# Hysteria as Strategy

Exploring Hysteria and Madness as Strategy in Margaret Atwood's *The Edible Woman* and *Alias Grace* 

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# Contents

Abstract																					0	3
AUSII aci	 	 	 	 	 •	• •	 	•	 •	 • •	•	• •	•	 	•		• •	 •	 	 • •		2

Chapter One: Wo	omen, Hyste	ria and Madness	: Establishing a
Tradition			6

Chapter Two: Hysteria as Strategy in The Edible Woman ......33

Chapter Three: Alias Grace: Deadly Duality	or Strategic
Madness?	47

List of Works	Consulted	61
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### **Abstract:**

In this thesis I will explore the literary tradition of women and hysteria as a smaller facet of the larger cultural history that associates women with madness. I will explore how women have come to embody hysteria and why, as Elaine Showalter asserts, hysteria has been labeled a 'female malady' (4). With reference to Freud's *Dora* and Charlotte Perkins Gilman's *The Yellow Wallpaper*, this thesis will establish the literary tradition that links women and madness and will map a feminist critique, from the 1970s onwards, of that tradition. It will then examine how Margaret Atwood, as a contemporary woman writer, engages with the theme of women and madness in her novels *The Edible Woman* and *Alias Grace*.

Juliet Mitchell has argued that hysteria is a woman writer's 'masculine language', a strategic means through which a woman can communicate female experience from within a patriarchal discourse ('Femininity, Narrative and Psychoanalysis' 427). This thesis will examine to what extent agency and expression can be gained through the strategic employment of hysteria and madness in Atwood's novels. In *The Edible Woman* Atwood enlists the Freudian model of hysteria, whereby repression is displaced into physical symptoms, to free her protagonist from a dangerous marriage. The protagonist does not actively engage with the malady, however. On the contrary, Marian, an inherently passive character, relies upon her illness to physically manifest the unspoken protests of her repressed self to ultimately free herself from the engagement. In contrast, Grace, the protagonist of *Alias Grace*, actively manipulates the association of women with madness to secure her agency. Relying on nineteenth-century attitudes that more

readily link a woman with madness than murder, Grace manipulates the tradition that has silenced and pathologised women to provide her with expression and freedom.

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## Chapter One: Women, Hysteria and Madness: Establishing a Tradition

In 1905 Freud published his case study *Dora*, an account of his diagnosis and treatment of a young woman's case of hysteria. Freud's first account of the case was described to Wilhelm Fliess, a physician and longtime friend of Freud's, in 1900 (Philip Rieff introductory comments to *Dora* vii). Eighteen years after *Dora* was first published Freud revised the case study for republication in 1923 in which he included additional footnotes. *Dora* has thus had a long and layered production, shaped and reshaped into what ultimately became Freud's narrative.

Published at the start of the twentieth-century, *Dora* has become emblematic in twentieth-century feminist criticism of a long cultural tradition that associates women with hysteria. This association of women with hysteria has been addressed by feminist critics as a significant facet of a broader cultural phenomenon that associates women with madness. Feminist critics have written back to what they have perceived to be the pathologisation and silencing of Dora as a hysteric, and Freud's broader phallocentric relegation of women as biologically inferior to men. Underlying a medical tradition that links women and madness physically is a cultural phenomenon, which Elaine Showalter has asserted is the underlying enforcing link between women and madness (3). In her seminal 1985 study *The Female Malady*, Showalter states:

...women, within our dualistic systems of language and representation, are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind... madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady. (3-4)

Occupying the position of 'other' in the phallocentric division of women and men, women, Showalter has argued, embody irrationality and madness (4). Yet, the relationship between women and madness remains ambivalent. Indeed, madness has silenced and pathologised women but has also been reclaimed by writers and critics as both an avenue for expression and a symbol of protest for women in patriarchal society.

Understanding how the phenomenon of "women and madness" emerged involves retracing the evolution of a discourse that aligns women with hysteria. Whilst it is important to distinguish the difference between the maladies madness and hysteria, it is also important to appreciate their interconnected relationship in forming the category women and madness. It is therefore necessary to explore how the relationship between women and hysteria evolved in order to understand why women have been linked with the broader concept of madness.

Women and madness became unified by a medical tradition, linking women's bodies with mental illness, which dates back to ancient Greek and Egyptian medical models and was consolidated with the rise of modern medicine in the eighteenth-century (Charles Bernheimer 2). The term 'hysteria' itself etymologically links women with the malady, as it originates from the Greek word *hystera*, meaning uterus (Showalter *Hystories* 15). According to Ancient Greek and Egyptian medical theories of hysteria, if the womb was left unfertilised too long beyond puberty, the womb would grow dissatisfied and restless and roam about the body causing various symptoms from breathlessness to extreme anguish (Bernheimer 3). The recommended treatment involved enticing or driving the womb

#### Sarah Streeter

back to its original position through the ingestion of foul meats and the wafting of fine fragrances into the vagina (Bernheimer 3). The solution considered best for the problem was marriage and children. The belief that marriage and children could cure hysteria established a tradition that, as Bernheimer explains, would remain for many centuries thereafter (3).

Denise Russell explains that from the Middle Ages through to the sixteenthcentury, the mentally ill were believed to be possessed by the devil or other spirits (4). Abnormal female behaviour was consequently associated less with uterine disorders than with witchcraft and heresy in the Middle Ages (Russell 4). By the seventeenth-century ideas about the origin of hysteria had evolved. Thomas Willis and Thomas Sydenham challenged the belief that hysteria originated from the uterus, proposing instead that the disorder could originate from the mind (Bernheimer 4). The shift in perceptions about the origin of hysteria did not lead to an investigation into the workings of the mind, however. Rather, the connection between hysteria arose from ideas about "animal spirits" (Foucault Madness and Civilization 121). As Foucault explains in Madness and Civilization, hysteria was thought to be a disease whereby the body became 'indiscriminately penetrable to all the efforts of...spirits, so that the internal order of organs gave way to the incoherent space of masses passively subject to the chaotic movement of the spirits' (147). The spirits caused pain and spasm in the victim, causing melancholic agitation (Foucault 126). As Bernheimer explains, these animal spirits were believed to roam the body seeking out space and attacking the weakest organ in the body (4). Because women's bodies were perceived to be less dense than men's bodies, women were considered

more vulnerable to these hysterical attacks (Bernheimer 4). A woman's "density" would also come to be perceived as a measure of a woman's morality (Foucault 149), a perception that would be compounded in the eighteenth-century, when the concept of animal spirits was replaced by the concept of the sympathies in the nervous system (Foucault 126).

The nervous system was believed to be constructed of 'nerves, vessels, and... [a] system of organic fibers' (126). Mania, Foucault therefore explains, was thought to be a tension of the fiber, and the maniac 'a sort of instrument whose strings...began to vibrate at the remotest and faintest stimulus' (126). Women, who were considered to have comparatively "frail fibers" to men and 'too strong a sympathy for what happens around them' (Foucault 156) therefore became linked with hysteria (Bernheimer 4). Foucault reveals that this delicate disposition was considered 'the same thing as that strength of the soul which keeps the thoughts and the desires in order' (149). Thus, women who were thought to have an excess of sympathetic feelings were considered morally lax and hysteria was thought to be fitting punishment for their self-indulgence (Foucault 149). The psychological perceptions of hysteria were thus 'born in complicity with a moral condemnation of its victims' (Bernheimer 4-5).

The link between hysteria and morality was further propagated by Philippe Pinel, who was director of Bicêtre and Salpêtrière, two of the largest asylums in France in the late eighteenth and early nineteenth-century (Russell 14). Pinel established through clinical tests that hysteria could not be traced to any physical changes in the brain or nervous system and focused instead on moral causes

#### Sarah Streeter

(Bernheimer 5). Reflecting dominant Victorian psychiatric theory, Pinel taught values of work and family in the asylum, intending to create a sense of morality amongst the mentally ill (Russell 16). As Showalter explains, a dominant psychiatric concept of the Victorian era was "moral insanity", which she explains 'redefined madness, not as a loss of reason, but as deviance from socially accepted behavior' (*The Female Malady* 29). Treatment for the disease consequently involved domesticating the insane, introducing them back into a family-like environment in the asylums (Showalter 28). Pinel ultimately sought to enforce the rules of bourgeois morality (Foucault 40). Indeed, his advised treatment for women with hysteria was family, marriage and work (Bernheimer 5). As Bernheimer suggests, Pinel's paternalistic therapy was well suited to the Victorian era, which fostered oppressive and controlling attitudes towards women (5).

By the nineteenth-century the affiliation of women and hysteria was cemented in medicine, heavily swayed by the neurologist Jean-Martin Charcot (Showalter *Hystories* 30). Charcot believed hysteria was caused by a wound of the central nervous system which manifested itself as epileptiform attacks (30). But Charcot was more interested in scientifically dissecting the disorder than creating therapeutic methods and therefore placed much emphasis on the physical manifestations of the disease which he could document and observe (Bernheimer 6). Perhaps the most significant impact Charcot had on establishing a relationship between women and hysteria was through his photographic and public displays of hysteria, which emphasised the physical manifestations of the illness. As Showalter asserts in *Hystories*, at the Salpêtrière hysterical women were both displayed in

#### Sarah Streeter

weekly public exhibitions and photographed as part of Charcot's study of the illness (31). By displaying women in contorted positions emblematic of hysteria, Charcot effectively created female icons of hysteria, reinforcing the idea that women embodied the disorder. Charcot also linked hysteria to women's sexuality through his photography, naming the photographs "amorous supplication", "ecstasy" and "eroticism" (Showalter *The Female Malady* 150). Charcot's assertion that the ovarian area was a 'hysterogenic zone' also reinforced the idea that women were inherently, biologically linked to hysteria (Showalter *The Female Malady* 150). Despite being one of the few doctors that proposed men could suffer from hysteria, Charcot played a significant role in reinforcing the perception that hysteria was a female malady (*The Female Malady* 148). Significantly, during his time at the Salpêtrière, Showalter reveals that the percentage of women diagnosed and hospitalised with hysteria rose from one to seventeen percent from 1841 to 1883 (*Hystories* 31).

Freud studied under Charcot at the Salpêtrière in 1885 and 1886 (Showalter *Hystories* 37-8). Like Charcot, Freud believed hysteria was connected to trauma. In 1895, with his colleague Joseph Breuer, Freud compiled *Studies on Hysteria* within which Freud connected hysteria with sexual trauma, proposing that the patient suppressed the trauma, which then manifested itself through mundane physical symptoms, like a cough, headaches and limps (Showalter *Hystories* 38). Freud's approach of engaging with and listening to hysterical women was revolutionary at the time. Freud believed that if the hysterical woman's original trauma could be retrieved through hypnosis, the patient would be cured and the symptom, a mere

physical manifestation of the underlying trauma, would disappear (Showalter *Hystories* 38).

Freud developed a theory on hysteria which suggested hysteria was a manifestation of repressed childhood abuse, which he called the seduction theory (*Hystories* 40). He replaced this theory, however, in 1897, believing that his patients did not suffer from real abuse, but rather harboured fantasies which connected to 'unconscious Oedipal desires' (*Hystories* 40). Showalter asserts that Freud, in keeping with a medical model in which the authority of interpretation rests with the doctor rather than the patient, was likely to have pressured his patients into creating stories which fit into his theories (*Hystories* 41). Indeed, as Claire Kahane explains in her introductory comments to *In Dora's Case*, 'since hysterics suffered from gaps in their memories, holes in their stories – the sign of repression – Freud's aim was to fill those gaps' (21). Convinced of his own medical authority and prerogative, Freud reinterpreted his patients' stories to fit his theories, filtering their narratives through his psychoanalytic lens. This manipulation of narratives had important implications for his case study *Dora*.

Dora, whose real name was Ida Bauer, was taken by her father to see Freud after suffering from nervous coughing fits, depression and threatening suicide (Marcus *In Dora's Case* 57-8). Over a series of sessions Freud uncovered two significant events which emerged at the centre of Dora's psychosis. The incidents involved Dora's relationship with Herr and Frau K., friends of Dora's family. Dora had become close with the K.'s and their children, whom she cared for. It emerged that Frau K. and Dora's father had been having an affair, in which Dora became

#### Sarah Streeter

unwittingly embroiled as a form of compensation for Herr K. The two distressing incidents which triggered Dora's psychosis occurred when Herr K. attempted to initiate a sexual relationship with Dora.

The first of the two disturbing incidents with Herr K. occurred when Dora was just fourteen years of age (Marcus 59). In this incident Herr K. arranged to be alone with Dora in order to initiate a sexual relationship by kissing her. Having successfully lured Dora to his place of business, Herr K. succeeded in 'clasp[ing] the girl to him and press[ing] a kiss on her lips' (Freud 21). The second scene occurred two years later at a lake in Switzerland. Herr K. propositioned Dora, to which Dora responded with an angry rebuff and a slap across the face. Dora explained the second incident to her mother, who then relayed the event to her father, who confronted Herr K. . Dora's complaint, however, was explained away by Herr K., who, as Freud explains, claimed Dora 'had merely fancied something on that occasion' (39). Rather than accepting Dora's version of the event, Dora's father believed Herr K. . After this Dora distanced herself from the K.'s and indeed developed animosity towards them which was compounded by her father's continuing affair and his belief in Herr K.'s version of events over hers.

The key to understanding Freud's interpretation of Dora and her story lies in an understanding of Freud's Oedipal theory. Freud theorised that all human sexuality originated from an early childhood stage of development wherein a child learns to differentiate between the sexes and identify as either male or female (Tong 139-41). In the different stages that make up a child's development from infant to adult sexuality, Freud stressed the Oedipal or castration stage as the most important for

#### Sarah Streeter

determining "normal" sexuality (Tong 140). According to Freud a girl-child (who initially identifies with her mother) must learn to replace her mother as love-object with her father, whom she also must replace in adulthood with a different man (Tong 141). A boy-child, who first identifies with his mother, must replace this identification with his father, replacing his mother in adulthood with a different woman (Tong 141). Freud proposed that a child learned to relinquish the desire for the opposite sexed parent through a stage of development he termed the castration complex (*In Search of the Split Subject* Sonia Mycak 30).

The castration theory describes the process through which the child learns to identify anatomically with the same sexed parent. According to Freud, upon glimpsing the genitalia of a little girl for the first time, the little boy perceives that the little girl must have been castrated. Already afflicted with guilt for desiring his mother and wanting to usurp his father's place, the little boy assumes that castration must be the punishment for desiring one's mother. The little boy then relinquishes his desire for his mother out of fear, learning to instead identify with his father (Mycak 30). A little girl's engagement with the castration complex also begins with the first sighting of the little boy's genitalia. According to Freud, the little girl perceives that her lack of a penis is inferior and develops an envy of the boy's penis (Mycak 31). The little girl comes to resent her mother for not having a penis, believing her to be responsible for her castration, rejecting her as prime love-object for her father, whom she believes capable of fulfilling her desire for a penis (Mycak 31). Freud suggested that this desire for a penis is eventually replaced with a desire for a baby. But, whilst the Oedipal complex is resolved in boys, the Oedipal

#### Sarah Streeter

complex is never fully resolved for girls (Mycak 31). If the Oedipal stage of development did not occur successfully, Freud believed it could result in neurosis for women.

Unresolved Oedipal complexes recur in Freud's assessment of Dora. Freud suggested that Dora was not merely hurt by her father's action but 'felt...like a jealous wife', concluding that 'her affection for her father was a much stronger one than she knew or than she would have cared to admit: in fact...she was in love with him' (48-9). Freud concluded that part of Dora's trauma came from her rejection of the man who could have potentially replaced the original love-object of her father. Thus, despite Dora's rejection of this view, Freud concluded that Dora was bitterly regretting the loss of the affections of Herr K. (52). Freud also concluded that Dora harboured unconscious lesbian desires for Frau K., which was why she also felt jealousy towards her father (52-4).

Freud interpreted all of Dora's experiences as manifestations of hysteria and thus translated her narrative into symptoms of the malady. At times the explanations Freud attaches to Dora's story are aggressively assertive: he admonishes her version of events, reinterpreting and manipulating the facts to conform her stories to his theories. Dora is thus robbed of her ability to express herself. Dora's inability to communicate is also manifest in Freud's manipulation of her response to his assertion that she has unexpressed Oedipal feelings for her father. Freud asserted:

When I told Dora that I could not avoid supposing that her affection for her father must at a very early moment have amounted to her being completely in love with him, she of course gave me her usual reply: "I don't remember that"...I am in the habit of regarding associations such as this, which bring forward something that agrees with the content of an assertion of mine, as a confirmation from the unconscious of what I have said. No other kind of

"Yes" can be extracted from the unconscious; there is no such thing at all as an unconscious "No". (49-50)

In this manner, regardless of what Dora actually attempted to communicate, Freud manipulated her response until it conformed to his preconceived ideas of hysteria; thus Dora became silenced. Freud interpreted Dora's contestations as symptoms of hysteria or neurosis, thereby overriding her expression with discourse which pathologised her answers. Freud states:

My expectations were by no means disappointed when this explanation of mine was met by Dora with a most emphatic negative. The "No" uttered by a patient after a repressed thought has been presented to his conscious perception for the first time does no more than register the existence of a repression...If this "No," instead of being regarded as the expression of an impartial judgment...is ignored, and if work is continued, the first evidence soon begins to appear that in such a case "No," signifies the desired "Yes". (51)

The use of medical discourse as a form of a power and a way to silence women is a phenomenon that, according to Jann Matlock, became orthodox in the nineteenth-

century, revealing that the pathologisation of women often involved careful

manipulation of symptoms and narratives in order to reinforce the diagnosis.

Matlock explains:

Telling the difference of the hysteric meant far more than listing symptoms. It required elaborate observations and calculated narratives – what we might call a poetics of hysteria in which doctors articulated the relation of gender, class, sexuality, and heredity. (126-7)

Freud's Dora exemplifies how, as Showalter expresses, 'doctors' stories dominate

medical discourse, while patients have to modify their stories' (Hystories 81).

Ultimately Freud's inability to listen to Dora cost him the completion of his study. *Dora* consequently remained a 'fragment of a case study', Dora terminating her sessions with Freud early. Even after Dora left, Freud continued to reinforce his interpretations, refusing to acknowledge that her premature ending of the sessions could have been due to his aggressive insistence on a potentially inaccurate interpretation of her story. Freud pondered:

I [do not] know whether Herr K. would have done any better if it had been revealed to him that the slap Dora gave him by no means signified a final "No" on her part, but that it expressed the jealousy which had lately been roused in her, while her strongest feelings were still on his side. If he had disregarded that first "No," and had continued to press his suit with a passion which left room for no doubts, the result might very well have been a triumph of the girl's affection for him over all her internal difficulties. (101)

As Showalter suggests in *The Female Malady*, Freud's failure to help Dora came from his inability to listen: 'he [Freud] was too quick to impose his own language on her mute communications. His insistence on the sexual origins of hysteria blinded him to the social factors contributing to it' (160). Understandably, a text like *Dora* has provoked vigorous responses from feminist critics, but what is interesting is how women writers have written back to the doctor's narrative.

Whilst the patriarchal tradition which established hysteria as a female malady has met with a hostile backlash from feminist critics, the relationship between women and madness remains ambivalent. The pathologisation of women as hysterics and "madwomen" has resulted in the circumscription and silencing of women, but it has also been a useful tool for exposing the inequality of patriarchal society, and has been strategically engaged with by feminist critics. In order to appreciate how the relationship between women, hysteria and madness has evolved

and changed, it is necessary to outline the late twentieth-century feminist response to this tradition.

A feminist response to the pathologisation of women as hysterics and madwomen surfaced as part of the broader emergence of feminist literary criticism in the late 1960s and continued to evolve as feminist criticism developed and changed through the 1970s and 1980s. Feminist critics have worked to dismantle the underlying assumptions of patriarchal culture that link women to hysteria. Using the higher incidence of hysteria and madness amongst women as evidence of women's suffering at the hand of patriarchal inequality, feminists reclaimed the maladies as symbols of protest and resistance. As Claire Kahane explains, 'feminists [have] reclaim[ed] hysteria as the dis-ease of women in patriarchal culture' (31).

Feminist response to Freud and his theories emerged in the 1970s and 1980s under the school of psychoanalytic feminism (Tong 146). Psychoanalytic feminists wrote back to Freud's assertions about women and biological determinism and later attempted to reinterpret the Oedipus complex from a feminist perspective (Tong 146-68). Millett was a seminal figure in psychoanalytic feminism, writing most prolifically and disparagingly about Freud and psychoanalysis. Millett's most significant contribution to the feminist critique of Freud was her influential work *Sexual Politics* which was first published in 1969. Millett's chief criticism of Freud was his inability to recognise that his patients' symptoms might not have been evidence of unresolved Oedipal issues, but rather could have been 'evidence of a justified dissatisfaction with the limiting circumstances imposed on them by society' (179).

#### Sarah Streeter

Freud asserted that due to a woman's unresolved Oedipal problems and penis envy that she would spend her adult life predominated by feelings of narcissism, vanity and shame (Tong 142). Millett dismissed Freud's theory of penis envy, believing that it was not only unsubstantiated but likely to be reflective of Freud's own 'habitual masculine bias', rather than a credible explanation of women's behaviour (182). Millett was particularly frustrated by penis-envy's reduction of child-bearing and birthing to a mere 'hunt for a male organ' (185).

The psychoanalytic feminist argument that women's behaviour was linked to social inequality rather than their biology was further reinforced by Phyllis Chesler's 1972 study Women and Madness which explored the relationship between women, society, psychology and madness. Chesler's study proposed that women were coerced into a relationship with madness (78). She suggested that, as women were restricted to a limited number of acceptable behaviours, they were more likely to deviate, performing behaviours considered by society to be ill or unacceptable, resulting in being considered mentally unwell or mad (78). She also argued that women who then sought help for these behaviours were punished for what she terms 'their conditioned and socially approved self-destructive behaviour' (79). Indeed, paradoxically, Chesler suggested that, as children women were rewarded for displaying 'personality problems, such as excessive fears and worries, shyness, timidity, lack of self-confidence, and feelings of inferiority' (79). Upon maturation, however, women who sought help for these problems were considered 'annoying, inconvenient, stubborn, childish, and tyrannical' (78). Chesler's study suggested that in order to be considered healthy a woman had to change her behaviour to fit into the

standards prescribed as normal by patriarchal society. Chesler's study ultimately deconstructed the relationship between women and madness, revealing the underlying cultural ideologies and institutions that ensured women would have a relationship with the malady.

Barbara Rigney's *Madness and Sexual Politics*, which was published in 1978, also rejected the biological determinism that linked women with madness. Reflective of the larger psychoanalytic wave of feminism, Rigney's text asserted that madness was a symbolic manifestation of 'the oppression of women in a powerstructured, male-supremacist society' (6). Refuting the patriarchal idea that female mental illness was reflective of an inherent biological quality, Rigney's study suggested rather that women's mental illness reflected a 'cultural phenomenon' (7). In response to the pathologisation of women as mad and hysterics, Rigney argued that psychological double standards insured that women's behaviour would be interpreted as problematic, regardless of its nature: 'that which is considered normal and desirable behaviour for men is thought to be neurotic or even psychotic for women' (3).

Psychoanalytic feminism helped to draw a distinction between women's bodies and gendered behaviour. It provided a model for conceiving madness and gender as a construction of patriarchal ideologies and institutions, not as a result of women's biology. Later psychoanalytic feminism reassessed Freud and his castration theory in an attempt to reinterpret Freud for the benefit of feminism. As Catherine Belsey and Jane Moore elucidate, Millett helped to 'render Freud...unreadable', until Juliet Mitchell reinstated the importance of Freud for

#### Sarah Streeter

feminism in her 1974 study *Psychoanalysis and Feminism*, in which she argued that Freud's account of women was 'of a particular culture, and not an interpretation of a universal human nature' (Introductory comments *The Feminist Reader* 4). Whilst Mitchell accepted Freud's limitations, she argued that 'the particular task of psychoanalysis is to decipher how we acquire our heritage of the ideas and laws of human society within the unconscious mind' (*Psychoanalysis and Feminism* xiv). Mitchell was interested in the way psychoanalysis explained how social laws or taboos against incest were instilled in individuals. Mitchell argued that 'a rejection of psychoanalysis and of Freud's works [would be] fatal for feminism. However it may have been used, psychoanalysis is not a recommendation *for* a patriarchal society, but an analysis *of* one' (xiii). Mitchell believed Freud's concept of the Oedipal stage of development was vital for feminist distancing from biological determinism as it revealed the process by which gender was learned and therefore undermined any notions of biological essentialism.

Mitchell's ideas were adopted by Jacqueline Rose, who expanded on Mitchell's stance with Lacanian theory in her study *Sexuality in the Field of Vision*. First published in 1986, Rose's study reflected the increasing interest in rereading Freud from a feminist perspective, advocating the importance of Freud for feminism. Rose explained that psychoanalysis provided feminism with a credible argument that sexual identity was not only socially constructed but also constantly resisted (226). Rose explained:

Freud's writing shows that sexual difference is indeed such a hesitant and imperfect construction. Men and women take up positions of symbolic and polarized oppositions against the grain of a multifarious and bisexual disposition...The lines of that division are fragile in exact proportions to the

rigid insistence with which our culture lays them down; they constantly converge and threaten to coalesce. (226-7)

A new wave of feminist thought emerged in the 1970s and 1980s, which retrospectively has been labeled postmodern feminism (Tong 217). Postmodern feminism attempted to move away from assumptions about truth and reality, avoiding what Tong describes as 'reinstantiations of phallologocentric thought' or thought based around an absolute word that is male (217). Feminist critics felt caged writing from within patriarchal discourses. In an attempt to escape the limitations of patriarchal discourse feminists began to reassess the relationship between women and hysteria. As Elaine Showalter explains in 'Hysteria, Feminism, and Gender', in the wake of the women's liberation movement in the late 1960s, feminists looked to Freudian and Lacanian psychoanalysis to develop a 'theory of femininity, sexuality, and sexual difference' (287). Hysteria was embraced as a form of pre-oedipal semiotics, or what Showalter describes as a 'syndrome of physical and linguistic protest against the social and symbolic laws of the Father' (288). The theme surfaced in Juliet Mitchell's essay 'Femininity, Narrative and Psychoanalysis', in which Mitchell examined the role of the hysteric for female expression within patriarchal discourse. Prefacing her argument on an explanation of the Freudian theory of castration, Mitchell revealed how negative binaries were created between the sexes. Mitchell then suggested that a way to speak outside of this binary was through the discourse of the 'hysteric's voice' stating 'the hysteric's voice... is the woman's masculine language (one has to speak "masculinely" in a phallocentric world)' (427). Mitchell argued:

Sarah Streeter

it [women's writing] has to be the discourse of the hysteric. The woman novelist must be an hysteric. Hysteria is the woman's simultaneous acceptance and refusal of the organisation of her sexuality under patriarchal capitalism. It is simultaneously what a woman can do both to be feminine and to refuse femininity, within patriarchal discourse. (427)

Viewing hysteria as a smaller discursive facet of the larger discourse of madness, Mitchell argued that 'the woman novelist [was] necessarily the hysteric wanting to repudiate the symbolic definition of sexual difference under patriarchal law, unable to do so because without madness we are all unable to do so' (430). Mitchell suggested, in effect, that due to the entrenched binary system within which women must operate, women must develop their own discourse, strategically modeled as hysteria, in order to be heard from within patriarchy.

Understanding and challenging the binary division between the sexes, which relegates woman to the position of the 'other', is significant for the investigation into women's relationship with madness and hysteria. Challenging phallocentric thought systems which revolve around negative hierarchical binaries is a goal which has engaged feminism for several decades.

The attempt to express female experience outside of the negatively geared, hierarchical male-female binary was explored by Shoshana Felman in her essay 'Women and Madness: The Critical Phallacy'. Published in 1975, Felman's essay was emblematic of the emerging postmodernist wave of feminist thought. Postmodern feminists were critical of the binary thought system that relegated women to a position of inferiority in relation to men. Positioning her argument from within an analysis of Phyllis Chesler's *Women and Madness*, and Luce Irigaray's

#### Sarah Streeter

Speculum of the Other Woman, Felman challenged the discursive foundations of psychoanalysis and feminism. Felman asked:

How can the woman be thought about outside the Masculine/ Feminine framework, *other* than as opposed to man, without being subordinated to a primordial masculine model? How can madness, in a similar way, be conceived outside of its dichotomous opposition to sanity, without being subjugated to reason? In other words, how can thought break away from the logic of polar oppositions? (121)

Felman's solution to women's limited expression was to create a new women's discourse which would be entirely independent of phallic and logocentric thought (Lane 93). Felman suggested that women could escape being positioned with madness by learning to express themselves outside of patriarchal, binary thought structures (132). Felman asserted: 'The challenge facing the woman today is nothing less than to 're-invent' language, to *re-learn how to speak*...' (132).

In the postmodernist wave of feminist thought, French feminists like Hélène Cixous and Luce Irigaray were also celebrated for their rejection of phallocentric discourse (Belsey and Moore 10). Hélène Cixous, amongst others, explained in her 1975 essay 'Sorties' that 'Thought has always worked by opposition...By dual, hierarchized oppositions... The hierarchization subjects the entire conceptual organization to man' (90-1). Hélène Cixous attempted to escape the restrictions of hierarchical binaries and patriarchal, logocentric thought systems with the creation of *Ècriture feminine*. In an attempt to recover maternal tropes and identities, *Ècriture feminine* celebrated what Cixous believed to be innately female in women's writing. *Ècriture feminine*, therefore, included breaking the rules of patriarchal discourse by writing in an unorthodox, lyrical manner (Lane 54). Cixous, like other French

feminists who emerged from a generation schooled in Freudian and Lacanian theory, rather than rejecting Freud and Lacan, inverted the sexual hierarchy, embracing the quality of 'otherness' in women (Belsey and Moore 10). Critics of this branch of feminism, however, are skeptical about the manipulation of essentialist categories to a strategic end, as they perceive this to be dangerously close to the essentialist assumptions patriarchy made about women and their biology (Tong 231-2).

As Elaine Showalter asserts in *The Female Malady*, any discussion about madness is intellectually indebted to Michel Foucault and his seminal text *Madness and Civilization* (6). Revealing the changeable nature of madness over time, Foucault exposed how madness was socially constructed through ideology and revealed how these repressive ideologies resulted in the reform of the asylum. Critics like Showalter, however, found Foucault's critique limited, as it failed to acknowledge that the irrationality that the asylum sought to confine was distinctly female (6).

Despite Showalter's criticism, Foucault remains an important figure for feminist criticism. As Stuart Hall elucidates in *Representation*, Foucault's theory of discourse is fundamental to revealing how the power structures which police individuals operate in society (51). The significance of Foucault's theory of discourse is that it applies not only to the knowledge created through language, but also the social practices which result from this discursive position, that is to say, how an individual's conduct is regulated (Hall 44). Foucault's discourse theory has significant implications for the pathologisation of women as hysterics and madwomen. Importantly, his concept of policing individuals through their bodies

#### Sarah Streeter

supports feminist assertions that women have been controlled at the hands of patriarchy. As Irene Diamond and Lee Quinby suggest:

The medicalisation of women's bodies... the physical and sexual abuse of women, from witchburning to rape; and the mutilation of women's bodies for the sake of "beauty" are just some of the ways feminists have identified women's bodies as the locus of masculinist power. (*Feminism and Foucault* xv)

Occupying madness as a discourse in order to communicate was a concept Sandra Gilbert and Susan Gubar explored in detail in their seminal text *The Madwoman in the Attic*. Emerging from the socialist wave of feminism in which feminists sought to find a unified theory of feminism, Gilbert and Gubar's 1979 study investigated women's resistance to social and literary constraints. Using the madwoman in the attic as a symbol for the imprisonment of nineteenth-century women writers in patriarchal discourse, Gilbert and Gubar analysed how women writers had attempted to create their own aesthetic through subtle and strategic resistance to a patriarchal literary tradition. Gilbert and Gubar's text mapped both the feminist critical response to the positioning of women with madness and hysterics, and also speculated why there was a repeated occurrence of "the madwoman" in nineteenth-century women's writing.

In their article 'Infection in the Sentence', Gilbert and Gubar investigated how women writers of the nineteenth-century dealt with having no female literary precursors (47). Prefacing their article on Harold Bloom's "anxiety of influence" argument, which 'helps identify and define the patriarchal psychosexual context in which so much Western literature was authored', Gilbert and Gubar sought to understand and define what unique anxieties a woman writer faced without a literary

#### Sarah Streeter

heritage, coining the term "anxiety of authorship" (48-9). The essay emphasised that, as women writers were offered only two extreme stereotypes from male precursors' literature (either an angel or a monster) to which they were meant to relate as literary women, women writers sought to create their own literary tradition. But this resulted in what Gilbert and Gubar termed an "anxiety of authorship", which they defined as 'a radical fear that she cannot create, that because she can never become a "precursor" the act of writing will isolate or destroy her' (49).

The figure that Gilbert and Gubar explored most emphatically as an enabler of expression in nineteenth-century women's writing was the "madwoman". Often the rebellious double to the text's protagonist, the madwoman resisted patriarchal oppression and was, as Gilbert and Gubar theorised, also an image of the author's 'own anxiety and rage' (78). Indeed, Gilbert and Gubar argued that by creating rebellious doubles for their protagonists and themselves, women writers could 'revis[e] the self-definitions patriarchal culture has imposed on them...from a female point of view the monster is simply a woman who seeks the power of selfarticulation' (79). Gilbert and Gubar thus revealed how the 'madwoman' was employed strategically as a subtle form of protest and an avenue of expression for otherwise restricted nineteenth-century women writers.

Although Showalter's *A Literature of Their Own* has been labeled by Showalter herself as limited to its era, it provides a useful analysis of women's writing in relation to the emergence of protest. Dividing women's writing into three distinct phases, *A Literature of Their own* defined the second phase of women's writing as the protest phase, a period which Showalter defined as the period of

#### Sarah Streeter

women's writing from the 1880s to the 1920s in which protest began to emerge (13). The second phase of women's writing is significant for this thesis, as it is where the trend of women writers engaging with women and madness manifested itself. Elaine Showalter describes this second phase in her essay 'Towards a Feminist Poetics' as '[a] phase... [when] women... [were]... historically enabled to reject the accommodating postures of femininity and to use literature to dramatise the ordeals of wronged womanhood' (35).

Charlotte Perkins Gilman's novella The Yellow Wallpaper, which was published in 1890, is representative of the emergence of protest in women's writing. It is also an example of the literary tradition which engaged with the idea of women as hysterics. Recounting the progressive mental degeneration of a woman subjected to Mitchell Weir's rest cure, which involved excessive sleeping, eating and no mental stimulation, Gilman's novella explored how women became silenced, circumscribed and ultimately driven mad by patriarchal medical pathologisation. The protagonist, who is ostensibly suffering from post-natal depression, is diagnosed by her physician husband as having a 'slight hysterical tendency' (42). Consequently she is subjected to rest and confinement in a prison-like attic room where she becomes obsessed with the patterns of the yellow wallpaper. Frustrated, bored, and lonely, the protagonist begins to see creatures in the wallpaper, progressively believing that the wallpaper is hiding a trapped madwoman, whom she eventually comes to relate to as a double. Eventually the protagonist succumbs to madness, tearing the wallpaper down to release the madwoman trapped behind the pattern. The protagonist completes the final psychological transformation in the last scene

where she displaces her illness onto the woman behind the yellow wallpaper, coming to see her as a version of herself.

Gilman's novella is a response to the medical tradition which pathologised women as hysterics and madwomen. The novella is also an overt attack on Weir Mitchell and his rest cure. As Paula Treichler asserts, the use of the real name of Weir Mitchell in the text reveals Gilman's attempt to criticise not only the medical tradition which pathologised women, but also Mitchell's treatments which were premised on restoring women to femininity (69). Indeed, Gilman's novella is based on her own treatment at the hands of Weir Mitchell, who according to Gary Scharnhorst in his text *Charlotte Perkins Gilman*, believed her illness to be 'rooted in her failure to be feminine – that is, to be passive and self sacrificial' (9).

Critics have noted the confinement of the protagonist to an attic room which has barred windows, and is thought to have previously been a nursery, supposedly for "little children" (43). Gilman's use of a nursery-like room and the language between the protagonist and her husband, who at one stage refers to her as "little girl", reinforces the paternal nature of their relationship and symbolically represents women's subordinated and powerless place in patriarchal society (50). Surrounded by paternalistic medical authorities, including her husband and brother, the protagonist's voice becomes lost. Her husband overrides her protests at being isolated from family and friends with: "I am a doctor, dear, and I know" (50). As Treichler argues, 'A feminist reading emphasizes the social and economic conditions which drive the narrator – and potentially all women – to madness' (64). Indeed, *The Yellow Wallpaper* is a text that works as a metaphor for the oppression of all women

living under the restraints of patriarchal inequality and medical authority. Karen Ford suggests that the protagonist purposefully lacks individuality, being nameless and surrounded by family whose common names (John, Mary) reinforce a sense of anonymity and generality (309).

Feminist criticism has engaged with the text and its central feature (the yellow wallpaper), as an attempt to create a new female discourse. Paula Treichler states: 'I interpret the wallpaper to be women's writing or women's discourse, and the woman in the wallpaper to be the representation of women that becomes possible only after women obtain the right to speak' (64). Carol Neely, however, disagrees with Treichler's assertion that the wallpaper is a female discourse, suggesting that the wallpaper actually becomes a form of patriarchal discourse, arguing that it helps to subdue and pacify the protagonist whilst she undergoes her husband's suggested treatment (316). The critical debates about the ending of Gilman's novella reflect a larger uncertainty in feminist criticism about how strategically useful embodying the hysteric or madwoman may or may not be.

Whilst Gilman's text clearly expresses protest on behalf of the protagonist (and perhaps for the other silenced, institutionalised women who couldn't express themselves), Gilman does not offer a solution to her protagonist's dilemma. As Barbara Rigney explains, Gilman's text 'stands, rather, as a political statement, a testament to the victimisation of women by society' (124). The protagonist succumbs to her fate. But, Ford argues that Gilman grants her protagonist a subtler form of freedom, suggesting that madness, like death, is a final resistance to being trapped in the alternative patriarchal institutions of marriage and motherhood (313).

#### Sarah Streeter

Yet it is debatable how much "freedom" a woman is granted through madness. Indeed, Gilman's protagonist is offered no opportunity to speak and is patronised and silenced as the hysteric. If, as Juliet Mitchell proposes, the hysteric's voice is the woman writer's "masculine language" (427), through which a woman can strategically express herself from within patriarchal discourse, then what does Gilman's protagonist communicate? Indeed, what could Dora communicate under the care of Freud from within the discourse of the hysteric? Both of these women could be seen to be communicating through the discourse of hysteria and, although Gilman's protagonist can be seen as a martyr representing all women's protest under patriarchal oppression, neither she nor Dora gain any sense of freedom or expression through the hysteric's voice.

Strategically employing hysteria or the tradition of "women and madness" as a way of enabling greater agency and expression is perhaps a more contemporary literary phenomenon. Indeed, were it not for the Doras and countless other women who were pathologised as hysterics and madwomen, contemporary authors could not engage strategically with what has evolved into a tradition of associating women with mental illness. To what extent agency can be provided by strategically engaging with this tradition is an idea which will be explored in the following chapter.

Examining how a contemporary female writer has engaged with the tradition that has linked women with hysteria and madness, this thesis aims to investigate to what extent this engagement can grant agency and expression. Analysing two of Margaret Atwood's texts, written two decades apart, the thesis aims to explore how

#### Sarah Streeter

Atwood has engaged with the phenomenon and what kinds of agency and expression this has offered her protagonists.

Sarah Streeter

### Chapter Two: Hysteria as Strategy in *The Edible Woman*

'All he said to me was, "Didn't think you were the hysterical type" (EW 74).

Margaret Atwood is a diverse and prolific writer, having written numerous novels, short stories, critical essays and volumes of poetry over the span of her career. Across Atwood's novels a consistent engagement with the theme of women and madness has emerged. Engaging with the tradition that has pathologised women as mad and hysterical, Atwood's novels explore both the possibilities and limitations that embodying hysteria or madness entails.

In her earlier novels from the late 1960s and early 1970s Atwood engaged subtly with the tradition of women and madness through the theme of split or multiple identities in her female characters. Joan Foster, the protagonist of *Lady Oracle*, has multiple identities, for example. She blurs the boundary between her own sense of identity with that of the characters of her writing (Robert Lecker 197). It is also unclear who narrates the first person voice in *Lady Oracle*; although it seems to be Joan's voice, it actually is that of her ghost writer (Lecker 194). Atwood's engagement with internal division and multiple identities in her novels links her writing with the wave of feminist thought that linked a divided self with madness, arguing that split personalities in women could be read as 'a kind of temporary answer to social and political oppression' (Rigney 8).

In *Surfacing* the protagonist's descent into madness stems from a split sense of self. Rejecting socially constructed ideals of femininity, the protagonist instead embraces what she identifies as a more natural and primal self (Gloria Onley 80).

#### Sarah Streeter

Until she has engaged with this side of her self she feels a literal division between her body and her head, which signals a division between an "animal" self and a "conscious" self (Marge Piercy 64). It is not until she unites her internal divisions that she can overcome her sense of madness.

The theme of split identities functioning metaphorically as madness also emerges in Atwood's later fiction. Zenia, the villainess of *The Robber Bride*, creates multiple identities for herself in order to manipulate and take advantage of people. With no stable sense of identity or known past Zenia is an ethereal character whose caricature-like evilness speaks back to a cultural tradition of the uncontrolled and uncontrollable women. Atwood's engagement with split identities in *The Robber Bride* notably evolves from her earlier texts. The characters engage more consciously with different personas to escape or deal with their past.

The theme of women who struggle with unstable and multiple identities as a consequence of social roles and expectations places Atwood within a tradition of contemporary feminist writers who refer back to a cultural tradition that associates women with madness. This chapter will examine Atwood's first novel *The Edible Woman* (1969) in terms of how it engages the tradition of women's "hysteria" as a manifestation of self division.

The Edible Woman is a story about a woman's efforts to survive as a consumer in a society that pressures her to become the consumable. Drifting ever closer to a precarious marriage with the predatory Peter, Marian's identity is at serious risk of becoming consumed. An inherently passive character, Marian is not able to resist easing into a marriage with Peter. And yet, Marian's most significant

#### Sarah Streeter

battle is not with her external predators, but rather with the one that lurks inside of her, dichotomising her self. It is not until Marian resolves her internal battle, destroying the part of her self that is trying to destroy her, that she can avoid becoming Peter's victim. How Atwood saves her protagonist from Peter and her darker self is central to the investigation of this chapter.

Freud defined hysteria as a neurosis that was linked to a repressed trauma, which, because repressed then manifested itself through physical symptoms (Bernheimer 11). Marian, unable to consciously acknowledge her fear of Peter, develops an eating disorder, physically expressing her unspoken anguish about entering into a marriage with Peter. Atwood's engagement with the notion of hysteria undermines the authority of Freud's discourse, however. Manipulating the discourse that pathologised and silenced women to grant Marian agency and expression, Atwood effectively creates an inverse *Dora*; Marian, unlike Dora who is silenced by hysteria, is granted expression through her hysterical voice. Yet, it remains ambiguous to what extent Marian is liberated through her engagement with an eating disorder.

Expressing the voice of the self that she and Peter systematically try to suppress and destroy, Marian's eating disorder ultimately saves her from a marriage to Peter. Thus, Marian, unlike Dora or the protagonist of *The Yellow Wallpaper*, is in one sense liberated. And yet, Atwood herself has described Marian's experiences not as progressive but as circular (Sharon Wilson 95). Atwood suggests that the ending of *The Edible Woman* is pessimistic as Marian ends in the same position in which she began (Wilson 95). Atwood's comment raises important questions: to what

extent can a woman gain agency and expression through the discourse of hysteria? To what extent does Marian end up in the same position as when she began? In order to explore the answers to these questions, it is first necessary to establish how Marian comes to identify as the victim and the consumable.

Set in 1960s Canada, The Edible Woman reveals the limited options available to a young educated woman. Marian, trapped in a similar position to many other young women of her era, is stuck in a job with no foreseeable future, the only way out seeming to be through marriage. Marian has few opportunities for intellectual fulfillment. Like her flatmate Ainsley, who works in an electric toothbrush factory, Marian is university educated and has a B.A. .Yet, despite a university education, her career options are limited to working at a survey company. Researching products predominantly for housewives, in a large "institutional-green" room where she is surrounded by "motherly-looking women", who periodically leave to have babies, Marian is trapped in a virtual training camp for domesticity (20-1). Her friends also don't offer her much relief. At work Marian is surrounded by the office virgins, whose sole aim in life is to marry. Outside of work Marian's flatmate Ainsley's chief desire is to have a baby and her other university friend Clara, the ever-pregnant housewife, passively notes her multiple pregnancies with wonder at her body's silent mutiny (36). Marian not surprisingly discovers herself passively drifting towards a domestic life with Peter. But although Marian outwardly desires this union, an internal part of her rightly fears becoming Peter's victim.

Described by Marge Piercy as 'slick, ambitious, laden with expensive gadgets that give him a sense of power... [and] most happy when he is destroying

#### Sarah Streeter

something or consuming something', Peter is a predatory figure on the hunt for Marian and her identity (54). Indeed, the nature of Marian and Peter's relationship is symbolically reinforced throughout the novel with the ubiquitous metaphor of the hunter and the victim. When Marian enters Peter's apartment she is aware of his collection of weapons, noting the 'wicked-looking knives' amongst the pistols and rifles (59). Later when Peter makes love to Marian in the bathtub she wonders if he had come across the idea in one of his outdoors magazines or from a murder mystery novel, noting 'but wouldn't that rather be someone drowned in the bathtub?' (60). The metaphorical link between Marian and the victim is reinforced when Marian finds herself involuntarily crying after Peter has graphically described a hunting adventure to Len. Peter describes the gutting of the rabbit to Len: 'I whipped out my knife...and slit the belly and took her by the hind legs and gave her one hell of a crack, like a whip you see, and the next thing you know there was blood and guts all over the place' (69). After hearing Peter's hunting story Marian notes: 'Something inside me started to dash about in dithering mazes of panic' (70). Like a hunted rabbit Marian literally finds herself running wildly into the night away from Peter and Len. Unable to sustain her escape Marian creates a "burrow" under a bed at Len's house in which she successfully hides until she is discovered (76). Part of Marian understands the link between her behaviour and the increasing seriousness of her relationship with Peter, stating: 'Now, though, something in me had decided we were involved: surely that was the explanation for the powder-room collapse and the flight' (77). Indeed, although Marian is not entirely aware of the process of internal division Peter seems to be creating, part of her understands that Peter is dangerous.

Marian's sense of internal division first manifests itself in her lack of control over her actions. Her lack of control reflects an internal fear of identity disintegration; at one stage she dreams that she is literally dissolving 'like melting jelly' (43). Marian is surprised to find herself running from Peter, just as she is shocked to discover she is crying. Yet, at this stage she is not entirely alienated from her self, approving of her escape, noting that, although she wasn't sure why she had behaved the way she had, she was nonetheless glad that she had 'at least acted' (78). Marian is still on the brink between unity and self-alienation, before she has shifted from first to third person narration. In the car when Peter drives recklessly Marian wails: "You maniac!...You'll get us all killed!" I must have been thinking of myself as plural' (81). Indeed, Marian has become plural, torn between her self and the self Peter wishes to see, 'small and oval, mirrored in his eyes' (83). When Peter asks Marian the next day when she would like the wedding to be she is astounded to hear her voice reply: "I'd rather have you decide that. I'd rather leave the big decisions up to you" (90). After this point Marian's self-alienation is completed by the transition into third-person narration. Her body seems to take on a will of its own, its ultimate mutiny culminating in her inability to eat. As Piercy suggests, Marian's inability to consume comes from her own sense of victimhood, or from 'experiencing the reality of the victim... [she is] consuming' (Piercy 60). In taking on the role of the consumable Marian is unable to be the consumer.

Timothy Melley suggests that the catalyst of Marian's eating disorder is uncertain (71). Manifesting itself at the time when Marian's relationship with Peter intensifies and Marian's self-alienation begins, it is uncertain whether the catalyst

## Sarah Streeter

for her eating disorder is internal or external. Indeed, it is difficult to determine who Marian's most dangerous enemy is, as she is complicit with her own attempted identity assassination. Atwood in effect saves Marian from herself by strategically employing an eating disorder to voice the protests of the self that she and Peter are attempting to silence and destroy. But before Marian can act on her internal protests, she must first recognise Peter for the threat that he is.

After undergoing a surgical-like procedure to have her hair done for the party, as Peter had advised, Marian's transformation into the edible woman is complete. Almost as if he recognised Marian's new consumable nature, Peter responds to her new look with the exclamation: "Yum yum" (227). Peter's predatory nature is reinforced by his insistence on shooting Marian with his camera. Confronted by his camera, Marian freezes like a rabbit in a spotlight: 'Her body had frozen, gone rigid. She couldn't move, she couldn't even move the muscles of her face as she stood and stared into the round glass lens pointing towards her' (232). Finally, after recognising Peter as 'a homicidal maniac with a lethal weapon in his hands', Marian makes one last attempt to flee (246).

Comparing *The Edible Woman* to a series of gruesome fairytales, Wilson argues that the predominant theme of the novel is cannibalism (82-4). Indeed, as the title of the book implies, eating and being eaten are central themes of the story. It is only after Marian has displaced the edible part of her self onto a cake and offered it to Peter as a sacrificial replacement that Marian is out of danger. By displacing the consumable part of her self onto a cake Marian suddenly realises what she had risked becoming, exclaiming: "You look delicious...Very appetizing. And that's

what will happen to you; that's what you get for being food" (270). Indeed, a mirror image of Marian at Peter's party, the cake represents what all women who reduce themselves to consumable objects risk becoming.

Marian's self-alienation is partly created by the consumerist society from within which she must operate, where women are encouraged to police their bodies. Marian not surprisingly becomes torn between two inner selves. As Ellen Peel suggests, Marian may 'consider herself as a subject but face[s] strong pressure from a society that urges her to see herself as object, as other' (118). Indeed, Marian's self-division is not only a product of her inner turmoil but also a result of living within a Western dualistic society. As Susan Bordo explains, Western dualism is based on the belief that 'human existence is bifurcated into two realms or substances - the bodily or material on the one hand, and the mental or spiritual on the other' (92). Influenced heavily by Descartes, who believed the body was merely a burdensome container for the inner thinking self, the Western system of dualism favours the mind over the body (Bordo 92). Indeed, Descartes considered the body a kind of enemy which threatened the control of the individual and which he aimed to ultimately transcend by becoming intellectually impervious to its distractions (Bordo 92-3). This hierarchical division of the self into a dominant, controlling mind and a disobedient, loathsome body is a pervasive element in Western dualism and in socially constructed concepts of gender. Within such socially constructed gender roles women are encouraged to despise and aggressively regulate their bodies (McWhorter 140). Marian develops a similar Cartesian dualistic relationship with the part of her self that refuses to conform to socially constructed ideals of

## Sarah Streeter

femininity. Caught between society's (and Peter's) perception of the ideal woman and her own inconveniently non-compliant self, Marian thus becomes internally conflicted and divided.

Marian's Cartesian division becomes apparent when she is confronted with a room full of middle-aged women consuming food. Overwhelmed by their anti-Cartesian laxity, Marian is disgusted by them because they remind her of what she could become, equating their shameless display of consumption with the blurring of identity boundaries:

the continual flux between the outside and the inside...chewing words, potato-chips, burps, grease, hair, babies, milk, excrement, cookies, vomit, coffee, tomato-juice, blood, tea, sweat, liquor, tears, and garbage...For an instant she felt them, their identities, almost their substance, pass over her head like a wave...she was one of them, her body the same, identical, merged with that other flesh that chocked the air in the flowered room with its sweet organic scent' (167).

The passage evokes a sense of revulsion for femaleness. Bordo explains that it is common amongst anorexic women to reject what they perceive to be 'female' (102). This rejection stems partly from a fear of falling into traditional female roles with the social limitations that these roles entail, but is also connected to a sense of disgust and 'a deep fear of "The Female," with all its more nightmarish archetypal associations: voracious hungers and sexual insatiability' (Bordo 102). Marian seems afraid of falling into this role and becoming lost in the anonymous 'thick sargassosea of femininity', desiring to 'draw... [the] hard gold circle [of Lucy's bangle] around herself [as] a fixed barrier between herself and that liquid amorphous other' (167). Desperately wanting to differentiate herself, Marian clings to bodily control

as a way of remaining aloof, but ironically policing herself only hastens the disintegration of her own identity, creating another prototype to join the masses.

Atwood engages with the Freudian concept of hysteria to the extent that Marian's internal psychological division manifests itself in a physical disorder: an inability to eat. Her disorder becomes a strategically useful means of displacing her consumable self elsewhere and thus delivering herself from an oppressive marriage. Atwood engages strategically with the disorder to enable Marian expression and agency. Indeed, Marian would continue to suppress her disobedient self were it not for the development of her eating disorder, which manifests shortly after her engagement to Peter. Atwood aims to free Marian not only from a dangerous union with Peter, but also from her own Cartesian division which makes her police and despise herself. As Catherine McLay argues, after her experiences Marian is more in touch with reality and has a greater and more unified sense of identity and self (126). To what extent Marian is granted agency and expression through the discourse of hysteria, however, is uncertain in *The Edible Woman*.

Interestingly, hysteria is not the only Freudian theme that emerges in *The Edible Woman*. Indeed, Freudian concepts of dysfunctional parent/child relationships manifest as a theme throughout the text. Whilst Atwood enlists Freudian themes in her novel, she systematically undermines the authority of the discourse by reducing the characters who embody the disorders to caricatures.

Len, emotionally scarred from a childhood trauma in which his mother forced him to eat an egg which contained an unborn chicken, represses his trauma, displacing it outwards in misogyny and a fear of having a baby (160). Regressing

back to a childlike state Len weeps on Ainsley's lap, who rocks him like a baby and reassures him: "There, there. It's not going to be a little chicken anyway, it's going to be a lovely nice baby. Nice baby" (160). Ainsley, too, is not only the oedipal complex embodied, substituting power for a baby, but is preoccupied with finding an adequate father figure for her unborn child, terrified it will otherwise become a homosexual. Duncan's childlike emaciation evokes feelings of maternity in Marian. And Peter, finally, embodies anal retentive control issues, interrupting making love to Marian when a glass is accidentally upturned to pick up the pieces of broken glass, which he does 'carefully and accurately like a pigeon pecking crumbs' (62). Atwood's subtle allusion to Freudian themes playfully undermines the authority of Freudian discourse.

The ending of *The Edible Woman* remains ambiguous. In the final chapter Duncan disturbs both Marian's and the reader's assumptions, stating: "Peter wasn't trying to destroy you...Actually you were trying to destroy him", finally adding "I was trying to destroy you" (280-1). It is impossible to know which version of the truth is the reality. Duncan's statements upset Marian's sense of conquest, forcing her to doubt her actions, asking: "Is that true?" (280) and replying nervously to Duncan's statement that he was in fact trying to destroy her with: "Don't say that" (281). Having Duncan undermine the entire progress of the novel in its last pages disturbs both Marian's and the reader's assumptions about the novel's progress. The reader has until this point been reliant on Marian's sole narration. Duncan's objectivity makes both Marian and the reader question whether her problems ever existed outside of her head. Atwood shocks the reader out of a sense that things are

better for Marian at the novel's end. Indeed, the fact that a man as self-obsessed and indifferent to Marian as Duncan can undermine all of her personal growth and progress with a few sentences reveals that Marian has not evolved as much as she or the reader would assume. By indifferently consuming her cake, Duncan ignores her metaphor and destroys both figuratively and literally the symbolic sum of her experiences. Thus the scene creates a sense of inertia and a sense that Marian has not progressed beyond where she began.

Whilst Marian's inability to eat enables her to express physically the anxiety of the self being suppressed by Peter and herself, Marian does not necessarily gain agency from embodying hysterical discourse. Notions of agency and expression become complicated in the final section of *The Edible Woman* when Duncan consumes Marian's cake. Literally consuming the part of herself that Marian has recently displaced onto the cake, Duncan, as much as Peter threatens to reinstate Marian's position as the consumable. Although symbolically Duncan has consumed the part of Marian that was threatening to consume her, the cannibalistic act nonetheless uncomfortably reinforces the underlying theme of the novel of the relationship between man and woman as consumer and consumable. The potential of entering into a relationship with the self-obsessed Duncan, who exclaims "I'm Hungry" after kissing her (256), is also a threat to Marian's identity, which would be obscured in the presence of Duncan's consuming narcissism. Indeed, as Sherrill Grace suggests, Duncan is a potential double for Marian's bullying side, containing the narcissistic, egocentric characteristics of her other self (93).

The ending of *The Edible Woman* also remains ambivalent because Marian has not ostensibly learned from her experiences. To the extent that Marian's position in society has not changed, the novel is circular. Marian can get no further in a society that offers women nothing outside of marriage. Employing hysteria strategically may have enabled Atwood to save her protagonist from a vicious husband, society and a facet of herself, but it cannot grant her agency beyond what is available to women in Marian's world. Marian's passivity also ensures that she will gain no introspection from her experiences, as she does not actively escape Peter; rather her eating disorder drives her to confront him. She no longer is ruled by a Cartesian division in which she internalises and polices herself with patriarchal ideals of femininity, but she is still at risk of falling into a relationship with Duncan. Marian has returned to speaking in the first person again and regained the amount of freedom she had access to before her relationship with Peter, but beyond this Marian has not progressed beyond the limitations of her gender.

There are parallels between the ending of *The Edible Woman* and Charlotte Perkins Gilman's *The Yellow Wallpaper*. Marian, like the protagonist of *The Yellow Wallpaper*, is unable to escape patriarchal institutions. Marian is liberated from marriage to Peter, but the implication of the ending is that she has not progressed and is therefore no better enabled to pursue a life of equality than when the novel began. Marian's greater options are evident in the fact that she is able to displace her psychosis outwardly onto a cake, whilst Gilman's protagonist can only do the reverse, manifesting her psychosis through her body, displacing the external fear of the madwoman behind the wallpaper onto herself. Yet, whilst Marian has options

beyond death and madness, she too is never entirely liberated from her position in society. Gilman's protagonist, like Marian, is a figure of protest. Neither protagonist can gain larger freedom through the discourse of hysteria; rather engaging with the discourse grants them greater expression to communicate women's suffering at the hand of patriarchal inequality.

Atwood's ability to engage with hysteria strategically is limited in *The Edible Woman* by the passive nature of Marian as a protagonist. In her later novel *Alias Grace*, however, Atwood creates a protagonist who consciously and actively manipulates the relationship between women and madness to attain freedom. Observing how Atwood engages with a proactive protagonist, the following chapter aims to investigate to what extent engaging with a discourse of madness can provide increased agency.

# Chapter Three: *Alias Grace*: Deadly Duality or Strategic Madness?

'He says, Perhaps you will. Perhaps you will tell lies without meaning to, and perhaps you will also tell them deliberately' (AG 46).

*Alias Grace* (1996), Atwood's ninth novel, continues a tradition that Atwood established in her earlier texts, wherein the central female protagonist is identified by multiple or split identities. *Alias Grace* explores how a woman strategically uses the malady of "dual consciousness" to gain freedom. Actively manipulating the tradition that links women with madness, Grace employs a dual personality to escape imprisonment for a murder she may or may not have committed.

Alias Grace is based on the real life of Canadian historical figure Grace Marks. Infamous for her conviction of murder in 1843 at the age of sixteen, Grace Marks attracted a vast amount of attention from society in her era, and was, as Atwood describes, the "star attraction" at the Kingston Penitentiary and Toronto Lunatic asylum where Marks spent nearly thirty years of her life (*AG* Afterword 538). As Atwood suggests, part of the fascination surrounding Grace Marks arose from her ambiguous nature; she embodied multiple, contradictory characteristics being simultaneously the manipulative murderer and the silenced victim, the lascivious temptress and the sexual innocent (Sharon Wilson *Textual Assassinations* 123).

Grace's strategic manipulation of madness relies upon her ambiguity as a character; her double nature casts doubt upon her innocence or guilt. Coral Howells suggests that Atwood 'draws on nineteenth-century discourses of psychology for her

constructions of Grace's identity' (145). Indeed, in creating a central character that embodies both extremes of Victorian standards of femininity, Atwood deliberately exploits the Victorian bifurcation of women to make Grace an ambiguous, divided character. As Darroch points out, Grace is either depicted as the epitome of demure femininity, which renders her incapable of the crime or alternatively as the monster, femininity in its pathological form: the madwoman (106-7). The contrast between the violent, salacious nature of the crime and Grace's demure, pious demeanor reinforces her double nature and the uncertainty of her innocence or guilt. Alleged to have seduced James McDermott as part of a plot to manipulate him into murdering Nancy Montgomery, Grace's actions are perceived to be consistent with nineteenthcentury perceptions of madness, which associated sexual wantonness with madness. As Dr. Jordan asserts: 'One couldn't have it both ways, he'd pointed out: if women are seduced and abandoned they're supposed to go mad, but if they survive, and seduce in their turn, then they were mad to begin with' (349).

The reader's perception of Grace's double nature is further magnified by her alleged motive, which was believed to be jealousy of Nancy's relationship with Mr. Kinnear, whom Grace was supposed to have taken as a "paramour" (30). Grace's reaction in court creates an inconsistency that invites society, and the reader, to question Grace's mental stability. Grace faints at the trial, upon hearing her sentence for death and suffers from "amnesia". Indeed, MacKenzie relies on the incongruence between the nature of the crime and Grace's demeanor to have her sentence reduced, describing her as 'little better than a halfwit; and very soft and pliable, and easily

#### Sarah Streeter

imposed upon' (419), which inclines the reader to believe in her mental frailty and encourages a belief in her madness; indeed, Grace is sent to a lunatic asylum.

Grace's extreme youth and beauty and demure nature encourage the reader to believe in her innocence, or at least unawareness of her part in the crime. And yet, Atwood confuses notions of Grace as an amnesiac unaware of her crime with the inclusion of contradictory and manipulated strands in her narrative. *Alias Grace* opens with a passage that vividly describes a dream-like recollection of the murder of Nancy Montgomery. Grace describes how she sees Nancy: 'Around her neck is a white cotton kerchief printed with blue flowers, love-in-a-mist, it's mine' (6).The passage lulls the reader into a sense of intimacy with Grace and her narrative. This intimacy is disrupted, however, when Grace abruptly ends her narrative with: 'This is what I told Dr. Jordan, when we came to that part of the story' (7). The reader is thus from the start and throughout the novel kept at a distance from Grace, who proves to be an unreliable narrator.

Grace remains throughout the novel a mysterious protagonist, whose innocence or guilt is never determined. Combining historical and literary excerpts, which capture the double nature of Grace, with an equally double narrative, Atwood deliberately creates an ambiguous and unreliable narrator. Indeed, the third section "Puss in the Corner" is prefaced with an excerpt from the Emily Brontë poem 'The Prisoner' in which the captive's face is described as 'soft and mild as sculptured marble saint' and as a 'slumbering unweaned child' (AG 21). In contrast to these sentiments the poem concludes with 'your bolts and irons strong...were they forged in steel, they could not hold me long' (cited in AG 21). The poem, coupled with an

#### Sarah Streeter

excerpt from Susanna Moodie's *Life in the Clearings*, captures the ambiguous, unpredictable nature of Grace. Like the captive from the poem, Grace is described by Susanna Moodie as having 'a slight graceful figure' (*AG* 21) and Jordan also must not 'allow himself to be distracted by the transient charms of his model' (216). And yet, her 'curved chin' according to Moodie gave her 'a cunning, cruel expression' (*AG* 21). Grace is in all these ways a deliberately ambivalent character. Atwood places the reader in the same position as society or Dr. Jordon, ultimately needing to make their own judgments about Grace's innocence or guilt. Atwood places the emphasis not on Grace's innocence or guilt but rather on her ability to act strategically according to what she perceives to be the general social consensus. As Gillian Siddall suggests, Grace's identity is publicly created and Grace is aware that she cannot control society's perception of her (86). Indeed, after listing many contradictory statements which have been publicly made about her, Grace wonders: 'how can I be all of these different things at once?' (25)

As Siddall explains, 'her ability to see the ways in which her identity is constructed for her – and the extent to which she must negotiate those constructions within the confines of her imprisonment – are vital and strategic components of the novel' (88). Grace's strategic use of her perceived madness is motivated not by her guilt or innocence then, but rather by her understanding of social attitudes. Indeed, when Jamie Walsh sees Grace in court, Grace realises 'from being an angel in his eyes, and fit to be idolized and worshiped, I was transformed to a demon' (418). Grace understands that her best chance at freedom lies in her ability to convince

society that she is mad rather than a murderer, a perception that Grace rightly understands society would more readily accept.

Interwoven with excerpts from asylum warden's journals, confessions from newspaper articles and excerpts from Susanna Moodie's *Life in the Clearings, Alias Grace* is a textual quilt, made up of multiple fragments which Atwood weaves together, filling in the gaps fictionally where necessary (*AG* Afterword 542). Atwood's novel thus reveals the problematic process that Coral Howells terms 'the truth status of historical reconstruction' (140).

Quilting is both an important symbolic and literal theme throughout *Alias Grace* (Wilson 125). Grace weaves throughout the text and in her sessions with Dr. Jordan. Like Atwood, Grace compiles facts which she then weaves into a narrative, merging the fragments of her story into a whole. Similarly Atwood compiles facts and literary excerpts at the beginning of each of the fifteen sections of the novel which she then expands and manipulates into a story. Quilt designs preface each of the fifteen sections of *Alias Grace*, alluding to the potential themes in the coming chapter. Quilting is both symbolic of the constructed nature of Grace's narrative and Atwood's reconstruction of Grace's story as a novel. By exposing the chaotic process of recreating a past through the collection and manipulation of fragments of memory, Atwood highlights the constructed nature of an individual's personal history. As Atwood herself has asserted: 'Grace, too – whatever else she is – is a storyteller, with strong motives to narrate but also strong motives to withhold' (*In Search of Alias Grace* 1515). For every excerpt included, the reader is aware of

#### Sarah Streeter

those that were excluded from the tissues of memories, highlighting the mediated nature of life histories and what Wilson terms 'the pluralism of...truth' (133).

Writing in the 1990s, Atwood brings a twentieth-century feminist consciousness to this nineteenth-century case and rescripts Marks's story in ways that expose the pathologisation of a "deviant" femininity. As Atwood herself has commented, many of the notions of gender dichotomies examined in the novel are equally relevant to modern society, making *Alias Grace*, as Heidi Darroch suggests, a 'sophisticated critique of both the past and the present' (103). Atwood critiques gender ideologies that link women with madness but is equally critical of, and indeed exploits, the ideologies that position women as the feebler sex, linking women more readily with madness than murder. Indeed, Grace relies on the ideological link between women and madness to gain freedom.

*Alias Grace* also challenges many of the medical discourses and doctor/patient relations that helped to pathologise women in the nineteenth-century. Unlike narratives which have been used by doctors to pathologise and silence women, *Alias Grace* reclaims the voice of the silent woman through Grace's narrative. Coral Howells suggests that Atwood challenges masculine discursive authority by having Grace tell her story, providing a female historical perspective (140). In particular Atwood enables Grace to invert the power hierarchy of doctor/patient relations as exemplified by the Freud/Dora relationship through the relationship between Grace and Dr. Jordan. Although, as Darroch notes, *Alias Grace* is set in pre-Freudian times, Dr. Jordon's therapeutic methods create a similar power dynamic between patient and doctor that enables Atwood to engage with feminist

criticism of psychoanalysis and, in particular, write back to the relationship between Freud and Dora (107-8).

Atwood's inclusion of a particularly resentful housemaid named Dora also speaks back to the Freud/Dora relationship. Indeed, the cantankerous, domineering Dora has little respect for Jordan and the profession he represents. Jordan's inability to command respect from a lowly housemaid undermines his authority and inverts the original power hierarchy established between Dora and Freud.

Emblematic of his profession and era, Dr. Jordan embodies medical discursive power. Atwood invites the reader to observe, however, that it is Grace who has the ultimate power and control, which she manipulates through her narrative. Dr. Jordan's folly is suggested by the title of the fourth section of *Alias Grace*, "Young Man's Fancy", which introduces his personal and professional background through a series of letters. The title alludes to, amongst other things, Jordan's fancy that he has the powers of interpretation to outwit Grace and divulge her secrets. Atwood is quick to undermine Jordon's ability, however, Grace clearly outwitting Jordan in their sessions together. As Darroch suggests, Grace conditions her behaviour to match what she perceives Jordon to be expecting; thus 'Dr. Jordon is unwittingly conditioning Grace's narrative, despite his overwhelming desire to provide a blank screen on which Grace can project her own, unmediated truth' (117).

Dr. Jordan seeks Grace out in order to discover the truth about Grace's involvement in the Kinnear murders. Despite Jordan's best efforts to procure information from Grace, Grace eludes his questions, denying him access to the

#### Sarah Streeter

information about her that he most prizes: her dreams. After Jordan asks Grace if she remembers what she dreamt the night before she describes a long and detailed dream. To Jordan, however, she only replies: 'I can't remember, Sir. I can't remember what I dreamt last night' (116). Similarly, when Jordan attempts to lure Grace into conversation with a reference to the Book of Job, Grace pretends to miss the allusion. Despite understanding Jordon's implication that he means to test her, Grace explains to the reader: 'But I don't say this. I look at him stupidly. I have a good stupid look which I have practiced' (43). The reader appreciates the discrepancy between Grace's internal voice and the external narrative she constructs for Dr. Jordan. But, as Darroch suggests, the reader is denied access to Grace's internal narrative at the most crucial scene, robbing the reader of the ability to decipher Grace's innocence or guilt (117).

Atwood empowers Grace through allowing her to narrate her own story (Siddall 93). Indeed, although trapped in a marginal and powerless position, Grace can access power through Dr. Jordan and the position of hegemonic authority that he embodies. Grace is the sole source of information about events leading up to the murders and is therefore the only person who can explain her degree of culpability (103 Heidi Darroch). Jordan is therefore as dependent on Grace's reliability and honesty as a narrator as the reader is.

Through the careful manipulation of the information in her narrative, Grace is able to prime Jordan for her final hysterical exhibition or fit of "dual consciousness", as it is termed in the novel. After telling Jordan about the death of Mary Whitney, Grace notes: 'I heard her [Mary's] voice...right in my ear, saying

#### Sarah Streeter

Let me in' (207). Grace then explains that she must have misheard and that Mary wanted her to in fact let her out (207). Grace thus arouses doubts about her sanity in two ways. Her belief that she has heard Mary's voice indicates one level of mental instability but this is then compounded by the fact that she rationalises Mary's request: 'I must have heard wrong and she was saying *Let me out*' (207). Grace also includes her fainting incident as part of the narrative, stating: 'They said I lay like that for ten hours...when I did wake up I did not seem to know where Grace had gone. And then they told me that I myself was Grace' (208). Grace concludes the episode with 'I had no memory of anything I said or did during the time I was awake, between the two long sleeps; and this worried me' (208-9). Thus Grace carefully weaves a strain of mental instability into her narrative, which later she can exploit in the hypnosis scene.

When Grace does eventually tell Jordan about her dreams, she does so strategically, lacing the narrative with a hint of her duality. Grace explains that her recurring dream, in which she witnesses the murder of Nancy Montgomery, is why she was placed into an asylum, to which Jordan asks: "Only the dreams?" (365). Grace carefully replies: "They said they were not dreams at all, Sir. They said I was awake. But I do not wish to say any more about it" (365). Combined with the mention of Mary visiting her in her dreams the night before the murder took place, Grace's narrative ensures that the seeds for belief in split personality have been planted in Jordan's consciousness.

Atwood further calls the issue of Grace's innocence into question by including a meeting between Jordan and Grace's lawyer MacKenzie, in which

#### Sarah Streeter

MacKenzie openly tells Jordan that Grace was in his opinion "guilty as sin" (440). The interview also reinforces Grace's potentially divided nature. MacKenzie arouses suspicion about Grace's lasciviousness, claiming: 'She was besotted with me...Such melting and languorous glances! A hand placed on hers, and she would have thrown herself into my arms' (439). MacKenzie's testimonies are as unreliable as Grace's, however, as he may have been convinced by similar fantasies about Grace that society harboured. As Gillian Siddall suggests, 'the public representations of Grace... are... symptomatic of broader Victorian ideas of femininity and sexuality, and Grace becomes a titillating figure through which the public can articulate and consolidate those ideas' (84).

When Grace does eventually undergo a session of hypnosis with DuPont, she terrifies her audience, revealing in a callous voice how she murdered Nancy Montgomery. In response to the audience's shock and disappointment in Grace, Grace exclaims: "Stop talking rubbish... You've deceived yourselves! I am not Grace! Grace knew nothing about it!" (467). Thus Grace's strategic manipulation of her narrative culminates in the exhibition of the personality of Mary Whitney, who ostensibly has come to inhabit Grace. DuPont suggests that Grace suffers from "double consciousness", a disorder in which the patient exhibits a completely different personality under hypnosis, the two personalities existing unaware of each other in the one individual (471). As Darroch suggests, at this most crucial stage of the novel the reader is denied access to Grace's internal narrative and is consequently unable to know whether Grace deliberately orchestrated the incident or truly suffered from a split personality.

## Sarah Streeter

Alias Grace, although set at a historical period that predates *Dora*, is ultimately a contemporary novel and can therefore offer Grace far more opportunities for freedom and expression in the nineteenth-century than Dora has access to in the twentieth-century. Indeed, the texts analysed in this thesis reflect an evolving relationship between women and madness. Dora's voice is eclipsed by Freud, who manipulates her narrative into symptoms of hysteria. But for Marian, what is repressed becomes uncovered through the expression of her hysterical eating disorder. Similarly, Grace is able to gain freedom because of the tradition that links women with madness more readily than it links women with murder. Grace's freedom, however, like Marian's, is limited to socially prescribed gender restrictions. What separates the two protagonists is Grace's active manipulation and exploitation of the gender roles that confine her. Both novels explore what options are available to a woman who ultimately lives within captivity.

# Conclusion

This thesis has aimed to examine how the relationship between women and the tradition that associates them with madness has evolved. Mapping the origin of the phenomenon that is "women and madness", the thesis has witnessed how women have been both damaged and silenced by this positioning, and, within a feminist tradition, have come to reclaim it as a form of protest against patriarchy. Yet the tradition associating women and madness remains ambivalent within feminism. Juliet Mitchell, for instance, has suggested that the hysterical voice becomes a means for women to express themselves from within patriarchal discourse. Yet the effectiveness of embodying hysteria as a mode of expression is limited. Indeed, whilst engaging strategically with madness and hysteria enabled the protagonists of The Edible Woman and Alias Grace greater expression and freedom, the freedoms and expressions were still subject to the limitations of the protagonists' options as women within their social worlds. Marian's eating disorder alerts her to the danger of entering into a marriage with Peter, thereby enabling Marian to avoid a precarious union, but does not offer Marian anything beyond the limitations of her gender. Grace assumes a double personality (intentionally or unintentionally) to manipulate the tradition that associates women with madness and gains freedom from incarceration, but outside of prison she too is limited to the restrictions of her gender. Embodying the discourse of the madwoman or the hysteric may therefore not be empowering, but rather, a means of renegotiating power from a marginalised position within an unequal society.

As feminists have proposed, madness and hysteria are symptomatic not of a uniquely female problem, but rather of female positioning within patriarchy. Margaret Atwood has asserted that, although she does not consider herself a feminist, she believes that at the most fundamental level women deserve equality as human beings (Howells 2). In a postmodern era that rejects biologically determined gender roles, Atwood's comment is a reminder that the right to equality surpasses gender. And yet historically women have been coerced into complying with culturally prescribed behaviours that guarantee their subordinate position in society. The relationship between women and the tradition that links them with mental illness remains a contemporary phenomenon. Women are statistically overrepresented in relation to mental illness and are twice as likely to be medically treated for depression as men (Appignanesi Mad, Bad and Sad 6). But Appignanesi suggests that in the medical context, symptoms and diagnoses reflect dominant social perceptions of illnesses, explaining that 'illness is the product of a subtle interplay between cultural perspectives and what is also a shifting biological reality' (5).

Perhaps the question that modern society has to ask itself is why women still share this relationship with mental illness. Is the statistical overrepresentation of women suffering from mental illness reflective of a more mindful system of diagnosis in contemporary medicine, or is it rather a reflection of the same cultural inclination to link women with mental illness? Has society progressed beyond the medical and cultural tradition that links women with mental illness, or are women still trapped in a cultural tradition that, as Showalter asserted in her 1985 study *The* 

*Female Malady*, 'represents "woman" *as* madness, and that uses images of the female body...to stand for irrationality in general'? (4).

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