place, and it comes to seem more like a hospital 
than a family home, “All of those deaths! The long parade to the graveyard! 
Father, mother! Margaret, that dreadful way! So big with it, it couldn’t be 
put in a coffin! But had to be burned like rubbish!” [261]. The hints of the 
grotesque are here as well, and the mystery of Margaret’s illness is enough 
to add an element of the freakish to this litany.

But there is an episode that Blanche describes later in the play to 
Mitch, that brings together images of the asylum with another institution, 
the military establishment,
Not far from Belle Reve, before we had lost Belle Reve, was a camp where they trained young soldiers. On Saturday night they would go in town to get drunk . . . on the way back they would stagger onto my lawn and call—"Blanche! Blanche!"—the deaf old lady remaining suspected nothing. But sometimes I slipped outside to answer their calls . . . Later the paddy-wagon would gather them up like daisies . . . the long way home . . . [389]

Here the "paddy wagon" gathers them up, a symbol of the protection another institution provides in making it "the long way home," but also a reminder of the supervision and control exerted by virtue of its authority. Significantly, Blanche speaks here of soldiers, and we are reminded that her sister fell in love with a soldier, and like those other young soldiers, he has moved from one institution to another (the military to marriage). Stanley never visited Belle Reve, yet he manages to plant an image in Stella’s head (another example of hallucination, perhaps) at the end of Scene Eight in which he puts himself on the plantation lawn, looking at Stella, just as these soldiers had once been there looking for Blanche. Although Stanley only knows "the place with the columns" by virtue of a photograph, he tells Stella, "I pulled you down off those columns and how you loved it, having them colored lights going" [377]. This image combines violence and sexual arousal and forces her to acknowledge those things as her legacy, and immediately following his speech Stella shows the first signs of her labor, an "interior voice" that takes her "suddenly inward" [377].

Ironically, in reminding her of her break with the past, he conjures an image that connects her to it. The link here between Stella and Belle Reve implicates her in the family history that has determined Blanche, her choices and her destiny. Indeed, Stella has landed in a marriage marked by a kind of madness: violence mixed with a passionate dependency that leaves Stella crazy without the man's presence ("I nearly go wild"). The image thus crystallizes Stella’s relationship to the various institutions of her past and her present; being reminded of the DuBois legacy just as the child in the womb “called her name” seems to suggest the connection between the child and that inheritance, and perhaps this moment is the one in which Stella chooses to protect the future at the expense of the past.

In doing so she accepts her own kind of confinement, and the scene ends appropriately with her command, “Take me to the hospital” [378]. Not a mental hospital, of course, but nonetheless Stella is caught between an image of her childhood home and a mention of the site where her child’s birth will tie her ever more closely to Stanley and her wifely life. In exchange for a roof over her head, pocket money and her enjoyment of the “colored lights,” Stella has committed herself to another kind of institutionalization, even while she must live in fear of the connection to Belle Reve and its implications of sickness, madness and death. As Blanche says, “Legacies! Huh. […] And other things such as bloodstained pillow-slips” [388]. William Kleb argues that “Blanche’s presence reconnects Stella to her past, to Belle Reve and to what it represents: ‘sickness and dying,’ profligacy, ‘epic fornications,’,” that is, “Blanche stands for Stella’s psychological inheritance” [32]. Stella must face her own, possibly inherited, propensity for insanity as she is poised in the moments before childbirth, historically represented as a time of emotional vulnerability for women. As Gamwell and Tomes write in
their historical survey of *Madness in America*, “woman’s mental illness was more typically attributed to domestic difficulties, the physical stresses of childbirth and nursing, intense emotions (fright, grief, nostalgia), uncontrolled passion” [Gamwell, 105]. The delivery ward is not the psychiatry ward, of course, but the child’s birth does further restrict Stella from a life of independence.

Indeed, in my family, marriage and motherhood led my mother and my sister to the asylum. Both women were institutionalized after losing a baby: my mother had a miscarriage, and my sister’s infant girl did not survive her premature birth. For both women it was the end of their reproductive lives; both women, having committed themselves voluntarily, were nonetheless strongly influenced by husbands, parents, doctors. My mother went back again for two other brief stays due to strong encouragement from my father and the trusted family physician, even though she told me that being there was the worst thing she had ever experienced.

Stella does not go off to the asylum in this play, but there are murmurs of something off-balance with her. She has not escaped her past: Blanche’s visitation proves it, and the play’s difficult and complicated ending reiterates it. Reading the play with one eye on the asylum reveals the dangers of sharing the space with madness. In “staging” the asylum, we bring it to us as we bring it to Stella.

Williams himself always kept one eye on the asylum in order to keep his distance from it, given his belief that his fate differed from his sister’s only by chance and not necessarily forever. That fear is part of my story too. In the many years since I first visited Norristown State Hospital, my relationship with that place became both more ordinary and more terrifying. What I have had to face, and it began that day on the grounds, is the knowledge that I could be next. Like Williams, I have spent my life looking over my shoulder, wondering when I would succumb to the mental illness that claimed my mother and sister; like Stella, I bear a haunting legacy, and when I hear the “inhuman abandon” with which Stella cries at the end of the play, I can’t help but wonder if some tears may be for herself.

**REFERENCES**


KAZAN, Elia. “Notebook for *A Streetcar Named Desire*” in Toby COLE & Helen KRICH CHINOY (eds.), *Directors on Directing: A Source Book of*

