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*What is Wrong With Carol?*
Narrative, Genre, Feminism, and Language in Todd Haynes' *Safe*

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*What is Wrong With Carol?*
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By

Martha Elisabeth Polk
B.A., Carleton College, 2008

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Karla Oeler, PhD, Yale University, 2000


An abstract of
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This paper examines the ways in which Todd Haynes' 1995 film *Safe* subverts the epistemological claims of narrative, genre, feminist interpretation, and language. By inverting an Althusserian symptomatic reading approach and thereby fashioning an interpretive strategy that names *Safe*'s sites of narrative, generic, feminist, and linguistic coherence as symptomatic amidst an otherwise chaotic discourse—this paper draws out *Safe*'s indictment of our very need to know, diagnose, classify, narrativize, and explain. The project catalogues the ways *Safe* invokes but never fully commits to the medical discourse genre, horror genre, melodrama, post-war European art film, suburban dystopia film, Gothic text and its contemporary iterations, patriarchical and medical conspiracy film, environmental catastrophe plot, New Age cult narrative, and feminist consciousness picture. As all of these narratological and generic ways of understanding *Safe* fall short, a feminist perspective offers a broader way to interpret the film, but this too fails to capture or explain all of *Safe*. Finally, a discussion of language in the film offers a distilled site at which *Safe* undermines the ways we come into and express knowledge. Taking a lesson from *Safe*'s own philosophical bent, this project aims not to settle on a final, elucidating interpretation of the film, but instead to testify to the radical experience of unknowing that it produces. This experience is both rare and important for a world governed by epistemophilia yet filled with bodies and traumas that refuse to make sense.

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Dedicated to my mother, Lucy Polk,
and all the non-sense of our own arduous diagnostic journey.

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# *SAFE*: THE STORY OF CAROL WHITE

It is 1987 and Carol White lives in southern California's San Fernando Valley with her husband and his son. A wealthy family, Carol does not work outside the home and spends her time orchestrating the ongoing decoration of their house, tending the garden, ordering around her housekeeper, doing aerobics at her upscale gym, lunching with girlfriends, organizing carpools, getting her hair and nails done, going to baby showers, and attending business dinners with her husband. But Carol's world starts to change—she begins to feel ill. She nearly suffocates on highway exhaust fumes one day and abruptly throws up the next. She experiences a mix of panic attacks, dizzy spells, seizures, sudden nosebleeds, and shortness of breath; inexplicable abrasions appear on her face.

Carol's physician cannot find anything wrong with her and sends her to a psychiatrist, which also proves fruitless. Facing a set of incoherent symptoms and confined to her role as suburban wife and mother, Carol's ailments seem at once aligned with a 1950s "problem without a name"[1] and a state of 1980s suburban alienation, as if her upperclass, white, heterosexual femininity were itself disease-

[1] Referencing the revolutionary book: Betty Friedan, *The Feminine Mystique* (New York: W. W. Norton & Company, Inc., 1963), 57-79.

inducing. At the same time, an allergist concludes Carol is incredibly sensitive to her favorite thing in the world, milk, but Carol also exhibits allergy symptoms to hairsprays, deodorants, air-fresheners, insecticides, and exhaust. Carol comes to believe she has an environmental sensitivity and begins treating her condition by going to group information sessions, changing her diet, reducing her exposure to chemicals, and eventually moving to a The Wrenwood Retreat Center in New Mexico in search of a completely "safe" environment. While she has more and more faith in the clinic's treatment plan and feels increasingly at home there, she does not appear to be getting healthier and it is unclear how the treatment center's New Age philosophy and unsettlingly manipulative tactics will ever lead to cure. If anything, she appears to be getting sicker.

The central question of Todd Haynes' 1995 film *Safe* quickly becomes *What is wrong with Carol?,* and as Carol herself searches for the logical causes of her illness, we in the audience construct parallel hypotheses. We find ourselves latching onto familiar explanations for a female protagonist's physical and emotional distress, which *Safe* encourages through deft manipulation of genre, narrative, and discursive codes. At various points, *Safe* invites us to believe Carol is a victim of the horror genre, a patient of the medical discourse film, a Gothic heroine, a tragic figure of melodrama, a victim of patriarchy, a casualty in an environmental catastrophe plot, or a mindless convert in the story of a New Age cult. But none of these narrative trajectories and explanations for Carol's illness ever come to fruition—they all fall just short of capturing Carol's experience and our experience of Carol.

*Safe* was released in 1995 and went on to gross $512,245 in the US box office.[3] At that point, director Todd Haynes had made one other feature film, *Poison* (1991), and two short films, *Dottie Gets Spanked* (1993) and *Superstar: The Karen Carpenter Story* (1988), but *Safe* seemed in many ways like a departure.

> Compared to these three earlier films, *Safe* seems almost conventional: it has linear narrative; a name actress (Julianne Moore) plays the leading role, Carol White; it's shot on 35mm, and although produced for a mere $1 million, has the glistening look and sound of films costing ten times more. But it introduces Hollywood conventions only to throw them coolly into disarray. It's the most subversive of his films, a subtle match of radical form and radical political content.[4]

As film critic Amy Taubin points out, on first glance *Safe* seemed to be Haynes' jump into the big leagues of famous actors and highly-accessible form, but on closer inspection *Safe* is continuing much of Haynes' favored themes and politics.

His first feature, *Poison*, intercuts three stories: the first, told in the style of a tabloid television program, is about a boy who flies away after shooting his father; the second is about a scientist who finds "the elixir of human sexuality," takes it, and consequently turns into a monstrous murderer with horrifying sores across his body and face; and the third is an adaptation of a Jean Genet short story about a male prisoner who acts on his sexual attraction to another prisoner, a man he had seen humiliated by other boys during their youth. Like all of Haynes' films, *Poison* exhibits a fascination with society's margins, sexuality, disease, and the body and explores these themes through a melding of popular entertainment media forms and theoretical underpinnings. A graduate of Brown

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[3] *Internet Movie Database*, "*Safe*: Box office / business for," Imdb.com, Inc.; http://www.imdb.com/title/tt0114323/business?ref=tt_dt_bus

[4] Amy Taubin, "Nowhere to Hide," *Sight and Sound* 6, no. 5 (May, 1996): 1.

University who majored in art and semiotics, Haynes' films emerge equally from his knowledge of film convention, form, and genre as well as his academic understanding of language, narrative, gender, and sexuality.

The Haynes film with which *Safe* shares perhaps most thematic and theoretical territory, however, is his short film about famed singer Karen Carpenter, her struggle with anorexia, and tragic death from the disease. *Superstar: The Karen Carpenter Story* portrays the singer's physical and emotional battle for complete control and perfection as intimately tied to her identity as an attractive, white, heterosexual, suburban, young woman and an icon of idyllic Americana and unfathomable optimism. As Mary Ann Doane writes,

> In Haynes's cinema, it is always women who try to hold the world and its contradictions at bay with a perfection, a seamlessness, and an embrace of a faultless naïveté (the songs of Karen Carpenter embody this in *Superstar* in contrast to the montage of Vietnam war footage and references to Watergate, protests, and demonstrations that signal another, more conflictual, history). However, they always fail; something goes awry, and the world comes crashing in.[5]

*Safe*'s Carol White is about the age Karen Carpenter would have been if she had lived to 1987, the year *Safe* takes place, and Carol is definitely part of the same demographic. She is also battling for control over her body in a world that, like Carpenter's, demands an impossible standard of perfection. As we shall see, *Safe* toys with the possibility of ever really understanding the source of the illness in question in a far more ambiguous way than *Superstar*, but the two films exhibit through strikingly similar characters "the desire…to hone the body, to apply

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[5] Mary Ann Doane, "Pathos and Pathology: The Cinema of Todd Haynes," *Camera Obscura* 57, Vol. 19, no. 3 (2004): 5-6.

professional management techniques to the reduced sphere of the individual life in the face of oversystematization, institutionalization, and an overwhelming loss of social or political control."[6]

Heralded as an auteur—if not *the* auteur—of New Queer Cinema, Haynes came to prominence at the same time queer consciousness could no longer be ignored by dominant discourse, not least because of the AIDS crisis. While much of Haynes' work focuses explicitly on homosexual communities and individuals, he also utilized the Karen Carpenter/ Carol White archetype to explore many of the same themes.

> Although Haynes identifies himself as a gay filmmaker, his commitment to exploring oppression and dysfunction extends to other disenfranchised members of society, including children, women, as well as gays—those not empowered or able to control their environment and construct a place for themselves that allows for self-expression.[7]

In many ways, *Safe* unites Haynes' interests in the figure of the woman and the figure of the homosexual through the character of Carol, whose identity seems to place her firmly within the tradition of white, heterosexual, suburbia while her disease seems to invoke an 'other' akin to the homosexual, especially during the AIDS epidemic. As Doane elucidates,

> *Safe* is a hinge text in this regard since its female protagonist is at once the conflicted woman of melodrama and the infected, aberrant, diseased other, evidence of the inevitable failure of the contemporary obsession with the self. Haynes's cinema oscillates between these two figures that are, for him, figures of a certain fascination, symptoms of a pervasive social panic.[8]

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[6] Ibid., 6.
[7] Florence Jacobowitz and Richard Lippe, "Todd Haynes' *Safe*: Illness as Metaphor in the 90s," *Cineaction* 43, (1997): 15.
[8] Doane, "Pathos and Pathology," 17.

*Safe*'s play with film form, genre, and narrative convention further solidifies this film within the Haynes cannon, which has—at every turn—referenced, refigured, subverted, and participated in classical forms of cinematic storytelling. *Superstar*, for example, has a linear, unambiguous narrative but it also sports a cast of all and only Barbie dolls, whose tan plastic veneer, rigid movements, and unblinking expressions produce a space of distantiation and another layer of culturally charged commentary within the film. As we shall see, *Safe* activates all of the genres present in his other work. In observing *Safe*'s inheritance of a certain European art-cinema tradition, for example, authors Florence Jacobowitz and Richard Lippe also note that, "Haynes too draws directly from the horror film (*Poison*) but, even more pointedly, the melodrama, a genre that particularly accommodates the exploration of personal identity within the larger context of social reality."[9] While *Safe* articulates a particular relationship to the melodrama,[10] Haynes continues his play with this genre even more explicitly in his films and projects following *Safe*. This includes Haynes' 2011 television miniseries of *Mildred Pierce* as well as his film *Far From Heaven* (2002), which fully adopts the form and style of 1950s melodrama—especially the films of Douglas Sirk—in order to address gender, sexuality, and race relations of both a fictional 1950s Connecticut family as well as the films of that era.

Play with generic, stylistic, and narrative code runs rampant throughout Haynes' oeuvre and, as this paper hopes to show, takes a particularly intriguing form in *Safe*. Doane writes, "What is resisted in much of the critical writing on

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[9] Jacobowitz and Lippe, "Illness as Metaphor in the 90s," 15.
[10] To be explored later.

Haynes seems to be the strong and explicit acknowledgement of genre not simply as classification but as essential and constitutive framework, as generator of cinema."[11] That is the subject of this paper as I seek to draw out and articulate how Haynes manipulates, subverts, and plays with genre convention, narrative, a feminist perspective, and language in *Safe* and, in so doing, creates a kind of film and a sort of spectator experience that engages with the impossibility of ever really knowing the answers to our most pressing questions—which is, here*: What is wrong with Carol?* But *Safe*'s perpetual narrative and generic subversion and its persistent will toward irresolution pose a particular problem of interpretation. As Susan Potter observes, "Despite its apparently conventional content and form, *Safe* confounded critics with its polysemic openness to multiple interpretations and its refusal to offer audiences any insight into the central protagonist's experience or emotional life."[12] How are we to interpret a film that, in addition to alienating the viewer from its protagonist, refuses to answer its most fundamental question and never quite adds up to any familiar or concrete trajectory?

We can, as I hope to, bend our systems of understanding toward honoring the multifaceted experience of uncertainty that this film produces. We can use this film as an exercise to get a little bit more comfortable with the limits of knowledge. We can let the film teach us how to read it and take the hint to abandon our search for the final diagnosis, explanation, and truth at the heart of this narrative. Instead we can do our best to *testify to the ways in which the film*

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[11] Doane, "Pathos and Pathology,"18.
[12] Susan Potter, "Dangerous Spaces: *Safe*," *Camera Obscura* 57, vol. 19, no. 3 (2004): 125-126.

*positions that diagnosis, explanation, and ultimate truth as forever out of reach*. Thus, this project does not aim to definitively answer questions, settle on a certain interpretation of *Safe*, or explain to the reader what this film is *really* about. Instead, I hope to honor the inarticulate experience of un-knowing produced by this film and catalogue the ways *Safe* posits certain limits of genre, narrative, a feminist perspective, and language.

CAN WE WRITE OFF CAROL AS *JUST CRAZY?*

Because there appears to be no concrete explanation for Carol and her illness, we might first jump at the opportunity to classify her as "just crazy" in the equally flat and vacuous sense of so many "madwomen in the attic."[13] We could thus write off her condition with the vague surface diagnostics of something like "classical hysteria." But does *Safe* really make available a viewing position which dismisses or disavows Carol's illness altogether?

The kinds of narratives that house these plainly "crazy" women cast them as inherently nuts, their madness so straightforward and uninteresting that it proves utterly unworthy of narrative excavation. This crazy woman trope allows the viewer to write off the woman's experience with all the barrel-chested confidence that such airtight tautology offers: *she's just simply a lunatic…case closed!* Such texts take as their premise mainstream classical cinema's frequent

[13] Think of, if not the original at least the most notorious madwoman in the attic, Bertha Mason, Rochester's wild "other" wife in Charlotte Bronte's *Jane Eyre*, whose insanity has all the unexplored inevitability of family lineage. For a more updated version, think of *Black Swan*'s troubled ballerina, whose insanity is ultimately severed from the gendered ideology of the NY ballerina world—which one might have reasonably assumed produced it and indeed we are initially led to believe as much. Instead, her erratic behavior is "explained" as a condition of being *just* nuts, more otherworldly than socially produced.

assertion that a female character amounts to little more than her effect on a male character and a male-driven plot. As feminist critics have shown, this often means classical female characters lack depth since they are valued primarily for their specular presence on screen as object of the male gaze.[14] Mary Ann Doane similarly reflects on this phenomenon in terms of surface and depth when she describes these female characters' signification as,

> spread out over a surface—a surface which refers only to itself and does not simultaneously conceal and reveal an interior. Such a fetishization of the surface is, of course, the very limit of the logic of this specular system, a limit which is rarely attained since it implies that there is no attribution of an interiority whatsoever and hence no 'characterization' (this extreme point is most apparent in certain Busby Berkeley musical numbers). The logical limit nevertheless exemplifies the system's major tendency and entails that the body is both signifier and signified, its meaning in effect tautological. The female body exhausts its signification entirely in its status as an object of male vision[15]

The madwomen that follow from this classical model are surface constructions who exist primarily as spectacle—here, the dark spectacle of madness blots out any deeper character traits rather than the sexual exhibition of glamour. These madwomen are represented as *essentially* mad in the same play of surfaces that designates Marlene Deitrich as *essentially* beautiful.[16] Texts that treat their madwomen according to this logic naturally discourage identification with her. These "crazy" ladies are ex-girlfriends, exotic sirens across the sea, past-wives shut up in the attic, or otherwise rendered peripheral for a reason—for their madness to maintain its tautological certainty, we cannot empathize with it

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[14] Referencing here Laura Mulvey's definitive essay, "Visual Pleasure and Narrative Cinema" and all of its inheritors and respondents.

[15] Mary Ann Doane, *The Desire to Desire: The Woman's Film of the 1940s*. (Indiana: Indiana University Press, 1987), 39.

[16] Especially in the films of Josef Von Sternberg.

or look at it too closely, lest it take on a complicating depth. For texts concerned with only stating a woman's madness and not exploring it, such marginalization proves the rule save for one glaring exception—the femme fatale or otherwise maniacal female villain. While she is no longer peripheral to the narrative, her construction as villain similarly prevents spectatorial identification and allows her madness to exist as an uninterrogated premise upon which narrative action unfolds.[17]

Does *Safe* make available this kind of dismissive positioning of Carol and her illness? Though some viewers insist on writing her off in this manner,[18] *Safe* seems to explicitly inhibit this interpretation of Carol as simply mad and beyond interest or interrogation with the very fact that Carol is at the center of *Safe*'s narrative.[19] Admittedly, viewer identification with our female protagonist is troubled in this film,[20] but *Safe*'s persistent and structuring interest in the question *What is Wrong With Carol?* saves it from being the type of text that allows a reader to simply write off the madwoman. We might consider classical cinema's other oft-used madwoman trope, but it would take a herculean effort to read Carol as any sort of villainous and sexualized femme fetal. Neither essentially mad nor pure specular phenomenon, *Safe* posits a depth to Carol's

[17] While scholars may interrogate this state of madness, the films themselves do not. Think, for example, of Lilith in Robert Rossen's 1964 film by the same, reference-loaded name, whose schizophrenia manifests in maniacal hyper-sexuality and is understood more as a flaw in her feminine character than as an unfortunate but logical consequence of disease or trauma.
[18] This assertion is based on a swath of anecdotal evidence.
[19] Though one scholar, Nicole Seymour, argues against this in her essay, "'It's Just Not Turning Up': Cinematic Vision and Environmental Justice in Todd Haynes's *Safe*," which will be addressed a few pages down the road.
[20] To be explored in the section on *Safe* and melodrama.

character in its very preoccupation with her condition, its causes, and potential cures.

## SUBVERSION OF NARRATIVE AND GENRE

Confident that we are, indeed, to take Carol and her illness seriously, and in hot pursuit of *Safe*'s central mystery—*What is wrong with Carol?*—we might latch onto familiar explanations for a female protagonist's physical and emotional distress. This is where *Safe* begins in earnest its games of narrative and generic subversion. *Safe* tells us our primary task is to understand Carol and then offers up a smorgasbord of enticing interpretive frameworks—the horror genre, the Gothic film, the medical discourse film, the melodrama, the environmental film, the entrapped-by-a-cult-narrative, the coming-to-feminist-consciousness plot—*Safe* invokes them all but follows through on none. At film's end, there is no concrete, tidy diagnosis. *Safe* instead provides either too much information fragmented and dispersed in a network of conflicting symptoms, or conversely, too little information of the sort that would lead to a confident diagnosis and a tidy conclusion. Faced with the central problem of "making sense" of Carol, *Safe* gives us only non-sense. As Rose Ellen Lessy writes, "In trying to interpret the film *Safe* and its sick protagonist, Carol White, we are confronted repeatedly with largely unanswerable questions about the source of her misery."[21]

This is not a mark of messy filmmaking. To the contrary, *Safe* expertly deploys filmic conventions and deliberately follows none of them through to their

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[21] Rose Ellen Lessy, "Feminist Treatment: Illness and Impasse in Todd Haynes's *Safe*," *Studies in Gender and Sexuality* 7, no. 4 (2006): 292.

logical implications or resolutions. By referencing so many of our familiar stories and suggesting an array of interpretive frameworks, *Safe* draws attention to the way we use genre and narrative to try and capture and communicate human experience. By confounding all of the narrative trajectories and genre classifications it invokes, *Safe* brings us to the very limits of these systems' power. As our species' most beloved epistemological device, storytelling promises new knowledge, fresh understanding, a renewed vision, or a 'truth' of some sort, but *Safe* asks us to sit with the excess of genre and the failure of narrative, to experience the dark space of unknowing where any enlightening story we try to tell quickly reveals its artifice. None of the explanations and stories *Safe* tells us fully capture Carol's condition and, by upending the whole system of narrativity and genre classification, *Safe* puts forth the disquieting supposition that in fact *no story* could capture Carol's experience.

*Safe* is particularly resonant of the 1940s medical discourse film, a genre of the 1940s woman's film delineated by Mary Ann Doane.[22] These films invite a reading strategy and interpretive move which will help us better approach such a strange film that so defies are usual modes of understanding and classifying a text.

## THE MEDICAL DISCOURSE FILM

The films of the medical discourse genre revolve around a diseased female protagonist, the pursuit of her diagnosis, and her ultimate cure. Over the course of movies like *The Snake Pit* (1948) or *Possessed* (1947) we search for the source

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[22] Doane, *Desire to Desire,* 38-70.

of a troubled woman's condition and arrive at resolution once we understand her original trauma and the tale of woe it has produced. Emerging at a moment of cultural obsession with Freudian psychoanalysis, the medical discourse film places total faith in the ability to make sense of and subsequently solve a woman's illness. Once her original trauma becomes known, the woman is almost always instantly cured in a classical, triumphant climax of the plot. This posits the knowledge of the ailment and the narrativizing of diagnosis as miraculous cure in and of themselves, instead of the constructed epistemological devices we use to find cure, to understand our bodies, and to make sense of the world around us. In the medical discourse film, as in the classical mystery, there is little room for ambiguity or uncertainty outside of the central mystery and its tidy solution.

In many ways, *Safe* promises such a story. As Rose Ellen Lessy writes,

> Carol's hunt for the right treatment seems initially to suggest we are watching a film whose narrative is organized around the quest for medical truth—a narrative that presents disease as beginning of a journey toward medical knowledge of the body and correct diagnosis as the triumphant resolution.[23]

*Safe* shares with these films a number of narrative components but its most resounding affinity with the medical discourse genre is its commitment to the "logic of the symptom," which presents a series of mysterious symptoms on the site of Carol's body and invites the viewer to speculate as to their causes. In the classical text, the female protagonist's somatic symptoms bespeak her inner turmoil. As Doane writes,

> The logic of the symptom—so essential to an understanding of the films of the 1940s which activate a medical discourse—is caught within the nexus of metaphors of visibility and invisibility. For the symptom makes visible

[23] Rose Ellen Lessy, "Feminist Treatment," 293.

> and material invisible forces to which we would otherwise have no access; it is a delegate of the unconscious.[24]

In other words, the female body in these films holds a series of clues that lead us to the inner truth of psychic life. As such, the body becomes "an element of the discourse of medicine, a manuscript to be read for the symptoms which betray her story, her identity."[25] Behind the mystery of this corporeal text lies a logical narrative which, once accessed, brings structure to the chaos of bodily symptoms and sense to the nonsense of madness.

To help us access this narrative and find the truth of the woman's illness, the medical discourse film provides a handsome male character endowed with borderline magical powers of vision, knowledge, and empathy. This character almost always goes by the name 'psychiatrist.' He is the "site of knowledge" which comes to narrate the female protagonist's story and subjectivity, bringing wholeness and order where there was only fragmented chaos before.[26]

Thus the "logic of the symptom" takes the form of a certain relationship in the medical discourse film. On the one hand, the female body as a "manuscript to be read for the symptoms that betray her story" and, on the other hand, the figure of the doctor as the "reader or interpreter," "the site of knowledge" who brings understanding and narrative logic to the chaos of the symptomatic female body. In this relationship of bodily text and medical interpreter, Doane identifies "a

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[24] Doane, *Desire to Desire*, 40.
[25] Ibid., 43.
[26] For example, *Possessed*—a 1947 film starring Joan Crawford—opens with our female protagonist wandering the streets in a daze, repeating a man's name. She is admitted to a hospital where a psychiatrist coaxes her into recounting her story. Her tale of woe and the film's narrative is thus structured by the psychiatrist's incitement of her speech and his final pronouncement of her insanity brings together and wraps up all preceding action.

scenario of reading…provided within the films themselves—a hermeneutics of pathology,"[27] which parallels the spectator's relationship to the film text.

The medical practitioner's interpretive work of reading a stricken body's symptoms, making meaning out of them, and articulating a logical diagnostic narrative correlates to the spectator's interpretive work of reading the film text; like the classical psychiatrist observing a patient, we conduct a symptomatic reading of the film text, weaving a logical story out of the fragmentary truths before us. This "scenario of reading" thus posits the female body as aligned with the filmic text. Indeed, the female body and the discursive, textual body are tantamount to a certain extent: the physical body's symptoms form the narrative body of the film so that her somatic symptoms' refusal to cohere into a logical story of illness directly results in the film's lack of traditional narrative coherence. If her symptoms resist diagnosis and cure, then so too does the film lack concrete resolution.[28]

Such is the case with *Safe*. Carol's symptoms refuse to add up to a thorough, logical diagnosis. As we'll see, *Safe* provides a host of candidates for the role of medical and textual interpreter, but none of them can quite reach the authoritative heights of the medical discourse psychiatrist because none of them arrive at a full-fledged diagnosis for Carol and, by extension, articulation of the story of *Safe*. All of *Safe*'s medical practitioners are stumped. Even Wrenwood,

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[27] Doane, *Desire to Desire,* 45.

[28] Even for those not explicitly operating within the mode of symptomatic reading, this slippage between reading the "text" of Carol's illness and reading the text of *Safe* is a structural conceit common to nearly all approaches to *Safe*. This theoretical position is in fact so tacitly foundational, so naturalized, as to often appear as nothing of a theoretical position at all.

the retreat center Carol ends up at, and its imposing director do not offer the infallible interpretive lens built into the medical discourse film and its symptomatic readings.[29] With nobody to interpret the non-sense on the site of Carol's body, it spreads to the filmic discourse itself; for, if we do not know *What is wrong with Carol?*, we also do not know what *Safe* is about. Seen from the other side, if Carol were definitively stricken with Environmental Illness, depression, or a familiar case of socially induced hysteria, then *Safe* could definitively be "about" those subjects. In short, reading Carol's illness is a project concomitant with reading *Safe* and any ambivalence inherent to or produced by the former project is sure to show up again writ large in the latter.

This alignment of reading Carol's illness with reading the film assumes that one does indeed see *Safe* as primarily about Carol, which at least one creative reading denies. In her essay, "'It's Just Not Turning Up': Cinematic Vision and Environmental Justice in Todd Haynes's *Safe*," Nicole Seymour argues that visual structures which discourage identification with Carol should cue the spectator's attention to the film's peripheral characters, most of whom are non-white laborers who are at a significantly greater danger of chemical exposure than is Carol. Seymour's interpretation addresses an important, under-read aspect of *Safe* in that the film "draws attention to the literally and figuratively marginal figures and to the environmental health risks they face… [and] thus represents, without reproducing, the ways that the working poor are rendered

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[29] Just how and why we develop suspicions of Wrenwood and its cast of characters is the subject of later analysis.

invisible."[31] This reading, however, oversells the value of overlooking Carol and ignores the ways the film also explicitly instructs us to examine the protagonist and her illness. More to the point, this reading replaces a concrete epistemology of the visible or the central (Carol) with an equally firm epistemology of the margins (the "invisible" working class). This relocates but nonetheless reinstates a rigid and exclusionary logic which *Safe* so labors to uproot. *Safe* is not *either* an examination of Carol *or* an examination of the margins, but *both, and*.

While there is certainly more to be explored of *Safe*'s margins and the ways its characters of color operate in this film, it is the alignment of reading the text of the sick protagonist (here, Carol) with the text of the film, which gives way to *Safe*'s particularly intriguing problem of interpretation. For, if Carol's symptoms evade tidy reading, then how do we read this film? What can we do with a film that seems to demand our analytical attention but produces only conflicting information or silence around its central question? What happens if the film insists that we simply cannot know *What is wrong with Carol*?

Some critics respond to this dilemma by excavating the diagnosis they find most compelling[32] or by exploring the theme they find most prominent.[33] At best, such readings can produce stimulating but partial knowledges about Carol's illness and *Safe*, which may convincingly explain the author's favored symptomology but leave great swaths of the film unaccounted for. Further, with a

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[31] Nicole Seymour, "'It's Just Not Turning Up': Cinematic Vision and Environmental Justice in Todd Haynes's *Safe*," *Cinema Journal* 50, no. 4 (2011): 1.

[32] For example, Sara Hosey, "Canaries and Coalmines: Toxic Discourse in *The Incredible Shrinking Woman* and *Safe*," *Feminist Formations* 23, no. 2 (2011): 77-97.

[33] For example, Seymour "'It's Just Not Turning Up': Cinematic Vision and Environmental Justice in Todd Haynes's *Safe*" and Daniel Bouchard and Jigna Desai, "'There's Nothing More Debilitating than Travel': Locating US Empire in Todd Haynes' *Safe*," *Quarterly Review of Film and Video* 22, no. 4 (2006): 359-370.

film that so radically evades and confounds the confidence of diagnosis and the satisfying knowledge of resolution, applying a firm and particular interpretation— 'this film is *about* a New Age cult'; 'this film is *about* gender oppression'—begins to feel very quickly like a disservice to the film's spirit of unknowability.[35] But again, what is the critic, armed only with the inherent arrogance and narrowness of interpretation, to do? How do we approach Carol and *Safe*'s unknowability, its very evasion of epistemological systems, when the only light we have to read by is itself an epistemological system?[36]

READING STRATEGIES

We might return to Doane's methodology of the medical discourse film. While our position toward the text and our work of interpretation aligns us with the filmic psychiatrist and his reading of symptoms in the medical discourse film, Doane ekes out a critical space with these films for our symptomatic reading to differ from the filmic doctor's. For Doane, the doctor's look in the medical discourse film is something akin to what Foucault describes as the medical 'glance:'[37]

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[35] Though there is at least one caveat to this assertion: some of these "concrete" diagnosis readings *do* take into account uncertainty, as is true with the mercurial and undefined nature of Environmental Illness, for example. This will be explored later.
[36] A problem similar to "writing madness" as Shoshana Felman's book is entitled or, writing "the history of madness" as Michel Foucault's book is entitled.
[37] Doane quoting Foucault: "The glance chooses a line that instantly distinguishes the essential; it therefore goes beyond what it sees; it is not misled by the immediate forms of the sensible, for it knows how to traverse them; it is essentially demystifying....The glance is of the non-verbal order of *contact*, a purely ideal contact perhaps, but in fact a more *striking* contact, since it traverses more easily, and goes further beneath things. The clinical eye discovers a kinship with a new sense that prescribes its norm and epistemological structure; this is no longer the ear straining to catch a language, but the index finger palpating the depths. Hence that metaphor of 'touch' (*le tact*) by which

> The symptomatic reading which the doctor performs in these films by means of the instrument of the glance unveils a previously invisible essence—ultimately the essence of the female character concerned. The ideology which the films promote therefore rests on a particularly extreme form of essentialism.[38]

This type of symptomatic reading works wonders for the doctor of the medical discourse film as the demystifying power of his medical glance almost always returns his patient to health and brings the narrative to tidy resolution. We might apply this type of symptomatic reading to the medical discourse film text itself and produce similarly tidy results; we could read *The Snake Pit*'s[39] protagonist, for example, as rather straightforwardly schizophrenic or, reading her against the film's grain but with the same empirical confidence, as definitively traumatized by patriarchy. But Doane refuses this kind of essentializing 'glance' in reading the medical discourse films, implying that, however much the spectator may be aligned with the interpretive powers of the filmic doctor, the type of symptomatic reading demonstrated by the doctors within these films is not quite up to the task of reading the films themselves.

If the medical discourse films, whose stories so valorize certainty and the power of the medical glance, require a different kind of symptomatic reading, then so too does a film like *Safe*, whose narrative in no way upholds the power of

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doctors will ceaselessly define their glance." Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception,* trans. A.M. Sheridan Smith (New York: Pantheon, 1973), pp. 121-22.

[38] Doane, *Desire to Desire*, 44.

[39] In *The Snake Pit* (1948), directed by Anatole Litvak and starring Olivia de Havilland, our female protagonist is diagnosed and institutionalized as schizophrenic but, from another interpretive angle, her therapy (and accompanying flashback sequences) tell the story of a woman who just really, really didn't want to get married to her now husband (Mark Stevens). All of her "acting out" or "becoming ill" or "schizophrenic spells" look strikingly similar to rational decisions to flee the traditional, vitality-threatening confines of coupling and marriage.

the medical glance—as in, the medical and spiritual practitioners in *Safe* all fall far short of success, finding no concrete diagnostics and reaching no firm conclusions. With this diegetic failure of the medical glance, *Safe* seems to be demanding, even more than its 1940s predecessors, that its textual symptoms be read with a different interpretive toolset.

## ALTHUSSERIAN SYMPTOMATIC READING

With the medical discourse films, Doane settles on a methodology that honors the logic of the symptom without conforming to the essentializing diagnostics of the medical glance; an Althusserian symptomatic interpretation allows a reader to testify to a text's discursive tensions, breaks, silences, and exclusions. Through these strange textual non-entities, we can begin to approach the ideologies and structures lurking beneath the text's surface. As Doane describes,

> Althusserian theory and strategies of interpretation derived from it assume that what is invisible, what the symptom indicates, is not an essence (as in the films) but a structure, a logic—in short, an ideological systematicity which is by definition unconscious. A symptomatic reading in this sense reveals what is excluded as the invisible of a particular discourse, what is unthought or what the discourse wishes very precisely not to think.[40]

The Athusserian symptomatic reading pays attention to "failures in the rigor of the discourse" and "sites of collapse or of near-collapse of its own logic."[41] These

[40] Doane goes on to quote directly from Althusser, and a brilliant passage at that: "…the invisible is the theoretical problematic's nonvision of its non-objects, the invisible is the darkness, the blinded eye of the theoretical problematic's self-reflection when it scans its non-objects, its nonproblems without seeing them, *in order not to look at them*." Doane, *Desire to Desire*, 44, quoting Louis Althusser and Étienne Balibar, *Reading Capital* (London: New Left Books, 1970), p.26.
[41] Doane, *Desire to Desire*, 44.

are the symptoms of the text, eruptions on its surface which gesture toward all those aspects excluded, invisible, and unthought by the discourse—in short, its structuring ideology. The Althusserian reader scans a text's surface for the telltale discursive inconsistency of a symptom and, once found, works over this discursive inconsistency until it takes on a new consistency, not with the surface of the text but with the deeper, sneakier logic of ideology.

Nothing would be more satisfying than this kind of pulling-back-the-curtain on *Safe*; all we need is one symptomatically out-of-place stitch to see how the whole curtain hangs, how it will unravel, and what it will reveal. We thus set to scanning *Safe* through this Althusserian lens, looking for those frictions, those ruptures, those symptoms in *Safe*'s discursive logic and rigor that bespeak an unconscious, organizing ideology.

The intriguing problem of *Safe*, however, is that there is no rigorous discursive coherence to break from; *Safe*'s dominant form is narrative *inconsistency* and radical *inconclusiveness*. The Althusserian symptomatic reader—trained as she is in tugging on a single, loosened stitch to grab hold and pull back the whole curtain—peers out over the fabric of *Safe* and sees *only* loose stitches, *only* incomplete patterns and ragged edges that tear their way toward gaping hole after gaping hole. If a text's dominant discourse is itself composed of ruptures, silences, breakages, leakages, and sites of total collapse, then how might we spot the telltale discursive inconsistency of a symptom? What does a meaningful silence sound like if everything is already quiet? What does a symptom look like if the norm is incomprehensible illness? Could it be that such

a thoroughly stricken body's symptoms are actually those few signs of health? The silent landscape's symptoms actually those few articulate utterances?

So it is with *Safe*. Paradoxically, the breaks in *Safe*'s already-broken discourse are the moments when the film offers discursive coherence. Exactly the inverse of the symptomology used with the classical text, *Safe*'s symptoms are the sites at which there is seemingly least tension, least confusion, least conflict, the most logic, the most said, the most understood, the most known. These are sites where we have most faith in a concrete and familiar genre, diagnosis, explanatory language, or narrative arc. *Safe*'s symptoms are the sites when we are most thoroughly convinced Carol suffers from a clearly defined system of gendered oppression or from Environmental Illness, or when we are most certain she will come into feminist or political consciousness and turn toward a definitive activist mission, or when we most thoroughly believe the Wrenwood retreat center to be either a cure-all or a dangerous cult. There are definitive flashes of the medical discourse film, the horror film, the gothic text, the melodrama, the feminist consciousness text, the Environmental Illness plot—but each of these symptomatic temptations of narrative or generic coherence are soon upended and subsumed by the rigor of *Safe*'s primary discursive mode, which is one of incoherence and non-knowledge. Exactly inverse to the traditional mode of symptomatic reading, it is the perfectly conceived and beautifully executed stitch to which we must pay our attention in the strange fabric of *Safe*. By putting pressure on these symptomatic sites of narrative and generic coherence, we might begin to see the hidden, structuring logic of *Safe* and thus retain our power

to pull back the curtain on the film, this time by the perfect stitch rather than the ragged one.

And we might take especially great pleasure in pulling back the curtain on a film like *Safe*, which so tries to evade us. Indeed, there is something in the very structure of symptomatic reading that couples a kind of self-satisfied joy with cracking a text's code. This is a trait of symptomatic reading worth pausing over for its special ramifications with a film like *Safe*, which is so fundamentally concerned with upsetting generic expectations and confounding narrative trajectories. In the classical symptomatic reading scenario, as with Freud and his hysterical women, reading symptoms allows the reader to access something unknown and unthought by the textual body itself. When transferred to the socio-cultural level, we might call the unconscious of society, ideology. Because the text itself cannot, by ideology's very definition, be aware of its ideology, the reader must bring that awareness and knowledge to the text. Symptomatic reading thus creates a kind of desperate search to know more than the text itself. This is the crude game at the heart of "the logic of the symptom"—the reader is condemned to the diligent arrogance of knowing more than her object of study and the object of study is condemned to ignorance of its most structuring qualities.

As for our film, *Safe*'s structuring ideology might be that, despite all its attempts to undermine our faith in narrative and genre's ability to represent experience, it still relies on the cues and tropes of genre and narrative to communicate meaning. *Safe* must erect the structures of genre and narrative in order to show how they fall short—we only feel the Wrenwood-as-cure narrative trajectory to fail, for example, because *Safe* first incites our faith in the

explanatory powers of the Environmental Illness diagnosis and narrative arc toward health. *Safe* presents narrative and genre as ultimately failing to produce a fulfilling explanation for Carol's experience and our experience of Carol, but even describing narrative and generic failure is still an act of erecting these epistemological structures to make a point, to communicate meaning. Thus, even if viewed in the negative, the concreteness and centrality of genre and narrative remain intact. Given *Safe*'s symptoms are moments of traditional narrative coherence in an otherwise chaotic discourse, one could argue the structuring ideology these symptoms reveal is a reliance on the same narrative structures they seek to undermine. Triumphant at last, the curtain comes back.

And yet, in these attempts to invert the symptomology of Althusserian symptomatic reading and reveal at once what we know about this film and what the film fails to know about itself, something doesn't feel quite right. We try to recline into our superior knowledge over *Safe*, but the film protests. *Safe* seems awfully aware of its own reliance on traditional narrative structures. This structuring ideology is supposed to be, by definition, hidden to the text itself but *Safe* executes its narrative cues and tropes with a deliberateness, expertise, and even hyperbolic sensibility that indicate an acute awareness of such structures the film's dependence on them to make meaning. As previously discussed, it is in fact a trademark of Todd Haynes' style to deploy classical narrative and generic tropes in order to show how they work, what they incite, and what they exclude. This is especially true of *Far From Heaven* (2002), a re-working of Douglas Sirkian melodrama and arguably Haynes' most thoroughgoing deployment of

generic convention.[42] Haynes' evident awareness of his reliance on narrative and generic traditions—to the point that he has built much of his career on the simultaneous exposure of and participation in the manipulative tactics of classical cinema—precludes this from being the kind of unconscious structuring ideology in *Safe* that symptomatic reading strategies seek to expose. But what then, is the hidden discourse that *Safe*'s symptomatic sites of narrative coherence reveal?

This brings us to an even more fundamental question in this project of symptomatically reading *Safe*. Is the knowledge game aspect of symptomatic reading, by which we would come to boast our ability to see and understand what the text itself cannot, even one worth pursuing in a filmic discourse that—via unrelenting narrative and generic subversion—so problematizes the ability to *really* know *anything*? Doesn't the kind of desperate scramble to find something that *Safe*'s discourse doesn't know, its hidden ideological structure, play into the exact same systems of understanding that *Safe* is troubling? In this knowledge game, wouldn't we be producing the same arrogant sense-making and truth claims of narrative, genre, and language which *Safe* continually proves as failing to adequately represent experience? To persist in search of *Safe*'s unconscious ideology and to recline into the knowledge that any such discoveries might offer, would be to make the fatal mistake of thinking we are not also trapped by the

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[42] This is the subject of much analysis. For a few examples, see *The Cinema of Todd Haynes: All That Heaven Allows*, edited by James Morrison (New York: Wallflower Press, 2007). Specifically, Scott Higgins, "Orange and Blue, Desire and Loss: The Color Score in *Far From Heaven*;" Todd McGowan, "Relocating Our Enjoyment of the 1950s: The Politics of Fantasy in Far From Heaven;" Anat Pick, "Todd Haynes' Melodramas of Abstraction."

epistemological systems and limits of knowledge that confine Carol, limit the discourse around her illness, and structure and obsess *Safe*.

We can, however, hold onto our inverse Althusserian symptomatic reading approach, by which we probe *Safe*'s symptomatic moments of narrative and generic coherence to reveal the hidden ideology of this film, as long as we are prepared to admit that the structuring ideology in this discourse is, in fact, our own sense-making effort itself. When we pull back the curtain on *Safe*, we find not a hidden, structuring ideological bent to the text but a hidden, structuring predilection of the reader— our own desperate claims to knowledge and our own stubborn will for *Safe* to make sense, for Carol's illness to add up, for there to be an understandable motivation and a logical resolution to the action before us. *Safe* makes us deal with the fact that sometimes we just can't know, and that sometimes our very attempt to definitively know is itself the problem.

In another light, *Safe* simply creates narrative and generic expectations and then confounds them, but methodically charting out the ways *Safe* draws out and subverts those expectations is a project that quietly opens unto the depth of our very will to tell stories, to give language to experience, to make concrete definitive meaning of events. *Safe*'s confrontation of these most basic of human desires with the persistence of non-sense or not-quite-sense gives rise to the film's particular challenge to its audience: can we refuse the temptation to recline into the imperious space of *finally-knowing* and instead sit in the terrifying space of *forever almost-knowing*? And further, can we find a way to testify to this dominant experience of non-understanding when we are so laden with our will to narrativize, classify, and make sense?

Given our inherent propensity toward meaning-making, we may be unable to fully inhabit the space of non-sense, but what we can do is delve into *Safe*'s symptomatic sites of narrative, generic, and linguistic coherence in order to bare witness to the ways these structures eventually come up short or fall apart. *Safe* knows it is trapped by the epistemological structures of narrative, genre, and language and it knows that we as readers—symptomatic or otherwise—are as well. What this film does is recognize those limitations and display them. Such limitations may be inescapable, but by testifying to the ways our knowledge falls to inarticulate, inconclusive ruin in *Safe*, we can hear how experience echoes off our structures of knowing. Looking out from these sites of failed coherence, we can begin to peer into the sphere of total chaos and absolute unknowing, a liminal space between diagnosis and untold experience. Here, we not only recognize our inability to know, but also accede our very desire and claim to knowledge. With this, we turn to these symptomatic sites of narrative and generic coherence.

## NARRATIVE TROPES AND GENERIC COHERENCE

*Safe* opens with an extended point of view shot from inside a car making its way up a series of winding roads. It is nighttime, perhaps even *the dead of night*, for this is the kind of shot that cues the horror genre and all its attendant clichés. An eerie synthesizer builds toward crescendo as the car climbs these dark California hills, heightening the genre-bound intuition that wherever this car is headed, it isn't good.

We will return to this anxiety-inducing synthesizer again and again throughout *Safe*, almost always paired with another horror-genre cue: a painfully

slow zoom in and dolly up on the victimized female form—here, Carol experiencing one of her symptoms. As the synthesizer continues its stretch toward crescendo and the camera leads us ever closer to Carol's bleeding, suffocating, or fear-stricken body, we search the image for the answer—some tell-tale sign of impending epidemic, murder, or emotional unraveling—but the synthesizer always falls silent and the image always cuts before we reach any apex of horrific realization. There are no rapists or contagions or alien abductions in *Safe*; there is only us, squared with Carol, studying her symptoms and, with no easy culprit in sight, desperately trying to understand what is *really* wrong with Carol White.

The ominous synthesizer returns when the camera remains stationary in long-shot and we are given extended time to study Carol and Greg in the hyper-stylized interiors of their home. But still, no horror emerges. Where the horror-genre often compromises our ability to see until at long last the final horror is revealed, *Safe* provides unmitigated visual access to Carol, her body, her symptoms, her home, and her life from the outset, but all of this seeing uncovers no new knowledge, no explanation. As Roddey Reid writes, *Safe* "eschews the all-knowingness of the populist epistemology of visibility and articulates in a different fashion our need to see, to know."[43] This leads to a situation in which, "we can see everything but we can't claim to know as much as we can see."[44] If the horror in *Safe* is not a traditional horror, one that lurks around the edges of the film until at last we are allowed to see it, to point at it, and to know it, then what

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[43] Roddey Reid, "UnSafe at Any Distance: Todd Haynes' Visual Culture of Health and Risk." Film Quarterly 51, no. 3 (1998): 34.
[44] Ibid., 36.

is lurking beneath these plainly visible surfaces of *Safe*? And if, "clearly, Julianne Moore's Carol White is no triumphant 'final girl' who, no longer a victim, dispatches her tormenter,"[45] then what exactly will come of our protagonist, her illness, and her story?

That first, horror-inducing drive through the California hills culminates in none of the horror genre's traditional monsters, but it does land us at Greg and Carol's gigantic, idyllic home. After pulling into the fluorescently lit garage, we cut to the couple in bed, with Carol on her back staring vacantly beyond her thrusting husband. We then cut to the morning, where we can see the full opulence of Greg and Carol's suburban paradise, replete with a perfectly groomed garden's blooming roses that perfectly match Carol's gardening gloves. Carol's trimming of the rose bushes is punctuated by, first, a kiss goodbye from her husband who is off to work and, second, by the arrival of a new couch, chosen to seamlessly match the rest of the living room's teal décor.

This immaculate home, with all of its attendant material and bourgeoisie virtues, emulates the kind of post-war domestic "paradise" that drove many women to boredom, hysteria, and beyond in the 1950s. This type of home became a staple of the melodramas of the era as well and has continued to be an icon in the genre's remakes and derivatives. As Mary Ann Doane writes,

> The suburban house in its many incarnations is the site of both the familiar and its etymological kin, the family, the site of the potentially explosive repressions and power structures so carefully delineated in each of these films. It connotes the safe haven, the negation of the city with its crime, its complexities, and its uncertainties—the promise of the economically and racially homogenous. It is so heavily laden with implicit

[45] Ibid., 39.

> cultural meanings—as indictment, as stereotype—that it has virtually become the stereotype of all stereotypes, a kind of metastereotype.[46]

Throughout *Safe*, the house and Carol's treatment of the home cohere to this stereotype and bare the obsessive signs of 1950s domestic ideals, but these ongoing perfectionist stresses never erupt into melodramatic pathos and never culminate in tragic catharsis as they do in, for example, every Douglas Sirk melodrama of the 1950s in which the technocolored perfection of the domestic environment eventually becomes corrupted by emotional trauma.[47] Carol never falls for a forbidden love; she never makes or is punished for a drastic, emotionally wrought choice that brings the audience to tears.[48]

For all of *Safe*'s continued invocations of the melodrama via Carol's characterization as a homemaker trapped by the oppressive constraints of her upperclass, white, femininity, we are deprived another of the genre's most central components: emotional identification with our female protagonist. As several scholars have pointed out, formally the cinematography places us at a literal remove from Carol and we are denied the empathy inducing close-ups that might cement our relationship to her.[49] Julianne Moore's performance of Carol also

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[46] Doane, "Pathos and Pathology," 2.
[47] For a frequently referenced example, see Douglass Sirk's *All That Heaven Allows* (1955) in which wealthy widow Jane Wyman falls for the lowly gardener Rock Hudson. Or better yet, see Todd Haynes' contemporary interpretation of the classical mode in *Far From Heaven*, in which the domestic perfection of a family in small town Connecticut comes to a screeching halt when affluent homemaker (Julianne Moore) falls for a black man and the son of her late gardener (Raymond Deagon) while her husband (Dennis Quaid) deals with his homosexuality.
[48] The goal of bringing audiences to tears is a definitive component of the melodrama genre as Linda Williams describes in her article, "Film Bodies: Gender, Genre, and Excess," *Film Quarterly*, Vol. 44, No. 4 ( 1991):
[49] Reid, "UnSafe at Any Distance: Todd Haynes' Visual Culture of Health and Risk;" Mary Ann Doane, "Pathos and Pathology: The Cinema of Todd Haynes;" and Susan Potter, "Dangerous Spaces: *Safe*," *Camera Obscura* 57, vol.19, no. 3 (2004): 124-155.

inhibits audience empathy and identification. Many viewers' aggravation or outright hatred of Carol's flat affect, disingenuous demeanor, and exhausting passivity[52] is less a reflection of some inherently annoying aspect of Carol's character and more a testament to the film's will to withhold pathos from our relation to Carol. All of the excess, emotion, pain, and catharsis of melodrama's pathos has no home in Carol's vacant comportment and *Safe*'s bleak surroundings.

In her wonderful essay on *Safe*, "Pathos and Pathology: The Cinema of Todd Haynes," Mary Ann Doane discusses the ways melodramatic pathos "requires a temporal structure to allow for mistiming and a developmental logic to generate the effect of disproportion,"[53] but *Safe* offers only an obscure temporal structure and virtually no developmental logic. The film drifts from one episode to another with none of traditional cinema's deadlines or pacing. Even the most driven moments in *Safe* are quickly undercut by an introduction of ambiguity at the sequence's apex.[54] In short, there are no narrowly missed trains in *Safe*.

Another avenue for pathos can be "a single scene, a moment, or an arrested image…[in which] the force of the image, its legibility, and even its radicality are dependent on its recognizability and its effect of immediacy."[55] Here, we might think of Carol's sudden nosebleed or her collapse and seizure in

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[52] Everyone I've made sit through this film, almost uniformly, found Carol—if not the whole film—to be totally intolerable.
[53] Doane, "Pathos and Pathology," 12.
[54] The exciting momentum of Carol's drive to her future at Wrenwood, for example, is quickly offset by an unsettling welcome to the retreat center—a sequence which will be explored later.
[55] Doane, "Pathos and Pathology," 12-13.

the drycleaner, which are both incredibly arresting images of bodily trauma. But, "it is not enough for the image to surprise by exploiting the extreme disjunction of its terms;" the image "must fulfill two nearly incompatible duties: to present what is evident and to surprise. If surprise is sacrificed, then the image is weak; if obviousness is sacrificed, the image is absurd, that is, meaningless and even weaker in the end."[56] If *Safe*'s images sometimes surprise us, they lack the obviousness which would infuse them with pathos: we cannot acutely feel for Carol because we do not understand what her symptoms refer to; we do not instantly know or feel the meaning of the nosebleed or the seizure because they are just more mystifying symptoms without a clearly defined disease or injustice behind them.

Given *Safe*'s stringent will to withhold the kinds of startling yet obvious images that form the empathetic and cathartic foundation of the melodrama, we might turn instead to a type of film that thematizes such cold, alienating imagery. If we look again at Carol and Greg's home, we can see the veneer of 1950s perfectionism fall away to reveal a silo of modernity. As the stark artificiality of the house's interiors alienate Carol from the real and messy world of human engagement, Carol and her friends' concerns over domestic interiors frequently subsume substantive human interaction. The overbearing presence of space and décor in *Safe* is epitomized by the delivery of a black couch, which becomes something of a culprit, first, for not matching the rest of the furniture and, second, for its supposed toxicity. Further, Carol's waifishness and strange,

[56] Doane, "Pathos and Pathology," 13, quoting: Roger Caillois, "The Image," in The Edge of Surrealism: A Roger Caillois Reader, ed. and trans. Claudine Frank (Durham, NC: Duke University Press, 2003): 317-318.

unblinking remove establishes her as the kind of drone-like machine that frequents filmic critiques of modernity while establishing shots of Los Angeles area highways and strip-malls expand modernity's chilly effects to the rest of *Safe*'s landscape.

We might imagine *Safe* to be an object of art cinema[57] and might be especially reminded of Monica Vitti, stiffly moving through the sharp angles and stark backdrops of Michelangelo Antonioni's films. For example, there seems to be a particularly powerful parallel between *Safe* and *Red Desert* (1964), a film in which Monica Vitti paces the overbearing environment of an inhospitable industrial landscape. She struggles under the weight of the modern world's machines and chemicals, and finds only ennui and existential doubt where earnest human connection should reside. Todd Haynes himself has said he watched *Red Desert* in the process of working on *Safe*,[58] but where *Red Desert* and many of its post-war art cinema contemporaries revel in the abstraction of indicting modernity at large, *Safe* continually proposes concrete explanations for Carol's ailments. Where Monica Vitti's Ravenna seems fragile next to the ominous barges that surround her and is perpetually unsteady against the backdrop of billowing factory smoke, Carol comes to believe she definitively has Environmental Illness. Where we're invited into the anxieties, strange behaviors, and dreamscape of Ravenna, *Safe* permits us no such entrée to the internal

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[57] Jacobowitz and Lippe agree: "Haynes' attention to space and environment aligns him with a number of post-war European filmmakers including Jean-Luc Godard (*Deux ou trois choses que je sais d'elle*), Ingmar Bergman (*Persona*), Michelangelo Antonioni (*Red Desert*)...all of these filmmakers place the protagonists' sense of alienation within particular landscapes" (15).
[58] Ibid.

abstraction of Carol's neuroses. In other words, *Safe* continually offers up concrete explanations for Carol and her trauma (if it also confounds them) whereas a film like *Red Desert* makes no attempt to clean up, narrativize, or explain away its leading lady's ennui. Indeed, it thrives on the murkiness of indicting modernity at large and erects such domineering landscapes around such empty characters and open narratives that the former most often eclipses[59] the latter. But Carol's surroundings never fully swallow her and *Safe* never fully coheres into a reflection on the futility of human agency in a menacingly modern world.

Too invested in classical narrative and generic iconography for the art film's boundless indictment of modernity or for the easy acceptance with which it treats inexplicable mental states, *Safe* might more sensibly be classified in a more post-modern tradition of a suburban dystopia film. Beginning in the 1970s and reaching their height in the 1990s, this kind of film pictures its suburban environs with an ironic, violent, or darkly comedic twist.[60] They transpose the domestic perfectionism of the classical melodrama's New England estate to the radically boring landscapes of American suburbia. Here, incessant rows of houses with the same floor plans and yards with the same tidy hedges are either corrupted by surrealist elements or come to ruin by extreme acts of violence. Like their melodramatic ancestors, these films require a definitive moment of audience connection, if not through pathos, than through a shocking image or

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[59] This is a bad pun: *L'Eclisse* (1962), starring Vitti and directed by Antonioni.
[60] See: *Edward Scissorhands* (Tim Burton, 1990); *Magnolia* (Paul Thomas Anderson, 1999), which also takes place in the San Fernando Valley; *The Truman Show* (Peter Weir, 1998); *Welcome to the Doll House* (Todd Solondz, 1995); *Pleasantville* (Gary Ross, 1998); *Little Children* (Todd Field, 2006); etc.

plot twist that contrasts with the perceived perfectionism of the surroundings. We might look back at Carol trimming her beloved rose bushes as her husband kisses her goodbye and see now an ironic take on the melodramatic image which will soon crumble at the hands of some insidious force that had been lurking, all the while, just beneath these idyllic suburban surroundings. But, of course, *Safe*'s suburban dystopic tendencies never fully materialize into this genre's type of shocks and awes; Carol never falls victim to a suburban serial killer,[61] nor does she ever engage in illicit sexual behavior;[62] she doesn't even entertain any dark fantasies about monstrous rabbits.[63] Here, again, *Safe* falls just short of fulfilling a specific genre.

Let's look one more time at Greg and Carol's house. The culmination of a horror film's crescendo, a melodramatic backdrop, a modern silo, and post-modern dystopia—it seems as though Greg and Carol's home, like every other narrative cue in this film, turns out to be both all and none of these things in its insistent lack of commitment to a single, firm point of signification. Seen from yet another angle, perhaps this is a Gothic mansion of the sort that has haunted female protagonists for hundreds of years. We do find Carol frequently roaming the dark spaces of this cavernous estate and she's nothing if not easy to spook, standing in the middle of a lightless empty room or venturing wide-eyed out onto the patio in the middle of the night. But the traditional gothic estate, a damp and

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[61] *The Virgin Suicides* (Sofia Coppola, 1999); *The Stepford Wives* (Bryan Forbes, 1975) or (Frank Oz, 2004)

[62] *American Beauty* (Sam Mendes, 1999)…and almost every other movie in this genre, to the point that adultery seems something of a foundational generic component for these films.

[63] *Donnie Darko* (Richard Kelly, 2001)

lonely castle, its creaking doors, its mysterious footsteps from above, its accident-inducing staircases, its relics of haunted women of yore—all of this is always a sign or manifestation of some specific threat more pointedly insidious, however.

Almost always this is an evil husband or, slightly different, a husband the female protagonist fears to be evil.[64] Carol's hesitant speech, her quivering affect, and her paralyzing passivity suggest she could be a kind of updated Joan Fontaine character,[65] forever weak in the face of the male manipulation around her. Or maybe something closer to Shelley Duvall of that great Gothic-inflected domestic horror, *The Shining* (1980), a movie which so tidily pivots on the wife's (and the viewer's) new knowledge of her husband's true character—he is, she finds out, "a dull boy" driven psychotic by his professorial shortcomings among other failures of masculinity. This pivotal scene masterfully unfolds on the hotel's grand staircase, here a stage for a domestic dispute of epic proportions as Shelley Duvall backs her way up the stairs, desperately swinging a bat at her husband while Jack Nicholson slowly ascends the stairs after her, deftly straddling the line between husband and monster as he progresses from screaming about taking their son to the doctor, to mocking her shrill feminine whimpering, to declaring—now at the top of the staircase—that he is indeed going to bash her brains in.

But in *Safe*, Carol never ends up swinging the bat on the staircase. Whatever force is afflicting Carol never erupts into a clear manifestation of

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[64] This is most often the central question of these Gothic films—*is he evil or not*—as it is with *Rebecca* (Alfred Hitchcock, 1940), *Gaslight* (George Cukor, 1944), or *The Spiral Staircase* (Robert Siodmak, 1945), for example.

[65] Think of Fontaine's many shades of terrified housemouse in *Letter from an Unknown Woman* (Max Ophüls, 1948), *Jane Eyre* (John Houseman, 1943), *Suspicion* (Alfred Hitchcock, 1941), *Rebecca* (Alfred Hitchcock, 1940), to name the most beloved of the films.

marital strife or male aggression. In *Safe,* there is never anyone found in the attic futzing with the gaslight.[66] Unlike the Joan Fontaine Gothic wife and its updated iterations, Carol's weakness never fully translates into the power of a male counterweight. If Carol's husband seems initially to play something of the part of the neglectful and potentially dangerous husband, skeptical as he is of her health complaints and annoyed as he gets when she deflects his sexual advances with a headache, he also turns out to be a rather sympathetic character who is just as mystified by his wife's illness as we are, and perhaps even more empathetic towards it. He accompanies her to doctor appointments and information sessions and encourages her interest in the New Age retreat center. In his last appearance in the film, we see him try to give his wife a hug, but Carol starts coughing and says it must be his cologne. He says he isn't wearing any. He is dejected both because he cannot make sense of Carol and because this fact forecloses any opportunity to show his wife affection. This is not a monstrous, Nicholsonian husband. Nor is this the Gothic husband poisoning his wife's hot milk at night or carefully constructing the conditions for her "suicide" so that he might pillage her family fortune. This is just, at the end of the day, a boring guy who, like us, does not know *What is wrong with Carol?* and therefore, like us, has no clue as to the kind of story in which he's found himself helplessly entangled.

If Carol's husband steers *Safe* clear of the Gothic genre and the domestic horror genre by way of his very unremarkability, another trope of patriarchal manipulation appears, at least initially, alive and well. Searching for a way to

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[66] As in the exemplary Gothic film, *Gaslight* (Cukor, 1944)

explain her many symptoms, Carol goes to a series of medical experts. She first sees her regular physician, who tells her,

“Well I really don’t see anything wrong with you Carol, I mean outside of a slight rash and congestion. I’ll give you some ointment and decongestant, but I don’t know what else to do.” Carol responds,

“I guess I’m just a little stressed out lately…and just tired from it?” The doctor tells her to quit the new fruit diet she had started, to get off dairy even though she is a self-declared “total milkaholic,” that he will see her in a couple of weeks, and that she’ll be fine. But Carol, of course, is not fine. She experiences more symptoms: a sudden nosebleed, inexplicable vomiting, dizziness and disorientation, spells of insomnia, and headaches. She goes back to her physician who, after their check-up, invites Carol and Greg into his office.

“Basically Carol, you are perfectly healthy—if anything your condition has slightly improved since our last visit,” he tells them. This is where Carol’s experience of her own body and our experience of Carol’s body, begins to conflict with the medical profession’s assessment of that body and that experience. For as much as Carol has experienced these somatic symptoms, we have also seen them; they were there, one after another, and felt nothing like ‘perfectly healthy’ or an ‘improved condition.’

“Now this is just a suggestion,” the doctor goes on, “but you might want to consult someone. And I know a very, very good doctor who is just more suited to stress-related conditions, which I think this is.” He takes out a business card for a psychiatrist and hands it to Carol’s husband.

This move is a rather iconic one in women's medical history and its representations. The medical profession has participated in a wider cultural tradition of conveniently ushering the physical symptoms it does not understand into the realm of mental health, as if to say, if your body does not fit the established medical diagnostic rubric, then you are crazy. A historical deficit of knowledge around women's bodies and dominant culture's persistent will to pathologize them has meant that women's symptoms more frequently fall outside of the medical diagnostic framework and are thus more frequently recuperated into the field of mental health.[67]

Maybe Carol does need a mental-health checkup but she also keeps coughing, throwing up, and bleeding from the nose—symptoms which seem to fall within the domain of this physician, not the psychiatrist he is now referring her to. Indeed, we might read Carol's physician as *suspiciously* confident in his dismissal of her complaints as a problem of the mind and therefore outside of his domain. Given his apparent apathy, we might doubt that he is even taking enough interest in Carol to ever be able to recognize a pattern amidst her physical symptoms, let alone be able to confidently classify them as an issue of emotional or mental health.

Any dark suspicions we begin to harbor about the competency or ethics of this doctor are only exacerbated when he hands the psychiatrist's card not to Carol but to her husband, for this is another trope of both medical history and its filmic representations—women being excluded from conversations about their

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[67] Such is the logic that produced the "wandering womb" as an explanation for "hysteria" and its popular, contemporary iteration—the belief that women can't make public policy decisions when menstruating.

own minds and bodies. For a contemporary and particularly distilled example,[68] think of Don Draper covertly chatting with Betty Draper's psychiatrist after every one of her appointments.[69] Think also of every time an individual woman's opinion falls by the wayside when the health of her body and mind (and all the decisions that go along with that) become a husband's burden, or a doctor's concern, or a matter of public discourse. Being excluded from the conversation about one's own mind and body only naturally gives rise to conspiracy, both real and imagined, and it is these conspiracies that have particular currency in narrative cinema.

In film and television (and one might argue in lived experience as well) these conspiracies of the medical world most often take the form of the establishment wielding its multifaceted power to label a woman 'crazy' right at the moment she uncovers a piece of incriminating information that could undermine the authority of someone powerful. Right when she sees the insidious truth to the workings of institutional power, ideology, and patriarchy—she becomes 'insane,' her vision and testimony rendered inherently 'unreliable.' This is perhaps patriarchy's most famous trick—to use its own systemic power to

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[68] Other examples include Lars Von Trier's *Antichrist* (2009) in which the husband (Willem Defoe) meddles in the relationship between his ill wife (Charlotte Gainsbourg) and her doctor, and eventually takes over her treatment all together. We will also see this trope of the husband's overbearing participation in his wife's medical affairs in Roman Polanski's *Rosemary's Baby* (1968), which will soon be explored.

[69] I am referencing *Mad Men*, Season 1, in which—as the AMC website, recounts—"Don calls Dr. Wayne, Betty's psychiatrist, to find out how she's doing and what she's been talking about. 'She seems consumed by petty jealousies and overwhelmed with every day activities,' he says. 'We're basically dealing with the emotions of a child here.' It seems such behavior is common among housewives who constantly try to measure up to their husband's success ("Episode 7: Red In the Face," accessed January 16, 2013, AMC Network Entertainment, LLC., www.amctv.com/shows/mad-men/episodes/season-1/red-in-the-face)."

debilitate any protestation that points out that very systemic power. Perhaps Carol White is to join the ranks of cinematic women whose somatic symptoms and complaints are dismissed as crazy or otherwise hushed in order to protect established bastions of power.

Such as Elizabeth Taylor's character in *Suddenly, Last Summer* (1959), one of many films that shows a woman's testimony "turning psychotic" at the hands of a powerful institution, a manipulative individual with a lot to lose, and a rigid set of heterodominant norms. *Suddenly, Last Summer* enacts this plot device with particular fervor as Katherine Hepburn bribes the state hospital into lobotomizing Elizabeth Taylor so that she will finally shut up about Hepburn's son Sebastian, his evident homosexuality, and his death at the hands of a pack of lustful vacationers down by 'the baths.'

This trope of a woman becoming 'nuts' just at the moment she brushes up against an institution's or a powerful individual's darkest secrets continues to play out in contemporary media; it the tacit backdrop to the hit series *Homeland*[70] in which the female protagonist's hypotheses about terrorist activity and governmental foul-play are consistently put in tension with her bouts of bi-polar mania.

The *Millennium Series*[71] even more explicitly mobilizes these narrative themes as the vile Dr. Teleborian ceaselessly invokes the mental health history of our heroin, Lisbeth Salander, in order to classify as mere 'paranoid delusion' her accounts of rape and abuse at the hands of several perpetrators, including

[70] Showtime Networks, October 2, 2011—present.

[71] *Girl With a Dragon Tattoo*, *Girl Who Played With Fire*, and *Girl Who Kicked The Hornet's Nest* (2009).

Teleborian himself as well as her state-sanctioned legal guardian and her own father. Other of Lisbeth's so called 'paranoid delusions' describe the intricate workings of Sweden's thriving sex-trafficking industry and a series of grotesque dealings among a network of the country's most elite, powerful, and Fascist men.

This sort of network of rotten male authority figures conspiring together and with the institutions that define their power is something like what Stanley Cavell calls "the maddening world of men."[72] A cacophony of often contradictory male voices endlessly advise the female protagonist, telling her—from their various established perches of authority—what to think or what she *actually* saw and heard.[73] In such a "maddening world of men" it is the very chaos and contradiction of their voices that is maddening. As Cavell describes, "not only individual men are destroying her mind, but the world of men…is destroying for her the idea and possibility of reality as such."[74] She comes to question her perception of the world, of threat, of her own body. In this way, these networks of men are manifestations of the subtler workings of patriarchy that erode a woman's perception from the inside out. She becomes ridden with self-doubt. And meanwhile, the film's central question becomes, not 'who done it' or 'what is wrong with her' but 'will she stay true to her perception of the world and her body

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[72] Stanley Cavell, *Contesting Tears: The Hollywood Melodrama of the Unknown Woman* (Chicago: University of Chicago Press, 1996).

[73] This "maddening world of men" was such an entrenched trope within the woman's film by the 1945 release of *The Spiral Staircase* (Robert Siodmak) that the film could flamboyantly play off these conventions, almost to the point of parody. Here, our heroin (Dorothy McGuire), who also happens to be a mute, must wade through the jokes, sexual advances, and paternalistic caretaking of one professor, one police constable, one smooth-talking Casanova type, one troll-like groundskeeper, and two doctors in order to see (and ultimately find her voice to announce) who the real killer is.

[74] Cavell, *Contesting Tears,* 50-51.

or will she be manipulated into believing her knowledge and experience is irrational, that her intuitions are nuts, that she is crazy.'

Given these tropes and themes throughout film history, it is perhaps no great leap to imagine—when the physician hands Carol's husband the psychiatrist's card—a conspiracy involving the medical establishment and a network of male authority working to unmoor Carol's perception of her body and the world at large just at the moment when she begins to reveal an incriminating truth. We might suddenly recall a wide-eyed Mia Farrow in *Rosemary's Baby* (1968), pregnant and increasingly desperate as her husband, her neighbors, and one doctor after another disavow her somatic symptoms, tell her either 'they're normal' or 'you're imagining things,' and in the end all turn out to be part of a satanic cult. What great truth are Carol's symptoms threatening to reveal and which individuals and what institutions are in on covering it up? What are the contours and aims of this "maddening world of men" and what kind of sinister plot is emerging around Carol and her symptoms?

Carol goes to the psychiatrist, a big bald guy sitting behind a huge desk. In his stone-faced silence and icy remove, he occupies such an aura of power he might easily be mistaken for a villainous corporate banker or mob boss. But those icons of male authority have agendas, a calculated method to their manipulations. In the brief scene we have with this psychiatrist, he betrays no such stratagem. He does not tell Carol to just forget about her symptoms; does not tell her she is making things up; does not label her hysterical; does not phone her husband afterward to report his findings; he doesn't even administer shock treatment or hypnotize her into forgetting some piece of incriminating evidence

about him, about the 'world of maddening men,' or about the medical establishment. The psychiatrist gains such a small amount of inconsequential information that even Carol breaks through her meekness to ask if he might not need to be asking a few more questions. And the scene is so void of progress, so strangely unremarkable, that the viewer begins to doubt the existence of any kind of nefarious plot at all—medical, patriarchal, or otherwise.

Carol then goes to see an allergist. She sits hunched in a medical gown in some sort of low-lit basement lab as the doctor injects her with an array of allergens. Where is this eerily quiet doctor's office and what time is it? These questions could have also been asked about the physician's examining room in which the single overhead light and extreme silence produced a similarly disquieting ambiance. Far from the florescent hubbub that bespeaks high-functioning medical environments, these spaces connote the illicit activity of underground bunkers or back-alley businesses. When the allergist injects Carol with a dairy allergen, she begins to react, quietly at first and then with increasing violence. But the allergist has left to get a phone call and takes an uncomfortable amount of time getting back to Carol who is now having a difficult time breathing. He seems all too cavalier in poking, prodding, and cataloguing her symptoms as her throat closes up and she starts to panic. Bringing her reaction down with an antidote, the allergist gives us a crude summary of medical power and patient vulnerability, saying of Carol's violent allergy, "we can turn it on and off like a switch."

But the allergist finishes that sentiment and concludes the scene saying, "we just don't know how to make it stop." He seems earnest, even a little forlorn,

as if at last baring the limits of his discipline. For as unlikeable, cold, or dismissive as all of Carol's doctors may be, these traits never materialize into villainy. Each doctor instead admits a kind of diagnostic defeat. These doctors are not the gallant diagnosticians who bring peace, and cure, and sex appeal to the medical discourse film but they are also not the maniacal conspirators of a "maddening world of men," or a satanic cult, or the CIA, or a network of Fascist Swedes. Their offices may be eerie and strange, their demeanors inhospitable, their behavior at times sexist, and they may never even begin to gain our trust—but these facts fall radically short of the narrative fortitude required of conspiracy; it seems these facts fall short of any sort of full-bodied plot at all. Had these doctors been certain about the physical origin of Carol's symptoms, or the mental origin, about dismissing her symptoms altogether, or covering them up, or eliding them by enforcing some kind of new-fangled "rest cure"—if they had been definitively, totalizingly certain about anything at all—*Safe* would have been skewed to a certain, familiar narrative path, and we could have recognized where this movie was going, finally figured out what kind of movie it really was.

But these doctors' radical inconclusiveness once again keeps *Safe* floating beyond the delimiting grasp of genre and conventional narrative. When the physician says he "cannot find anything wrong" and sends Carol to the psychiatrist, he may be committing a classic trope of the woman's film but he equally reads as genuinely mystified, admitting he cannot make heads or tales of her symptoms, that his diagnostic approach has failed, and that he better throw up his hands and send her to the next doctor. The brief glimpse we have of the psychiatrist places him on a similar road to diagnostic defeat. Buried within his

arrogant affect we can hear the limits of his understanding ring out: “we really need to be hearing more from you, Carol,” are his last words. The allergist does have a concrete conclusion—Carol is allergic to milk—but this too fails to account for her ever-expanding array of symptoms. It also does not seem particularly true—if anything, milk seems to have been calming Carol down after symptomatic attacks, not inciting them.

That these doctors come up with no sensitive, full-bodied diagnostic set for Carol can hardly be held against them, for we are similarly flailing in the mystery of her condition. If anything these doctors’ diagnostic failures exhibit a telling silence precisely at the site where plot usually resides. This is the strange terrain *Safe* is working over: a landscape that can sustain neither the flawless diagnostics nor the maniacal conspiracies of a classical doctor, a space that spills over the tidiness of traditional narrative and slips out from the limitations of genre.

Cutting across these many narrative and generic classifications is another discourse, however: feminism—as a mode of storytelling, a diagnostic tool, and an interpretive method**.** Perhaps in all of *Safe*’s evasion of a singular, concrete narrative and genre, this film can be ultimately understood as a pastiche of traditional forms brought together under the broader heading of feminist analysis.

## FEMINIST ANALYSIS

At several sites across *Safe*, the film seems to be begging for a feminist reading by which we interpret Carol’s emotional and somatic symptoms as a reaction to her gendered position in the world. As feminist analysis has done with

so many of cinema's Gothic heroines, horror victims, distressed housewives, patriarchal conspiracy targets, and alienated modern and post-modern women—*Safe* opens up the possibility that *What is wrong with Carol?* is not an internal flaw of her character, but instead the commands of the ideology and the gender prescriptions that surround her. This has been a dominant current running through all of the various narrative trajectories and genres that *Safe* invokes. By engaging with these discourses that have historically been the favored subjects and sometimes practitioners of feminist analysis,[75] *Safe* seems to be offering itself up on the grounds of feminist discourse. Furthermore, the film uses a few particularly acute feminist references to explicitly make a call for feminist interpretation.

In a partner exercise at the Wrenwood retreat center, Carol is asked to describe her childhood room. She has a notably difficult time recalling her childhood surroundings, drawing a blank until at last she haltingly conjures one detail: "I guess this one I had…was… had… yellow wallpaper?" This appears to be something of a throwaway line and is quickly eclipsed by the commotion of an ambulance arriving on the Wrenwood grounds, but the line comes as a piercing reference to anyone familiar with the 1892 short story by Charlotte Perkins Gilman.[76]

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[75] Again here talking about melodrama, horror, the medical discourse film, art film critiques of modernity, post-modern dystopic narratives, the Gothic film and literature, and the environmental sensitivity plot (this last item has yet to be discussed).
[76] Rose Ellen Lessy also notes this reference, "Feminist Treatment," 294.

*The Yellow Wallpaper*[77] tells the story of a woman who, driven mad by the isolation and boredom of "the rest cure," develops a complex relationship with her room's patterned and torn yellow wallpaper and the woman she sees trapped behind it. By aligning Carol's childhood room—or, more broadly, her past—with this forcibly bedridden, mad woman of *The Yellow Wallpaper*, *Safe* instantly hails Carol to the long lineage of mad women forced to "rest" at a severe distance from society. That this tortured, discursive past is conjured while Carol lies on her back on the Wrenwood grounds in rural New Mexico seems to indict the New Age retreat center as the contemporary site of "the rest cure," or at least as particularly redolent of that historic discourse despite being dressed in updated terminology.[78] As if "expunging impurities" at a "retreat center" weren't close enough to "resting" in a lonely room in the country, the rhetoric Carol uses to describe her symptoms—"being run down" and "over-exerted"—further aligns Carol with Gilman's late 19th century bedridden woman.[79] *Safe* draws out the comparison between these two characters in other ways as well.

The woman in *The Yellow Wallpaper* repeatedly laments the fact that her husband and his sister forbid her to work until she's well again. As a writer, the bedridden woman knows that reading and writing might be her last defense against madness so she continues to write but hurries to hide her pen and paper

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[77]Charlotte Perkins Gilman, *The Yellow Wallpaper* (New York: Feminist Press, 1973).
[78] Expunging *impurities* and *toxins*; getting *clear*, *unloading*, *fasting*, finding *safe bodies*, and *safe places, retreat, rehabilitation*—all this away from the chaos and danger of society. If this isn't a newfangled "rest cure," I don't know what is. As I will explore in the section on language in *Safe*, the New Age retreat center lingo also shares with the historic discourse of feminine "over-exertion" and "rest" an acute vacuity, in which its very emptiness serves to cover more insidious impulses.
[79] As well as with the 1950s housewife and her ailments. Indeed, this distinctly feminine language of illness has proved unconscionably durable over the ages.

whenever she hears someone coming up the stairs. This woman's forbidden and ceaselessly interrupted relationship with the written word is one of the most striking themes of this classic short story, not least because the story is told through the bedridden woman's secret journaling, so that any interruption in her writing is also an unwelcome interruption in our reading, in our relationship with her, and understanding of her world.

*Safe* takes up this scenario on two different occasions,[80] the first of which occurs when Carol is first reaching out to an environmental-sensitivity group. Sitting in bed, she pens a letter to the group as we hear her words in voiceover. It is the longest uninterrupted stretch of her own voice we have heard to that point. She recounts her life story, none of which we've heard before, as the camera pans over old family photos. "I've always thought of myself as someone with a pretty normal upbringing and basically a healthy person, but for the past several months, that has all started to change. Suddenly I find myself feeling sick," she writes, and we wait to hear more from her, perhaps some personal detail that will shed light on Carol's condition and the film at large, but her husband interrupts her for a phone call about carpool and then asks her what she's doing. "I was writing this, um…" she trails off overcome with self-consciousness, "I don't even…what is this?"

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[80] The other letter writing incident happens at Wrenwood, when Carol is again interrupted, this time by the head of the retreat center, Peter, who similarly incites a kind of untethering of Carol's voice right when it had been the strongest. Again it is Carol in voiceover writing about how she feels, this time matched with upbeat music and images of her strolling the grounds in a sequence bordering on inspirational montage. When Peter asks her how she's doing, Carol is suddenly groping for words and as soon as she comes up with them, Peter interrupts her.

Where her voiceover had presented the firmest articulation from her yet, she is now disoriented, trembling as she asks "Oh God where am I?" as if the act of writing had been keeping her grounded and her husband's interruption wrought a kind of catastrophic buoyancy. The scene ends with a sharp cut to a television test pattern screen, its multi-colored bars iterating an interruption for the viewer, just as Greg's entrance had interrupted Carol's story for the audience of *Safe*, and just as the husband and sister-in-law in *The Yellow Wallpaper* interrupt that story by cutting short the bedridden woman's writing.

*Safe*'s deployment of *The Yellow Wallpaper* reference does more than parallel Carol's experience with the bedridden woman's, however. It suggests that *Safe* is perhaps, ultimately, something of a feminist consciousness picture in which Carol might eventually develop the critical perspective and the language to address the societal ills which plague her. As Rose Ellen Lessy summarizes, *Safe* makes us ask,

> If Carol White doesn't simply require the right medicine, does she instead require the right politics? Would feminism provide her with a healthier identity, one that provides an alternative to an identity based in illness by articulating a relation between gender and disease?[81]

Perhaps mounting evidence of Carol's subjection to systems of patriarchy will push her to develop the kind of feminist consciousness that her *Yellow Wallpaper* counterpart was beginning to brush up against through her angry journaling about the rest cure. Perhaps unifying all of these disparate narrative and generic strands is a feminist consciousness—Carol's, *Safe*'s, and perhaps ours in the audience as well.

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[81] Lessy, "Feminist Treatment," 294.

For, more than a comparison between characters within the texts, *Safe*'s citation of *The Yellow Wallpaper* is also a discursive reference. It first invokes Charlotte Perkins Gilman the author- activist and her late 19th century discourse of protest against the medical establishment, "the rest cure," and her own doctor[82]--who did indeed receive a personally addressed copy of the story.[83] *The Yellow Wallpaper* was written to send a powerful message and a distinctly feminist one at that, so that referencing the story and drawing comparisons between Carol and the bedridden woman, puts the viewer on the lookout for the same type of message in *Safe*. Further, *The Yellow Wallpaper* was brought out of obscurity by second wave feminism via The Feminist Press' 1973 reprinting of the story.[84] Since then it's become a canonical feminist text such that its mere mention conjures a world of feminist reception and interpretation. Backed by this history, this one-line-reference becomes an acute site at which *Safe* is suggesting Carol is worthy of the same feminist consideration that Charlotte Perkins Gilman and generations of feminists since have granted the bedridden woman of *The Yellow Wallpaper*. In other words, *Safe* is inviting from the spectator the discursive move of both *The Yellow Wallpaper* and its reception—in short, a feminist one.

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[82] Rula Quawas. "A New Woman's Journey Into Insanity: Descent and Return in The Yellow Wallpaper": *Journal of the Australasian Universities Modern Language Association* (2006): 35.
[83] Julie Bates Dock, *Charlotte Perkins Gilman's "The Yellow Wall-Paper" and the History of Its Publication and Reception*. University Park, PA: The Pennsylvania State University Press, (1998): 23-34.
[84] In 1973, the then new Feminist Press reprinted the story and in the afterward, Elaine R. Hedges wrote, "'The Yellow Wallpaper is a small literary masterpiece. For almost fifty years it has been overlooked, as has its author, one of the most commanding feminists of her time. Now, with the new growth of the feminist movement, Charlotte Perkins Gilman is being rediscovered, and 'The Yellow Wallpaper' should share in that discovery" (Afterward, 37).

With an ear toward these various calls to feminist consciousness—both within the diegesis and without—an enticingly straightforward alignment between Carol's physical symptoms and the dominant ideology of femininity emerges. Cataloguing these correlations promises a tidy, feminist reading of Carol's illness and the text at large, thematically and theoretically durable enough to finally gather up all our loose narrative and generic strands; indeed, Carol appears to be overtly reacting against the prescriptions of white, upperclass, heterosexual femininity which structure her whole existence.

She quite literally falls out of step with the other women in her midday aerobics class, unable to keep pace with the synchronized, spandexed bodies around her where she had previously been praised for never even breaking a sweat. A friend overtly pressures her into going on a 'fruit diet', only to have all of her symptoms get worse. She suddenly gets a nosebleed at the hairdresser of all places and finds she is allergic to makeup, as if the very processes of transforming herself toward dominant standards of beauty were themselves illness inducing. She has a seizure while picking up the family's dry-cleaning and a strong reaction to a new couch that disrupts the hyper-coordinated aesthetics of the living room. She gets a headache when her husband suggests having sex and when he apologizes the next morning for getting frustrated with her, all she can do is vomit.

The list of such symptoms goes on and on, rendering Carol's illness a kind of somatic recalcitrance in the face of ideology, specifically the decrees of her upperclass, white, heterosexual femininity. And yet, Carol's bodily reactions seem excessive of cultural influence. While there is a whole world of disease located at

the nexus of gendered cultural pressure and physical symptom, *Safe* never coherently gathers Carol's symptoms under the heading of, say, 'chronic fatigue syndrome,' or 'anorexia,' or 'modern-day hysteria,' or any other diagnosis that emerges from this gray space between cultural gender construction and body.

All of Carol's symptoms could, however, be attributed to a severe case of Environmental Illness. This diagnosis of a general physical vulnerability to chemicals in the environment is the explanation Carol herself comes to believe as do a number of scholars and critics,[86] and there is significant evidence that this is the case.[87] *Safe* ultimately empties this diagnosis of its explanatory power, which is the subject of later analysis, but suffice it to say for now that Carol's condition cannot quite boil down to a case of chemical sensitivity either, not least because the feminist call of *The Yellow Wallpaper* reference still stands and the unmistakable alignment of Carol's symptoms with her gendered position is still unmistakably evident. Further, *Safe* goes so far as to offer a couple of poignant episodes when *the only* toxic substances in sight are the machinations of gender ideology and patriarchy.

Carol's reaction at her friend's baby shower is perhaps the most terrifying of her symptoms. The women are gathered to celebrate imminent motherhood and while this is at least the second child for the hostess, Carol has only her husband's son, with whom she maintains an almost professional remove.

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[86] See: Gaye Naismith, "*Tales from the Crypt*: Contamination in Todd Haynes's [*Safe*]." *The Visible Woman: Imaging Technologies, Gender, and Science* (1998): 360-387; Hosey, "Canaries and Coalmines: Toxic Discourse in *The Incredible Shrinking Woman* and *Safe*;" and Seymour, "'It's Just Not Turning Up': Cinematic Vision and Environmental Justice in Todd Haynes's *Safe*."
[87] To be explored in short order.

Confronted with the barrage of the baby shower environment and surrounded by overbearing examples of model womanhood, we might doubt if Carol has any of the traits of ideal motherhood, from fertility to a warm disposition. Like the rest of the women, she is dressed in the gaudy 80s patterns, ruffles, and pearls that match both the wrapping paper and suburban interiors, but Carol seems an outsider to these rituals. She goes to the bathroom and stares at her slight, translucent form in the mirror while the ladies outside discuss if she is doing all right since they heard she was seeing a psychiatrist and her since skin doesn't look as luminous as it usually does. When Carol emerges, her friend Linda (Susan Norman) attempts to check in with her, but earnest connection seems a forgone possibility amidst the idle prattle of the background women, the empty affirmations cast upon the hostess' daughter, the hubbub of cake and ice cream, and the hollowness of the tradition at hand which seems to be built more around domineering pastels and conspicuous consumption than any genuine desire to help a mother get ready for a new baby. It is, in fact, "the big present" which interrupts Carol's conversation with Linda and herds all of the women into the next room. Carol invites the daughter to sit on her lap and the girl readily agrees but pretty quickly (and understandably) comes to regret her decision. As the mother to be opens "the big present" and the rest of the women ooh and ahh in a huddle, the camera does a familiar move, slowly zooming and dollying in on Carol and the child, as if the camera were physically processing the cultural claustrophobia of the scene. Carol's breathing becomes increasingly labored and she visibly struggles to remain composed. The daughter is afraid and runs to her mother as Carol becomes increasingly panicked, her breathing increasingly

constricted. As the music reaches its abrasive crescendo, the camera reaches its traumatic close-up, the women audibly scramble to help Carol, and the scene cuts.

Inexplicable by any strictly medical rubric, Carol's suffocation seems a literalization of all that one might find "suffocating" in a supremely over-determined landscape of upper-class, white, heterosexual, femininity. By providing no other concrete explanations for this sudden attack and by setting the scene to such amped up gender performance, *Safe* invites us to read Carol's attack as a physical reaction to the baby shower itself, as if the version of femininity, motherhood, and 1980s opulence being promoted by the baby shower were itself toxic.

Carol's behavior at a business dinner with Greg's colleagues provides a last and particularly poignant example in which one of Carol's physical symptoms aligns with a reaction to gender ideology. One of Greg's colleagues tells a bad joke about a doctor who wasn't able to remove a vibrator stuck inside a woman but "was able to change the batteries." Carol, unlike the rest of the properly socialized wives at the table, fails to laugh. "Somebody doesn't seem to like your joke, Stan," says one of the wives. Far from any kind of self-possessed disgruntlement with Stan's sense of humor, however,[88] Carol is silent because, sitting rigidly upright with her eyes closed, she has completely checked out. When Carol's husband brings her awareness back to reality, she mumbles to the group, "excuse me, I don't…," and then mouths *Sorry!* to him across the table. An awkward pall creeps

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[88] Which gets at Carol's inability to come to feminist consciousness, a fact that remains true across the film and which (as we will see later) ultimately bars *Safe* from any kind of feminist genre wherein female heroines realize and act on their oppression.

over the group as they push their cheesecake around and look down at their after-dinner scotch.

Carol's failure to laugh at a sexist joke doubles as a failure to be a good wife at her husband's work dinner, and these failures to be patriarchy's ideal woman manifest themselves in the physical symptom of closing her eyes at the table, checking out, and "just generally being run down." As they're leaving the restaurant, Carol apologizes to Greg again and he replies, "Over-exerted I guess… maybe the doctor can give you something for it." Carol's social dysfunction within this sexist setting is thus further aligned with the realm of the physical and the medical, as Greg implicitly suggests that a doctor might be able to help Carol perform the obligatory laugh at a business dinner's bad jokes. What's more, this bad joke about a doctor unable to help a woman results in Carol's own medical visit in the following scene in which her doctor "can't find anything wrong." This self-conscious refiguring of the sexist joke within the plot of the film exemplifies the complex ways *Safe* is performing, moderating, and commenting on discourses of gender.

In addition to this specific alignment of gender ideology with symptoms and illness, issues of gender coursing through each narrative arc and genre invoked by *Saf*e, and feminist analysis has proven a pillar in interpreting all of these narrative cues and genres. From the Gothic text's haunted women, to the melodrama's hysterical wives, horror film's suffering women, patriarchal conspiracy's victims, modern and post-modern alienated ladies—a feminist interpretive consciousness brings all these divergent and conflicting generic tropes and disparate symptoms under a broader theoretical and thematic

approach. Where narrative and genre have been subverted and upended at every turn and any and all explanations of Carol's illness have continually come up short, it appears feminism has tied these fragments together and finally made *Safe* cohere.

Like Rose Ellen Lessy, we might think, "Perhaps, then, if Carol could develop a language of critique, she could name the forces of patriarchy and capital that contribute to her suffering, she would then assuage it."[89] But we're soon forced to agree with Lessy's next assertion that, "As the film progresses, however, it begins to seem that such hopes are in vain."[90] Carol never finds the feminist consciousness that might bring all these pieces together for her. She never takes that kind of action or enunciates even a fledgling feminist position. She never comes around to the feminist perspective incited by all of *Safe*'s various narrative and generic tropes, and the explicit alignment of gendered ideology and symptom.

Moreover, the feminist interpretive move on our part also soon seems to fall short. Traditional feminist narrative and interpretative strategies are no different; they too cannot alone capture Carol's illness, or explain *Safe*. As has become the rule with this film, something exceeds the feminist interpretive move as well. As previously mentioned, many of Carol's symptoms that have a particular valence within gender analysis equally play into the discourse of Environmental Illness. While the feminist interpretive method still certainly stands and while all of the genres and narrative tropes we've discussed certainly

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[89] Lessy, "Feminist Treatment," 294
[90] Ibid.

still play into a feminist explanation, we can't quite write off Environmental Illness, its toxins and contaminants, either.

ENVIRONMENTAL ILLNESS

As much as *Safe* could be read as fetishizing and indicting processes of beautification when Carol is at the hairdresser, this scene can also be read as drawing attention to the horrors of chemical proliferation. The close-up shots of clear liquid slowly seeping into Carol's scalp as her perm is set, of Carol's hands as her nails are polished, of the final strikingly unnatural corkscrew ringlets where a mop of straight hair hung just a few minutes (in on-screen time) before—all this set to the eerie synthesizers of the horror genre plays into both the symptomology that indicts the beautification process as such, as well as the symptomology that indicts this process as a chemically toxic one. Similarly, is Carol's allergy to makeup an allergy to painting her face toward a dominant standard or an allergy to the chemicals saturating such products? Carol's seizure, inexplicable bleeding, and foaming at the mouth in the drycleaner is much more likely a reaction to the people spraying for pests in the shop that day, rather than some kind of somatic eruption at having to do one more errand in her role as a homemaker. If Carol won't have sex with her husband and then throws up at his apology, she also very well might be reacting to the deluge of sprays, gels, and deodorizers which *Safe* makes sure to define as his morning regimen. Carol's allergist concludes she does have an allergy to milk, and who knows what kind of chemicals were covering her new couch, which arrived right at the onset of all her symptoms.

Furthermore, Carol's very first attack comes on when she is driving on the highway right behind the pluming clouds of a truck's toxic exhaust. As her coughing fit escalates to the urgent crescendos of the horror genre's background synthesizers, this episode carries privileged explanatory power for the viewer just by way of being the first symptom we see, our first impression of Carol's physical illness. The dominant, and arguably only, culprit in sight are the clouds of exhaust contaminating the air and filling Carol's lungs.

Finally, we cannot ignore the fact that Carol herself settles upon the environmental sensitivity explanation. In a world where one's accounts of her own body are often subject to the medical establishment's revisions or dismissal and where Environmental Illness is a site at which women's somatic experiences are very often interpreted as psychosomatic because "doctors find the evidence that does exist—the physical symptoms—unintelligible,"[91] we might harbor a sense of duty to believe Carol's own explanation for her body's behavior. Further, Carol isn't the most endearing protagonist and processes of viewer identification are—to put it mildly—troubled in this film, but Carol is also the only other person (besides ourselves) who is experiencing everything that is happening to her body. As such, despite all other inhibitions to audience identification, "our witnessing body"[93] merges with Carol's suffering body.[94] We experience along with Carol the seizures and suffocation. We see the blood and the bile. Such witnessing does not provide us with "the answer" to Carol's illness or any kind of confident

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[91] Hosey, "Canaries and Coalmines," 82.
[93] This term from: Carol J. Clover, *Men, Women, and Chain Saws: Gender in the Modern Horror Film* (Princeton: Princeton University Press, 1992), 52.
[94] Paraphrasing Roddey Reid, "UnSafe at Any Distance," 38, who first applied Clover's "witnessing body" to our relationship with Carol.

diagnostics at all,[95] but it does create a kind of physical camaraderie between us and Carol; no matter what else is true, we know her body is truly—tangibly, somatically, evidently—rebelling against *something*. That such readily apparent physical symptoms line up so nicely with a reaction to environmental toxins makes Environmental Illness an enticing explanation. Our inclination to believe this diagnosis is only strengthened by the fact that the companion to our witnessing body, Carol and her suffering body, ultimately invests her faith in this explanation as well.

Furthermore, Carol is not alone in her beliefs about her body's sensitivity to environmental toxicity. If she were the only one sounding the alarms of Environmental Ilnness, we might *want* to trust her but ultimately find it difficult to take her case seriously in the absence of other corroborating stories. But *Safe* makes sure this is not the case—Carol arrives at this diagnosis via an established community of sufferers, equipped with flyers, promotional videos, group meetings, a retreat center, and even their own argot particular to their notions of disease, cure, and health.

A video provides our first full introduction to the concept of Environmental Illness and begins with the question "Who Are You" printed across the screen. "You are from all ages and all walks of life," a narrator continues, "But you find you all have one thing in common: strange, never-ending ailments." The video goes on to list a series of symptoms Carol has

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[95] This is the thrust of Reid's powerful argument. He shows how Haynes combines our society's trust in visual epistemology—seeing is knowing—with discourses about health and "risk society," which is based on "the intangible and incalculable consequences of thorough-going modernization processes of capitalist development," 34.

experienced (and we have experienced with Carol): coughing from fumes, seizures, blackouts, nauseating sensitivity to smells—it all rings true, including the narrator's remarks about "friends and family telling you you're overacting, that it's all in your head." Not only do Carol's physical symptoms seem to match up, but this community has a similar experience of being alienated from and misunderstood by the rest of the world. This environmental illness explanation seems to allow for the failures of the doctors we've seen previously without condemning them to malice. For all of these reasons, the video, which then segues into Carol attending her first environmental sensitivity meeting, comes as a great relief. Through this community of people who have similarly struggled in their own diagnostic journeys, we seem at last to have found our explanation for Carol's condition and for *Safe*'s heretofore mystifying narrative.

Carol goes to another meeting and this time brings Greg. A group of women include her in their post-meeting chitchat, sharing their own experiences and affirming the reality of one another's symptoms in the face of the rest of the world's dismissal or denial. This, in turn, bolsters our sense that Carol—like these women and many women before them—just had to find the niche that was willing to really listen to her trauma, take her seriously, and find a path to recovery outside of mainstream medical practices. In the following scene, Carol has already fully adopted the chemical sensitivity explanation as her own narrative as she reports her findings to a friend over lunch. She speaks with the most vitality and confidence we've seen from her and every one of her anecdotes explains her symptoms according to this new language and logic of Environmental Illness. In the next scene, we see Carol in long-shot, dressed in all white, sitting next to a

wall of supplements and vitamins, pamphlets open, and headphones on as an official-sounding voiceover describes the drastic first steps of dealing with environmental sensitivity. The disembodied authority speaks of vitamins and various diets, of ventilation systems and alternatives to toxic products, of clearing the body of its contaminants and surrounding it with less harmful substances, of building a safe room away from society. All this while Carol pops her pills, dons her medical mask, wheels her oxygen tank around, and enters her new room—a single bed and nightstand lost in a wash of the muted grays, tans, and pinks normally reserved for bed pans and waiting room chairs. All this set to the pace of montage, cinema's preferred language for healing, progress, and recovery. Carol is finally on a clearly defined mission and *Safe* is finally moving with familiar cinematic momentum.

Carol then walks into the drycleaner when a group of hazmat-suited fumigators are spraying pesticides. She falls to the ground in a violent seizure, the close-ups of blood and bile fortifying our faith in the connection between toxic substances and Carol's physical reactions. When her physician comes to visit her in the hospital, he asks, "Well can you think of anything else that could be wrong?" and seems frustrated, as if the conversation had been going on for a while.

"I have a chemical impairment," Carol responds in a rare moment of unabashed self-defense. The doctor raises his voice and interrupts her,

"I realize that Carol but it's just not turning up on the tests!" He calms down before continuing, "Look Carol, from a medical standpoint, there's just no evidence that this thing is an immune system breakdown, much less one based on

environmental factors…Now if your psychiatrist…can't provide…" He throws up his hands and trails off. Greg chimes in,

"Think, honey, what would give you the bloody lip? What would cause you to actually bleed?"

"The chemicals," Carol responds.

Right after this Carol sees the infomercial for Wrenwood. It describes the retreat center as "a nonprofit communal settlement dedicated to the healing individual." The director of the center comes on screen and explains,

> Environmental illness is just one of a cluster of new immune-resistant disorders such as Epstein Bar Syndrome, Chronic Fatigue Syndrome, and of course AIDS—all of which continue to elude conventional medicine. At Wrenwood, we offer an alternative; I like to think of us as a kind of safe haven for troubled times.

Like the circle of women chatting after the group meeting, the infomercial offers a powerful diagnostic space for Carol largely because it is defined, first and foremost, by the mystery of the disease and the failures of traditional medical diagnostics. In a diagnostic journey that has frustrated doctors and offered only inconclusiveness, and in a film that has confounded narrative trajectories and upset generic conventions, the unconventional and flexible diagnostics of the Environmental Illness explanation has a strange and alluring power; the reason we couldn't make sense of Carol was because she, in fact, does not make traditional 'sense'! She is instead part of an 'alternative', 'elusive' group whose afflictions are defined primarily by their medical inexplicability.

We might breathe a sigh of relief and recline into this explanation as does Carol, soaking up the comfort that diagnosis brings even when that diagnosis is one that labels you enigmatic. To be concretely and explicitly medically

mystifying can be, perhaps absurdly, as powerful an explanatory mode as a doctor's textbook definitions and entrenched categories. We next see Carol in the back seat of a car, cruising through the desert landscape, the rich colors of sun and sky and the open expanse of the natural world offering a literal "breath of fresh air" for both us and Carol. We have at last broken the claustrophobic, pastel seal of suburban Los Angeles. The soundtrack matches the unprecedented speed of the car to enunciate progress and the sun-filled promises of new frontiers. We have ample cause to harbor some reservations and skepticism about these sun-filled promises of Wrenwood, however.

The promotional video and infomercial have that certain low-grade, daytime (or very late-night) television veneer that invariably invites a note of skepticism from even the slightly critical viewer. These commercials look like part of the rich cannon of televisual material that preys on the weak in their weakest moments, such that one might imagine waking up one morning having purchased a twelve-piece cutlery set for four easy payments of $49.95 and a one-way ticket to the Wrenwood Retreat Center. This feeling is only reinforced by Carol's channel flipping in the hospital, which literally positions the Wrenwood ad alongside the weather channel and a jewelry infomercial.

Even further along these lines of affective incrimination, the two meetings Carol attends take on a similarly cheap and cheesy quality, as if we were stepping into the world of these promotional videos. Individuals stand up and share their personal experiences as the camera moves toward them in a slightly more dynamic version of the talking heads we see on the advertising footage. It's a suspiciously diverse audience that is unsettlingly quick to applaud in the manner

of so many self-help groups, fringe communities, or outright cults. The circle of women sharing and affirming their experiences after the meeting comes off as a little too touchy-feely, even oddly performative, and the rented-church-basement type locals are the depressing meeting grounds of amateur movements, not the terrain of a legitimized or professional program. Which is all to say, the integrity of the Environmental Illness diagnosis and of the Wrenwood treatment regimen has yet to be proved as something other than a fringe community whose boredom, loneliness, and various physical vulnerabilities drew them to fluorescently lit auditoriums and New Age lingo. We still need proof that Wrenwood is a reliable and worthwhile institution and that the environmental sensitivity diagnosis does in fact encapsulate Carol's condition.

Carol does not get better. Over the course of her time at Wrenwood, she has no more violent reactions but she also seems even more pale, weak, and develops bruising and a lesion on her forehead. She still has her oxygen tank and surgical mask close by and seems continually on the edge of collapse. The film eventually ends with Carol far from health, having moved into an even more secluded, sterile safe house. There is no end in sight to her time at Wrenwood. If we believe that environmental illness is real and can be helped or cured, then the fact that Carol does not markedly improve raises serious questions about the efficacy and ethics of Wrenwood. And if we take Wrenwood's impotence to reflect back on the very existence of Environmental llness itself, then we have even more serious accusations of the Wrenwood facility, what it's up to, and how it's deceiving or manipulating its patients.

But long before we can classify Wrenwood as a curative failure, we have ample cause to develop suspicions of the retreat center. Indeed, *Safe* makes a point of undermining Wrenwood's trustworthiness and, by extension, the explanatory power and narrative arc of the Environmental Illness diagnosis. As with all other narrative trajectories in *Safe*, this one too becomes corrupted.

First and foremost, the cultish inflection of the meetings and promotional tapes slowly emerges as the dominant mode and affect of Wrenwood. When Carol arrives in a taxi, she is met by a woman frantically screaming, "Turn around! Go back!" She is yelling because she believes the car fumes are "contaminating the whole area!" but it's hard not to hear these words as a dark portent of the action to come, a version of the "DANGER!!!" signs that traditionally mark cinema's haunted houses. Such a first impression sets us on edge.

But Carol is quickly met by one of the retreat center facilitators, Susan (April Grace), who runs over, a broad smile across her face, to tell her not to mind the screaming woman and to carry her bags inside. Carol then meets another one of the facilitators, Claire (Kate McGregor-Stewart), who gives her a big hug and croons, "Quite a few people are anxious to meet you!" Their over-the-top warmth puts a kind of sugary coating over the original, harsh greeting. It seems Carol has landed herself in a community that is either deliberately covering up its more insidious qualities with the syrupy sensibility of a summer camp, or else comes by it naturally. Either way, it's unsettling.

This *is* an intentional community, however, and Carol *is* visibly shaken upon arrival, so perhaps we can forgive these two women for initially laying it on a little thick. But suspicions are only further riled when Claire, the second of

Carol's two greeters, goes through the "community wishes" at their welcome meeting. No alcohol, drugs, or smoking, and moderation in dress all seem reasonable enough, and even refraining from "sexual interaction" in order to "focus those thoughts inward toward your personal growth and self-realization" could be a reasonable ground rule for a community with a mission. But the insistence on "silent meals" with "a side of the room for men and one for women" feels more like the domain of social control than reasonable rehabilitative practice. The continued camp-counselor affect and overall preciousness of Claire's delivery is only exacerbated by the meeting room, which perfectly captures the mid-western Lutheran church-basement décor, from the barren suburban ambiance, to the fake potted plants, to the rust orange accents.

When the director of Wrenwood—Peter Dunning (Peter Friedman), who is "chemically sensitive with AIDS, so his perspective is incredibly vast," as Susan informs us—takes the podium, he tells everyone to close their eyes, then takes a couple of beats, and says, "and pass your valuables to the front." A joke! Everyone laughs! A perfectly timed moment of self-depreciation, the comment brings into the light the evident cultish vibes of the place and introduces the possibility that such vibes might be adequately tempered with this sense of self-aware humor. Peter goes on to give a little homily, describing how he "can actually look into each other's eyes and see personal transformation, personal rejuvenation happening," how they have all left behind "the shaming condition that kept us locked up," and how he sees "Sensitivity in the workplace! A men's movement! Multiculturalism! A decline in promiscuity and drug use!" It all smacks of the

same part cheese-ball, part social-control affect, but this guy seems a little more sincere, a little less flakey.

He seems above the precious tone of the place, somehow more secure and more in control. In the visual cliché of a man in power, the camera steps behind this leader and his "vast perspective," rendering him a silhouette against the faces of his captive audience. Almost everyone seems to be wearing the toxin-free clothes he personally designed. Everyone looks a little gray, a little weak. Later, we'll see Peter tell a group of residents his dream from the night before about realizing a bunch of terrifying sores on his body were actually just beautiful black pansies. There is a lot of rich material in this dream, not least of which the allusion to Karposi Sarcoma, the dark lesions that frequently occur with AIDS.[96] That Peter's dreamscape transforms into flowers these horribly uncomfortable sores, which are also the most recognizable harbingers of AIDS (and thus, also indicators of impending death as AIDS was almost always fatal at that time)—all this seems to support Wrenwood's philosophy about letting go of anger and hatred a little too neatly. Here and elsewhere, Peter seems to be fashioning himself into the healthy, ideal, almost zen-like adherent to his own teaching. He seems to posture as the living proof of his own philosophy. Additionally, it seems important to mention that the act of reporting one's dreams is notorious for being

[96] These sorts of allusions to the HIV/AIDS discourse of the late 1980s are sprinkled throughout *Safe* and certainly beg more attention than this paper attributes. Of particular interest to the arguments of this project would be readings of *Safe* that examine how the film invokes the AIDS discourse and all its varied connections to discourses of auto-immunity, health, risk, and the gray area between internal and external origins of illness. Less pertinent to this project (and in this scholar's opinion, less interesting) are interpretations that strive to prove *Safe* as straightforward metaphor for AIDS and 80s AIDS discourse. While this is certainly an important component of *Safe*, it functions much the same way as the film's other themes, genres, and discourses—continually conjured but always confounded before it can fully run its course.

wildly entertaining for the reporter and a dead bore for the audience, which seems to only support the developing portrait of Peter Dunning, Director of Wrenwood, as unapologetic narcissist.

Just as we're gathering more information about the cult of personality that seems to be fueling Wrenwood, we catch a glimpse of Peter's huge mansion sitting on a hill overlooking the compound of one-room cabins and "safe" havens. There is perhaps no more universal sign of corrupted leadership than a huge house looming over the groveling masses, as a signifier of both an institution's wealth disparity and panopticon sensibility.

We at last see Peter working with a group of residents. He asks each of them "why they became sick." One guy says he was a drug addict. Another woman said she made herself sick out of guilt because her son was ill. Another woman describes a childhood of abuse. Peter's responses make no mention of 'toxins' or 'disease' or any other external variable, but instead invariably place the blame on the individual: "self-hatred," "punishing yourself," and "the person who hurt you the most was you, for not forgiving him [the woman's childhood molester]." His counsel seems harsh, manipulative, and void of empathy. If freeing the self of hatred is a necessary part of the healing process, Peter here pursues it with such an accusatory and self-righteous tone, it's hard not to become defensive of these people who have suffered traumas which were, at least in part, external in nature. Further, wasn't the unifying condition of the group, Environmental Illness? Even given all the ambiguities of that condition,[97] drug addiction and child abuse seem like distinctly different issues. More and more

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[97] To be explored a little later.

evidence stacks up to align Peter with the kind of manipulative charm and power that takes advantage of a group of weak people in need, convinces them his way is the only way to health and happiness, and then systematically keeps them weak and dependent on his counsel. As Todd Haynes described in an interview,

> Until Wrenwood, you haven't had the kind of character that most movies give you. So it's like, wow, Peter has a whole philosophy. He's engaging, manipulative, charismatic, all the things you expect from characters in the movies. So I think you are kind of lured into believing what they're saying. What I really wanted to do is frustrate your narrative expectations. You want her to be healed, and you want to have some understanding of the illness, and those narrative desires drive you to wanting her to be in a place that you also know is wrong and cruel. Your narrative expectations commit her to oppression. I think that happens in almost every movie you see, but it's painted as some sort of personal victory and affirmation of identity and you walk out of the movie thinking, 'Yeah, everything's just fine.' But how could it be fine to be closed up in that plastic bubble? The Wrenwood answer to Carol's damaged immune system is quarantine—no newspapers, no books, no television, no sex, no contact with the world. How could that be someone's idea of a happy ending?[98]

Clearly, Wrenwood is not the cure or "happy ending." But even more telling of Haynes' thoroughgoing will to "frustrate our narrative expectations," we also can neither read this last chapter of *Safe* as Carol's tidy descent into a demonic cult. Like every other trope, theme, and genre invoked in *Safe*, the Wrenwood-as-cult-narrative never fully, distinctly materializes either. Carol and her fellow residents never drink the Kool-aid and lie down in their cabins. We never see them write out exorbitant checks to Peter. It appears they still talk to their friends and families. As with everything else in *Safe,* identifying Wrenwood as a cult becomes a project of scattered observations and half-truths, all of which are substantive yet none of which make firm, conclusive, familiar meaning of

[98] Amy Taubin, "Nowhere To Hide," 32.

Carol and her story. What we can say: definitive holes have been poked in the efficacy of the Wrenwood treatment plan. It appears Carol won't be getting better at Wrenwood regardless of if she's *actually* suffering from Environmental Illness or not. Besides the fact that Carol shows no progress, there are too many off-putting factors about the retreat center and its regimen to instill any faith in Wrenwood as a solution to Carol's illness, yet not quite enough elements to be able to classify *Safe* as ultimately a cult-narrative. Ultimately, Wrenwood is yet another space within *Safe* that refuses to cohere into familiar patterns. The retreat center fails to solve or explain anything about Carol, her illness, or *Safe*'s trajectory in one particularly evocative way, however. Wrenwood's deployment of language is another site at which *Safe* troubles the very processes by which we come to knowledge and understanding in the world.

LANGUAGE

After "counseling" the drug addict, the guilt-ridden mother, and the child abuse victim, Peter addresses another resident who, having just lost her husband, seems particularly embittered toward Wrenwood's project. Peter doesn't waste any time getting didactic here:

"The only person who can make you get sick is you, right? Whatever the sickness—if our immune system is damaged, it's because we have allowed it to be, through exactly the kind of anger you're showing us now—does that make sense?" Regardless of everything else we could say about the ways Peter's psychologizing

interacts with discourses of Environmental Illness and auto-immunity,[99] his delivery here includes a verbal tick worthy of analysis; indeed, it opens onto another way *Safe* prevents Wrenwood from being any kind of resolution as well as another more fundamental way *Safe* upsets our epistemological assumptions. Casual conversations and formal lectures alike, Peter punctuates his speech with *Does that make sense?* He poses it as a rhetorical question but if we refuse to treat it as such, we might find ourselves answering with a resounding *No, no that does not make sense, Peter*. If it is in fact true that "the only person who can make you get sick is you" and that holding onto anger "allows your immune system to be damaged," we need further evidence—scientific, anecdotal, or any other kind—to feel like we actually understand this statement and to feel like Peter actually does *make sense*. We, of course, aren't able to ask Peter to back up his words, and those within the diegesis who could pose such questions never get to either. Peter insists on his question remaining a rhetorical one by quickly interrupting the respondent with further explanation, as if more of the same adamant but obscuring words would make him clearer. Peter concludes his chastisement of the angry, grieving resident in this scene with another rhetorical question: "Does anybody have a problem with that?" *Yes Peter, we have a problem with that*.

One of the great promises of diagnosis is the discovery of a new language that is uniquely suited and sensitive to the problems of the stricken. The point of language is always to bring us into the community of understanding, but with illness and disease, the stakes are ever higher and the potential relief of both

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[99] A topic worthy of a full chapter in and of itself.

knowledge and being known, ever greater. There is perhaps no greater comfort than hearing words that finally *make sense* of your suffering.[100] But just as *Safe* upsets processes of knowing and understanding by continually confounding genre convention and traditional narrative trajectory, this film also deprives us (and Carol) of the substantive, enlightening language of diagnosis and cure. As we've seen, *Safe* repeatedly invites us to trust in the ability of narrative and generic convention to explain Carol's illness and the film's action at large, only to betray that faith and disappoint us. Similarly, *Safe* initially props up the system of language as endowed with explanatory power, only to prove it as inadequate in representing experience. In other words, *Safe* puts language in a position to do a lot of the explanatory labor (to explain Carol's illness, to create a space of understanding for Carol, to describe a path to recovery, and to articulate triumphs and hardships along the way), but then employs only incomprehensible non-sequiturs, the obfuscating lexicon of Wrenwood, and other vague truisms that all fall flat before making any concrete sense of that which they are ostensibly expressing or explaining.

Peter moseys up to Carol's cabin when she's writing a letter on her porch.[101] "I remember Claire sharing with me a while back some concern over you, that you were feeling some remorse? Maybe some apprehension?" Carol stumbles to respond,

"I was just..."

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[100] As Roddey Reid writes, "That is the danger and even the fundamental promise of speech and knowledge shared by both Wrenwood and the Valley experts [Carol's doctors]: to make the disturbing opacity of the body and its environment go away," (39).
[101] This is the second instance when Carol's writing and voice-over is interrupted to unsettling results.

"All I'm saying is that these feelings that you're having, Carol, are extremely common…especially in relation to new environments for someone who is environmentally ill, okay? And what we're about is trying to absorb as many of these tensions as we can, so that you're free to do the kind of healing that you need to be doing. *Does that make any sense?*"

"Yes…"

"Because when that's accomplished, I'm doing my job." Carol hasn't been able to get a word in edgewise, but she now responds shaking her head and bashfully smiling, saying,

"No, I, I know, I'm just…still learning, you know, umm…the words." Peter looks off into the distance,

"Ah, well…the words are just the way to get at what's true…Right?"

Here, Peter enunciates what has been tacitly true all along: at Wrenwood and in the wider Environmental Illness community, the words are always posited as "the way to get at what's true." Indeed, adopting the correct language seems to form much of the diagnostic and recovery process, such that if you're not speaking the "right" words, you're not fully in the community. *Getting clear, increasing your load, reducing your load, unloading, toxins, chemical impairment, chemical allergy, environmental sensitivity, rotation diet, rare foods diet, self-hatred, shaming condition, oasis, toxic free zone, safe room, safe haven*: the list goes on and on. This specialized argot holds within it the great promise of diagnostic language—that it might describe Carol's condition with precision and outline a clear and solid course of recovery. The videos and infomercials, the audiotape guide, the promotional materials, the public group

meetings, and the Wrenwood community all employ this particular lexicon and Carol begins to adopt it herself—but to what does this language refer? Exactly what diagnosis does it articulate? What is the knowledge base and curative path these words bespeak? What kind of explanation do they really provide?

The same vague, elusive qualities of Environmental Illness that designate it as a diagnostic space outside of traditional medicine and thus make it an intriguing explanation for Carol, who has been so incomprehensible to the medical establishment—these same amorphous qualities also have the more traditional effect of feeling flimsy and untethered, backed by none of our familiar, legitimizing bastions of knowledge. This weakness shows up in the language. The first informational video we see describes people "from all walks of life" with "one thing in common: strange, unending ailments…for reasons not yet known to us" and includes the tagline "Are you allergic to the 20th Century?" The infomercial Carol watches from her hospital bed includes an interview with a patient who explains, "People come for all different reasons. I guess the thing we have in common is, like, why? You know? Why did we all get sick to begin with?" Again, such nebulous statements are powerful because they account for the nebulous qualities of Carol's illness—in a way, they speak the same language as Environmental Illness itself—but we might also find such terms lacking in the specifics that would enable deep understanding and pragmatic treatment. In other words, it might be difficult to imagine the practical course toward health for someone who is "allergic to the 20th Century" or for a group whose singular unifying trait is "…Why? Why did we all get sick to begin with?"

But such a critique of the Wrenwood language arises from a perspective entrenched in the scientific discourse of the medical establishment and if Environmental Illness is itself outside the medical establishment, maybe the diagnostic language will be as well. So, perhaps we can cut the Wrenwood vernacular some slack. If the disease and diagnosis themselves are vague, then so too will be the language that attempts to articulate them. If the referent is vague and abstract, even the most earnest and precise sign has no choice but to replicate that vagueness and abstraction. The discourse of chemical sensitivity is itself a discourse of uncertainty and unknowing, so that even if we settle on this diagnosis as a firm and trustworthy explanation, it is an explanation born of its own unintelligibility within dominant, medical discourse.[102] Several scholars use *Safe* to explore these kinds of fundamental problems of understanding and articulating Environmental Illness. Sara Hosey draws on Susan Wendell's work in feminist and disability studies when she writes,

> …Environmental Illnesses complicate the notion of scientific 'progress,' as well as reveal medicine's incomplete understanding of the relationship between the environment and the body. It is this uncertainty, according to philosopher Susan Wendell, which renders MCS [Multiple Chemical Sensitivity] so problematic to the Western medical-science institution. She argues that conditions like MCS are often diagnosed as psychosomatic not because of evidence that a psychological problem exists, but because doctors find the evidence that does exist—the physical symptoms—unintelligible. According to Wendell, this diagnosis is consistent with the 'myth of control'—the myth that our bodies can be understood and managed with certainty—promulgated by the medical-science establishment.[103]

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[102] Sara Hosey, "Canaries and Coalmines," paraphrasing Susan Wendell's *The Rejected Body: Feminist Philosophical Reflections on Disability* (1996, New York, Rutledge).
[103] Hosey, "Canaries and Coalmines," 82.

Rose Ellen Lessy's argument also gives a lot of attention to the ways "the cluster of maladies loosely grouped under the heading 'Environmental Illness'" falls through the diagnostic and linguistic cracks of the establishment.[104] Scholars like Hosey, Wendell, and Lessy delve into the problematics of diagnosis and language within the discourse of environmental sensitivity. They all acknowledge, examine, and inhabit the space of unknowing posed by Environmental Illness, such that Lessy goes so far as to argue for a diagnostic impasse or "a moment of not knowing [in which] the analysis of a problem without a resolution, the management of a disease without a name, must begin to function as an end in its own right."[105] If a diagnostic language aims to give voice to the particular problems of an illness, Environmental Illness poses the unique problem of demanding a diagnostic language that articulates uncertainty, unintelligibility, and the chaos of too many symptoms that refuse to add up to a clean narrative or traditional diagnostic set.

These scholars' 'understandings' of Environmental Illness thematize the problem of speaking and knowing within Environmental Illness discourse and seek to validate that space of impasse and unintelligibility as itself worthy of acknowledgement, exploration, and empathy. Wrenwood may seem to be embarking on a similar project of honoring the ambiguity of Environmental Illness when the resident on the promotional video describes what they all have in common as "Why? Why did we all get sick?" but full immersion in the vernacular of Wrenwood reveals not a discourse that honors the underlying chaos

[104] Lessy, "Feminist Treatment," 292.
[105] Lessy, "Feminist Treatment," 308.

and incoherence of Environmental Illness, but one that labors to cover it up. It's as if Wrenwood uses Lessy's kind of "diagnostic impasse" as an initial selling point, only to ultimately and firmly answer the question "Why? Why did we all get sick?" with a diagnostic argot parallel to but no less definitive than traditional modes of understanding: *self-hatred, punishing yourself, allowing yourself to get sick, not creating a safe enough environment…does that make sense*? It becomes clear that Wrenwood's "alternative medicine" is not fundamentally different from traditional medicine—despite the fact that Environmental Illness *is* fundamentally different from traditional diseases.

After an initial nod toward the abstraction of the disease, the Wrenwood language seeks not to honor the chaos of this condition but to impose the same certainty, control, and traditional modes of enunciating and understanding. Where Peter's verbal tick is a rhetorical *Does that make sense?*, an argument like Lessy's operates on the supposition that Environmental Illness *cannot* make traditional sense and that to force it to do so would be to miss the very structuring problem of this ailment—that it is in many ways beyond our understanding and our language, that it falls in an impasse that requires a different form of listening and understanding. Instead of excavating such problems of the discourse, Wrenwood creates a language that attempts to cover them up, but the problems of the discourse persist—the condition is still a vague "cluster of maladies loosely grouped under the heading 'Environmental Illness'"[106] so that any concreteness, coherence, or confidence that the Wrenwood vernacular seems to bring, is necessarily rooted in the performance of the

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[106] Lessy, Feminist Treatment," 292.

language itself rather than a revelatory or true enunciation of the illness, which persists as an incoherent referent. Further, because Environmental Illness remains such an incoherent referent, the Wrenwood language has to work hard to smooth this over. There are a couple of ways it goes about this. As we've seen, the Wrenwood lingo constantly insists it absolutely *does* make sense, and thereby simultaneously betrays its anxiety about not making sense. In this light, Peter's rhetorical verbal tick *Does that make sense?* reveals the Wrenwood language's deep insecurity while also insisting on its own infallibility.

Even more ingenious, Wrenwood creates a discourse that is largely self-referential, such that excavation of its terms most often reveals merely the act of saying them, rather than any external logic or knowledge base. The words are presented as providing knowledge and understanding, but where does this vernacular really get us? *Getting clear* and *reducing / increasing your load* of *toxins* always seems to be more about the fellowship of literally speaking the same words rather than any deeper understanding about the human body, its ailments, and necessities for a return to health. In other words, the Wrenwood language always seems more about partaking in the ritual of unique, shared speech rather than the excavation of diagnostic impasse or any deeper attempt to represent the individual's experience with disease. Here, words seem to exist for their own sake. They make sense and draw their power from the ways they back each other up in a tautological assertion of certainty, rather than from how they evoke or express their referent—Environmental Illness. Where other approaches acknowledge this medical mystery and the discursive problems it poses,

Wrenwood elides it by positing a language that pretends to explain, express, and understand but in truth seems to refer to nothing but its own enunciation.

This gives rise to some very strange moments at Wrenwood. Peter “revels at” instead of “revels in” his personal transformation, a small detail to be sure but one indicative of Wrenwood’s broader commitment to inventing its own idioms just slightly askew of those agreed upon by the rest of the English-speaking world. The night of Carol’s birthday, Carol’s very sweet new friend Chris (James LeGros) brings out a cake and all the residents sing…but instead of ‘Happy Birthday’ they sing ‘For She’s a Jolly Good Fellow.’ It’s an impossibly weird moment for the exact same reason we might not notice it: nobody hesitates or starts singing the regular birthday tune—everybody has already, somehow, adopted the new norm as opposed to the usual song that most of the rest of the world uses. Even more to the point, this choice doesn’t appear to harbor any greater significance—why choose to sing this song for any other reason than to have a unique ritual? When everyone sings the song in unison, the un-hesitating strength of the community decision nearly obscures the fact that it *is* a choice, and a strange one at that.

Similarly, when the evasive and obscuring language of Environmental Illness is delivered by the authoritative voice-overs of the promotional materials or the unwavering confidence of Peter Dunning, it’s tempting to just swallow the lingo wholesale, without hesitation or further inquiry. When Carol’s meek and halting voice takes up this language, however, we start to hear the flimsiness of this vernacular and realize how much it depends on an assertive tone to cover up its substantive shortcomings.

After the residents are done singing 'For She's a Jolly Good Fellow' to Carol, Chris hollers out for Carol to make a birthday speech. This comes near the end of the film, just at the moment when we might expect some kind of conclusive remarks, something that will recap for us the greater arc or significance of the action we've witnessed. Considering Carol is giving this speech to her fellow residents at the retreat center, we might expect a kind of "look how much I've learned and look how far I've come" climactic speech. And indeed, Carol does seem to be trying to make these kinds of concluding statements, but her cadence is too halting, her clumsiness with the lingo too readily apparent. She can produce only a fervent sequence of non-sequiturs that bespeak the strange hollowness of the Wrenwood vernacular and announce nothing but their own stony utterances:

> No I, I can"t…I've never made a speech in my life! Oh god, umm, I just wanna thank Chris for doing this. And everybody here so much, umm, it just, you pulled me through a really hard period. And I just couldn't've done it without you. I don't know what I'm saying, just that I really hated myself before I came here, so um, I'm trying to see myself hopefully, more as I am, more um more positive, like seeing the pluses? …Like I think it's slowly opening up now, people's minds like um, educating and AIDS and, and, other types of diseases 'cause, and it *is* a disease 'cause it's out there and we just have to be more aware of it, umm, with people aware of it and even ourselves like going…reading labels and going into buildings…

This is Carol's big moment where she shows us and her fellow residents how far she's come. She regurgitates all she's come to know, a string of adamant but empty statements that come off as placeholders for an unexplored trauma and an untold experience.[107] Her eyes come to rest on Peter, who is looking at her

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[107] Roddey Reid has a different reading of this moment: "In the very moment Carol demonstrates that she has begun to learn the lessons of Wrenwood, her speech starts to slip beyond the psychologizing, New Age pieties to name other possible causes of her

proudly. Carol has learned the Wrenwood way. There's a moment of pause before he raises his glass, "To Carol," he says. "To Carol!" everyone cheers. Perhaps at Wrenwood, "words are just the way to get at what's true," as Peter declares, but only insofar as "what's true" is a shared linguistic ritual that refuses any deeper interrogation or representation of experience, let alone the deeply unmooring experience of diagnostic impasse.

While the new-agey, cheese-ball, empty language of Wrenwood is the most distilled site at which *Safe* demonstrates language's shortcomings, throughout the film we're provided instances in which language falls drastically short of representing experience. As Roddey Reid writes, "*Safe* is not a drama of articulation…in which everything is made to turn on characters' ability to know, to speak, and to be heard."[109] In first introducing himself to the Environmental Illness folk, Greg says, "We're here to gain information, and hopefully learn from it as well." "I'm just more knowledgeable now" and "more aware" says Carol after going to a few meetings. These characters are perpetually in pursuit of knowledge and information to account for their experiences, but seem able only to announce their relationship to knowledge about a topic, not demonstrate it. They are systematically deprived of the language to capture, articulate, or reproduce their experiences. Carol goes over to a friend's house for a visit. "Something happened," the friend tells Carol at the door. We cut to the two of them sitting at her kitchen table.

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chemical sensitivity (food additives, household objects, building materials, etc.), and, consequently other possible courses of (collective) action. Carol then stands mute, as if searching for her words" (40).

[109] Reid, "Unsafe at Any Distance," 39.

"How old was he?" Carol asks.

"Five years older…He was the oldest of my mom's kids."

"It, umm, wasn't…?"

"No, that's what everyone keeps…Not at all….'Cause he wasn't married."

"Right."

"It's just so unreal," the friend responds and then abruptly shifts gears saying, "Did you see the den?"

"It's gorgeous," Carol responds.

"You know I'm suing the contractor. You don't even want to know."

A suicide? A death from AIDS? What is so unspeakable about this *something* that happened? It is continually unclear in *Safe* if the characters' inarticulateness arises from a kind of bourgeois predilection to speak around "unpleasant" topics, or from a genuine deficiency of language, or both. Todd Haynes has said,

> The characters in the first part—the husband, the doctors, [Carol's] women friends, even the guy telling the dirty joke in the restaurant—are much more familiar to me [than Peter Dunning], and complicated. Their confusion is right on the surface. They can't articulate what's going on but they haven't learned to do the Wrenwood denial thing. I don't know who the Wrenwood characters are except that they're the people who turn up on 'Oprah.'[110]

Throughout the film we have instances of this kind of "confusion right on the surface" and characters who simply "can't articulate what's going on." They use vague euphemisms, cut short one another's speech just before they actually refer to anything specific, or else just dabble in the trite, bourgeoisie phraseology of appreciating each other's home furnishings and diets. Indeed, the turn from

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[110] Taubin, "Nowhere to Hide," 3.

trying to speak about a substantial *something that happened* to discussing the remodeling of the den is a familiar one in *Safe*. As Lessy writes,

> In *Safe*, conversations that would, in a conventional narrative about illness, disclose truths of identity and sickness, instead compulsively return to a topos of interior décor. The endless returns to household space, as the interiority that can be articulated, insistently recollect the identity and the allusive illness that resist articulation.[111]

Carol's friends take on a vacuous language of conspicuous consumption and control, endlessly discussing the processes by which they decorate, diet, and beautify but never delving into any greater significance or impact of those processes for them as actual people in the world, let alone for their communities or their environment. Instead of discussing the lived emotions and stresses that the women are actually experiencing, they rely on a highly developed self-help speak. The locker room chitchat, for example, is not about their real lives but instead about a book that helps with "emotional maintenance" and "stress management." Language of such removed generalities keeps the discourse hovering above the world of analysis and action, where actually addressing the women's problems with stress and their emotional lives is a foregone impossibility.

The one moment in *Safe* that pierces through this façade of pleasantries is the ten year old's school report, which he emphatically reads aloud at the dinner table to his dad and his step-mom, Greg and Carol:

> In the 80s there are more and more gangs in the Los Angeles basin. Plus, many more stabbings and shootings by AK47s, Uzis, and Mac 10s—killing numerous of innocent people. LA was a gang capital of America. Rapes, riots, shooting of innocent people, slashing throats, arms and legs being dissected were all common sights in the black ghettos of LA. Today black

[111] Lessy, "Feminist Treatment," 296.

> and chicano gangs are coming into the Valleys and mostly white areas more and more. That's why gangs in LA are a big American issue. Rory White.

Sensationalist as can be, at least Rory (Chauncey Leopardi) dares to speak directly to *something that's happened*. He also makes a great point: the only reason why "gangs in LA are [starting to be considered] a big American issue" [by dominant discourse] is because "black and chicano gangs are coming into the Valleys and mostly white areas more and more." Rory is white, privileged, and in 5th grade so he's rather lacking the incisive perspective on this issue that one hopes he might develop in years to come, but he's at least calling it straightforwardly how he sees it, which is more than we can say for anyone else in this film. While his father seems to be only half listening—"Good job, Ror"—Carol is tellingly taken aback, "Why's it have to be so gory?" Rory replies with frustration, "Gory? That's how it really is! God!" The conversation then switches to Carol's plans for adjusting her diet. The engaged, political consciousness that might enable one to see and articulate "How it really is" is a perspective that remains continually out of reach for Carol.

Reaching back to the ways Carol first articulates her problems, she describes herself as "over-exerted," "un-well," "under a lot of stress," and "stressed-out and just tired out from it?" These idioms are equally reminiscent of the 1980s self-help world and of the oblique language that was used to describe a 1950s "problem without a name."[112] Unlike Betty Friedan, however, Carol never develops a language and a discourse that gets at the heart of her problem. She never develops a sense of the collective, of broader implications, systemic causes,

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[112] Referencing Betty Friedan, *The Feminine Mystique*, 1963.

or actionable grievances. She never develops "the language of critique" necessary to fulfill Rose Ellen Lessy's hope that "she could name the forces of patriarchy and capital that contribute to her suffering."[113] Ultimately, these characters' deficiency of language that engages with the world is what keeps *Safe* from becoming the "feminist consciousness picture" that the previously discussed gendered symptomology seems to invite. Such apolitical, discursive impotence similarly keeps *Safe* from the environmental action film. Carol never develops the language of on-the-ground analysis and advocacy or even the vague consciousness of injustice necessary for the *Thelma and Louise* narrative or the *Erin Brockovich* plot to play out. Instead, Carol's recourse is the self-help lingo and secluded environment of Wrenwood. As we've seen, this offers only its own self-referential discourse that refuses in-depth analysis or action and ultimately leaves Carol locked away, "safe," and alone in an igloo-like safe-house in the middle of the desert.

The last scene of the film has Carol inside her igloo staring into the mirror, which is also the camera. She repeats a mantra taught to her by Claire on her first night: "I love you," she says as the camera slowly creeps in for an extreme close-up, "I love you, I really love you, I love you." Tellingly narcissistic and drained of any political potential, this moment is hermetically sealed in more than one way. Not only is Carol repeating the words Wrenwood has taught her, but they are the most distilled example of the self-help ethos—this is not about creating a discourse of advocacy, or creating a new consciousness about what is happening in the world and her body within it. Void of any greater political or societal

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[113] Lessy, "Feminist Treatment," 294.

significance, this moment is about Carol staring at her own image and, in the poignantly narcissistic mode of the self-help world, enunciating these declarations of self-love as if they were something more than hollowed out replacements for the substantive work that would actually make the world *safer*. Todd Haynes himself has described *Safe* as a statement against such self-affirming, apolitical culture:

> I think what *Safe* is really about is the infiltration of New Age language into institutions. And about the failure of the left; how it imploded into these notions of self and self-esteem and the ability to articulate and share emotions in the workplace or whatever. And it's such a loss because what was once a critical perspective looking out, hoping to change the culture, is turning inward and losing all of its gumption and power. It's time for the left to look at itself and how it's losing any effective voice politically or culturally.[114]

The fact that the film camera doubles as the mirror here seems to indict cinema itself as an agent in this hermetically sealed, apolitical discourse.[115] As Haynes has said, how could that be someone's idea of a happy ending? This final moment is both announcing cinema's culpability as well as demonstrating *Safe* as somewhat of an exception.

Even this late in the game, *Safe* is still tempting us toward the traditional generic and narrative trajectories that would firmly place this film within the dominant, apolitical mode of both cinema and broader Reagan-era culture. Immediately before her mirrored affirmations, Carol bids goodnight to Chris, a refreshingly genuine guy whose affable demeanor clearly comforts her. He was the one who arranged for the birthday celebration and the only one to make her

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[114] Taubin, "Nowhere to Hide," 3.
[115] Dr. Oeler first brought this observation to light for me.

laugh in the entire film. He seems to harbor a little crush on her and is a downright delightful presence on screen. In another film, this sweet guy would be Carol's savior, the necessary romantic component to her medicinal cure and the resolution of all questions of identity and direction. As Susan Potter describes, "Heterosexually orthodox, the love story promises the satisfaction of the inner desires of the main characters whose identities are secured in pursuit of this narrative end. With the white female-male couple united safely in love, there is no story left to tell."[116] But in *Safe*, Chris and Carol go their separate ways without so much as a hug, leaving us to hover—as we have been all film—in the irresolution of classical tropes. Potter continues,

> By testing and transforming the limits of romantic melodrama, Haynes exposes the ideological terrain of this apparently risk-free ending. Haynes's reworking of genre suggests an alternative view of identity and desire, one recognizing that the attempt to secure certain knowledges about our bodies, our selves, and others arises out of a need for narrative and meaning that deliberately (that is to say, romantically) fails to recognize its own epistemological limitations.[117]

Instead of getting lost amidst the smoothing effects of traditional narrative, the romance goes unfulfilled and Carol goes inside to sit in her secluded, "safe" structure, alone. Where other films might charm us with the beguilingly articulate enunciations of generic convention and traditional resolution, *Safe* makes us feel the weight of those spectatorial expectations only to ultimately leave us alone with Carol as she utters the impotent, narcissistic phraseology of Wrenwood and stares into her own image, into the cinema, and into our eyes. Here, the desperate "need for narrative and meaning" and the raw, apolitical,

[116] Susan Potter, "Dangerous Spaces," 127.
[117] Ibid.

self-referentiality of Carol's world, conventional cinema, and our world all stand bare, and we can finally see all the ways we thought we knew what we were talking about, but knew hardly anything at all.

## CONCLUSION

The linguistic fumbling and stammering of *Safe*'s characters exposes a failure of the language system to both make sense of and communicate experience, especially the experience of an ambiguous illness that refuses to cohere to familiar coordinates of knowledge. Where a place like Wrenwood is in denial about language's shortcomings and instead creates an argot to cover up a fundamental inarticulateness around certain experiences, the film *Safe* lays bare the floundering of language in the face of abstract experience. Reid's observation, in the final analysis of this strange film, remains true: "*Safe* is not a drama of articulation…in which everything is made to turn on characters' ability to know, to speak, and to be heard."[118] *Safe* is purposefully, methodically inarticulate. Linguistically, no character ever rises up to finally explain and enlighten. Neither the language of the medical professionals nor the performative language of Wrenwood ever provide a trustworthy, articulate explanation of *What is Wrong With Carol?* and, by extension, What *Safe* is *really* about.

As we've seen, *Safe*'s inarticulateness around these questions is more than an issue of language. Reid writes, "In *Safe*, no single regime of knowledge, speech, and power ever totalizes the body's becomings and the subjectivity it is

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[118] Reid, "UnSafe at Any Distance," 39.

thought to enclose."[119] *Safe* produces a cacophony of narrative arcs and generic conventions, none of which completely capture Carol's experience or our experience of Carol. All of these disparate tropes seem like they could be gathered up by a feminist interpretation of *Safe*, but this too fails to completely account for what we and Carol have been through.

In this paper, I have catalogued *Safe*'s multifarious work of bafflement on all these different discursive levels in an attempt to testify to the ways in which *Safe* produces and then subverts narrative, generic, feminist, and linguistic ways of understanding. I first placed *Safe* within Todd Haynes' oeuvre to set the stage with the sorts of themes, politics, and playful approach to filmic convention which *Safe* shares with the rest of the Haynes' cannon. I then asked if we could write off Carol's experience as "just crazy" and concluded that *Safe*'s fundamental structuring around the question *What is Wrong With Carol?* prevents us from being able to easily take this dismissive approach. I then outlined the general ways *Safe* engages with narrative and generic subversion and proceeded to jump right into a discussion of *Safe*'s similarities to the medical discourse film. I paid special attention to "the logic of the symptom" and how it produces a conflation of the ill female protagonist's body and the textual body of the film, thereby producing a "scenario of reading" between interpreters of the text (diegetic doctors / the film spectator) and the text itself (Carol's body / the text of the film *Safe*).

I then addressed the interpretive problem *Safe* poses in its refusal to have Carol's symptomatic body, and therefore the filmic body of *Safe*, add up to any

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[119] Ibid.

familiar or coherent diagnosis, genre, or narrative. To deal with this, I took an Althusserian symptomatic reading approach but inversed it, thereby fashioning a reading strategy for *Safe* by which *Safe*'s sites of narrative, generic, linguistic, and interpretive coherence could be the film's symptoms, worthy of analysis for what they might tell us about *Safe*'s inner-workings and significance. I also addressed the fundamental hierarchy that the symptomatic reading strategy imposes between a knowledgeable reader and an ignorant text, and determined that that power dynamic was unhelpful and impertinent in a film like *Safe*, which so undermines the ability to firmly know anything. Instead, I committed to exploring symptomatic sites of coherence, thereby testifying to how this film conforms to varying conventions only to break or escape them.

I then entertained arguments of *Safe*'s interaction with the horror genre, the melodrama, the post-war European art film, the suburban dystopia film, the Gothic film and its contemporary iterations, and the medical and/or patriarchical conspiracy film. By referencing exemplary films in each of these categories, I showed how *Safe* erects each of these narrative and generic strands only to ultimately confound them. I demonstrated how none of these conventions could fully account for Carol's illness or for *Safe*.

Since all of the generic and narrative forms with which *Safe* engages are familiar subjects of feminist discourse, I proposed that a feminist interpretive model might bring all these disparate pieces under one theoretical umbrella of understanding that would finally make sense of *Safe*. In addition to noting how the previously discussed genres and narrative arcs all engage with feminist interpretation, I looked at several sites—including a reference to *The Yellow*

*Wallpaper*—that posit an alignment of Carol's gender position with illness, and feminist interpretive methods with a diagnosis and form of understanding. Ultimately I showed how such a feminist interpretation also fails to grasp the totality of *Safe* since, on the one hand, *Safe* does not become a "feminist consciousness picture" (Carol never develops this perspective); and, on the other hand, our own feminist interpretive stance falls short when faced with the reality of Environmental Illness.

I then plunged into the ways *Safe* invokes and gives credence to the Environmental Illness plot, including how Carol herself settles on this explanation for her illness and her story. I concluded, however, that the presentation, performativity, and affect of the Environmental Illness community and the Wrenwood retreat center cloud and subvert the trustworthiness and explanatory power of understanding *Safe* as an Environmental Illness story and, in fact, hints at a much more nefarious plot of a New Age cult narrative. Like every other plot introduced in *Safe,* however, I ultimately prove the cult narrative as also incomplete.

Wrenwood's linguistic failures were of particular interest to my argument, as far as language is another failed epistemological system in *Safe* on par with storytelling, genre classification, and feminist interpretation. I went through Wrenwood's creation of a language that has none of the explanatory or enlightening effects we expect of a diagnostic language and, in fact, is a manipulative, performative tactic that pretends to understand, bring coherence, and produce healing but has none of these rewards for its very sick devotees. Unlike Wrenwood's self-purported articulateness—which hides its discursive

impotence—around questions of disease, causes, and paths to recovery, *Safe* does not pretend to know or to proclaim *What is Wrong With Carol?* and instead offers up an experience of radical unknowing in which we can see all of the ways we tried to make sense of something, and how each in their own way, they slipped through our finger tips before we could understand anything at all.

I see this as, not only an astounding cinematic accomplishment, but a most rare and great virtue in a world obsessed with—and unwaveringly confident in—really, truly, finally *knowing*. I came to this project by way of a love of Classical Hollywood Cinema and a sneaking suspicion turned gut-wrenching intuition that, in many of these films (and in varying modes of self-consciousness), deeply unmooring experiences for female protagonists regarding their perception of their bodies, their spaces, and their stories are not and cannot be resolved by the Classical Hollywood resolutions proposed. I am, for instance, unconvinced at film's end that the fear and perceptual dissonance of *Gaslight*'s Paula Alquist will cease and desist. Or that Young Charlie will encounter no more such intimate and grotesque betrayals in the world that *Shadow of a Doubt* delineates. Or that *Suspicion*'s Johnnie is really a good guy. I saw, in these films, an untold potential to acknowledge an experience of continued fear, of not being sure, of never being able to really tell—instead of allowing Classical Hollywood narrative resolution to tidily explain and conclude. More hauntingly, I saw in these films the persistence of women's anxieties, fears, estrangement, and grief in tension with the heavy hands and final iron fist of narrative and generic convention. I began to remember films and look for new films that seemed to explore this tension and honor an unending experience of their female

protagonist's uncertainty in the face of rampant explanatory devices and dominant epistemophilia.

I saw films like *In The Cut* (Jane Campion, 2003), *The Headless Woman* (Lucrecia Martel, 2008), and *Martha, Marcy, May, Marlene* (Sean Durkin, 2011) as indicting something bigger, scarier, more ethereal, and more systemic than these films' ostensible narrative culprits—a serial killer, car accident, and cult. *Safe* was exemplary in this regard and scratched this intellectual and emotional itch like no other film had in its thematization of the problem of knowing via the medical discourse and the narrativizing, enlightening, truth-baring, and sense-making promises of diagnosis. What's more, *Safe* seemed, at every turn, to acknowledge our incessant need to know (by propping up systems of understanding) as well as our ultimate inability to know (by positing these systems' various flailings and failings). The experience of this film is one of watching fall away every last claim epistemology has made on experience, leaving us submerged in the chilly fog of enduring nonsense. This, at least to me, has also been much of my lived experience in the world. Reid describes *Safe*'s "peculiar creeping paranoia," which,

> like the muted horror of a slowly disintegrating immune system, gently builds not on the traditional basis that one should be able to know everything (but can't), but on the unsettling basis that one can never presume to know all the factors involved in chronic illness (and perhaps it is even destructive to desire to claim to).[120]

I believe the most graceful among us let the fog engulf them, testify to the inexplicability of suffering, embrace bewilderment, take joy in feeling their limitations, and often laugh eyes wide and mouth agape at the strangeness of it

[120] Reid, "UnSafe at Any Distance," 38.

all. I think *Safe* does this and I tried to write a paper that both honored and embodied such a spirit.

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