

Who's Afraid of Grace Marks? A Perspective of Feminist Disability Studies on Female Insanity in Margaret Atwood's *Alias Grace*

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Abstract

Disability studies generally aim at an analysis of how an impairment becomes a disability due to the society's definitions of normativity which do not encompass less-than-perfect bodies. Ever since its appearance in 1990s disability studies has focused on cultural and social contexts, thus going beyond the medical and biological discourse of disability. Consequently, a natural step in its development has been to combine disability studies with issues of race, class, gender and sexuality. Such agendas of disability studies as denaturalisation of disability and inclusion of dismissed (disabled) bodies give disability studies and feminism a common ground, thus leading to an emergence of feminist disability studies. Its focus on both feminine and disabled body as a source of identity and a struggle with stereotypes of the female disabled are the most often discussed aspects. The issue of mental disability, however, has not been as yet thoroughly researched. As a theory used for the study of literature, it has been proposed and applied by Elizabeth J. Donaldson. In 'The Corpus of the Madwoman' (2002) she put forward a hypothesis that a madwoman is not an avatar of a rebellious feminist but a corporealised reality. This view has been anticipated by Andrea Nicki's paper 'The Abused Mind' (2001), where she searches for a trauma, especially a bodily and a sexual one, to explain female insanity and fight with its stereotypes. This view will become the starting point for the analysis of the theme of female madness in Margaret Atwood's *Alias Grace* (1996). Using feminist disability studies, this paper will discuss Grace Marks' relation to her body and her femininity as well as traumas in her past to examine the function of the motif of madness in Atwood's novel and its role in the overall interpretation of the book.

Key Words: Feminist disability studies, trauma, Dissociative Identity Disorder, Neo-Victorian fiction, *Alias Grace*.

In Rosemarie Garland-Thomson's words, 'to denaturalise disability' is the primary objective of feminist disability studies.¹ Such an agenda requires a politicisation of the disability discourse; that is, replacing the medical perception of disability with its social and cultural reading as 'otherness'. Thus, a non-normative body should not be seen as 'a flaw, lack or excess,'² disability then would not be an undesirable pathology marking a subject as naturally deviant from normality, but rather a social label used to mark bodily difference with a stigma of aberrance.

The visibility of a given disability has a crucial impact on the subject's self-perception and identity; thus, it might be said that the embodiment lies at the heart of disability studies. However, if '[o]ne is not born, but rather becomes, a woman,'³ than the impaired are not born, but rather become disabled; the female impaired are thus doubly shaped by the social expectations, stereotypes and limitations. 'The female body, like the disabled body, never quite measures up and must be continually refashioned to fit social norms of beauty, fitness, and appropriate behaviour.'⁴ What happens to a female disabled body, then, is a double stigmatisation and abjection: '[i]f the male gaze makes the normative female a sexual spectacle, then the stare sculpts the disabled subject into a grotesque spectacle.'⁵ One can say that a female disabled body is both a sexual and a grotesque manifestation, an abject embodiment which haunts the margins of culture, both attracting and repulsing at the same time.

Similarly, Rosemarie Garland-Thomson defines disability as 'an assignment of aberrance to physical difference'⁶ and divides it into two subcategories which might, but not always do, coexist in one person. The functional disability is usually a chronic or acute illness, and it might or might not change a person's appearance, but it often brings an internal change as far as one's skills and abilities are concerned. The formal disability, on the other hand, is the external side of the illness or invalidism; these 'corporeal differences [are] usually pathologised as physical 'defects,' 'abnormalities,' or ... 'monstrosities.'⁷ In the light of this categorisation, mental illness might seem less crippling, as it apparently belongs to the functional category - it does not need to involve a physical deformation that would attract stares. However, even though the connection between the phenomenon of madness and the embodiment is not obvious at first, the mentally ill need to grapple with their own set of pathologising and disabling stereotypes. The dismissal of the mentally ill, even if does not involve a physical deformity, is based on the prevalence of reason and logos; the insane, representing the lack of reason, are silenced and marginalised; the irrationality and incoherence of the mad language result in an apparent lack of language altogether. Another part of the disability studies agenda is then regaining the dismissed voices and recreating the silenced experience of madness.

The figure of a madwoman as a feminist rebel, popularised in academia since the publication of *The Madwoman in the Attic* (1979) by Sandra Gilbert and Susan Gubar, or later *The Knotted Subject* (1998) by Elizabeth Bronfen and symbolised by triumphing Bertha on the roof of the burning Thornfield, has been criticised by most of the postfeminists. As it has been noted by Marta Caminero-Santangelo in *The Madwoman Cannot Speak* (1998), female madness constitutes an obvious paradox: the subversiveness of a madwoman is paired with her inability to express herself, her lack of language (due to its irrationality but also lack of - often male - listeners/doctors ready to give her credibility) and retreat into the world of fantasy.⁸ Feminist disability studies also reject the 'romanticisation' of madness as

rebellion, as it has been called by Elizabeth Donaldson,⁹ as unfair and even debilitating for mentally ill women; similarly, it has been recognised by Jane Ussher that a typical reading of madness by second-wave feminism is counterproductive for many female psychiatric patients, because '[i]t places the burden of change on the woman herself, implying that if only she expressed her anger, realised the root of her oppression, demanded equality and refused to be pathologised, she would be fine - or at least happy ...'¹⁰ Elizabeth Donaldson, on the other hand, calls for an embodiment of mental illness. By that she understands recognising a physical aspect of insanity and the 'reality' of illness; she claims that 'theories that pay attention exclusively to the social causes and construction of mad identity while overlooking the material conditions of the body, and the body as a material condition, have a limited political scope.'¹¹ However, in the study of embodied madness female disability studies also cannot dismiss the social and cultural aspect, as it is responsible for marginalisation of the mentally ill women.¹² Thus, a golden means should be proposed, where a simultaneous study of the aetiology, psychopathology and the embodiment of madness is conducted together with its representation and reading in culture.

In her proposal of the agenda for the study of mental illness within the field of feminist disability studies Andrea Nicki focuses on trauma as a key element enabling an inclusion of the mentally disabled.¹³ Trauma as aetiology of hysteria has been recognised by Sigmund Freud in 1896 - in his lecture for the Viennese Society for Psychiatry and Neurology, he claimed that 'at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience.'¹⁴ Nine years later, however, he revised his opinion, claiming that the sexual encounter with a parent needs only to be imagined to serve as a trigger for hysteria, which today the critics of Freud's theory dismiss as a betrayal of a female patient.¹⁵ At the bottom of this critical shift in Freud's thought lay a disbelief that sexual abuse in families can be as prevalent as hysterics' accounts would suggest. In 1976 the *Comprehensive Textbook of Psychiatry* would still claim that father-daughter incest was as rare as one in a million. The 1980s, however, brought a change and criticism of rendering the female trauma in the realm of the fantastic.¹⁶ Judith Herman, for example, discussing the famous case of Dora, criticised Freud for founding the dominant psychological theory of the 20th century on 'the denial of women's reality.'¹⁷ Instead, a new diagnosis has been proposed by the psychiatrists of the 1980s: Post-Traumatic Stress Disorder. In case of prolonged childhood abuse the symptoms of PTSD might include, among others, an intrusive recall of a traumatic experience and amnesia; and if blocking out the reality and entering a trance-like state becomes a habitual self-preservation mechanism, alternative personalities can emerge.¹⁸

Margaret Atwood, the author of *Alias Grace* (1997), seems to be aware of these developments in the history of trauma and female psyche, although it has been noted that she took some liberties as far as the historical accuracy of her references

is concerned.¹⁹ The novel is based on what documents and accounts are available to tell the story of the mysterious murder of Thomas Kinnear, Grace Marks' employer, and Nancy Montgomery, his housekeeper and lover, which took place in Canada on 23 July 1843. Grace and her accomplice James McDermott were captured soon afterwards and found guilty. Young and apparently mentally handicapped, Grace was shown mercy and sentenced to life imprisonment for the crime of which she claimed she was innocent. The novel is structured around the central symbolic image of a patchwork, as it is partly made of historical documents and folk accounts of the story, and to a certain extent constitutes a fictionalised semi-confession told by Grace herself; it also includes the perspective of a fictional figure, Dr Simon Jordan, a pre-Freudian alienist who tries to cure Grace's amnesia and uncover the truth. Hilde Staels sees in the central dilemma of the novel - whether Grace is really guilty - a reference to detective fiction; but it is a postmodern play with the genre, where the reader is the actual detective.²⁰ However, their attempt to find a clear resolution of the textual mystery is futile - the novel is a postmodern, open-ended interpretation of the tragic events, and there are as many interpretations as readers/detectives. This multifariousness is represented by the several opinions presented at the end of the novel, where several characters comment on a mesmerist séance during which a voice of Grace's dead friend Mary Whitley confesses to be the murderer.²¹ Jerome du Pont, a fictional mesmerist and James Braid's student, claims that the only explanation is double consciousness; Reverend Verringer notices that in the past Grace would be said to be possessed by a demon;²² Mrs Quennel, an advocate of spiritualism, believes that it is the ghost of Mary Reilly who haunts Grace;²³ and finally, Grace's former doctor from the asylum, Dr Bannerling, proposes what he claims is the most obvious and down-to-earth explanation: moral degeneration.²⁴ The truth, however, is obscure, and none of those possible resolutions can be perceived as the ultimate one. Nevertheless, the feminist disability studies as a methodological tool used for the interpretation of the novel allow us to see a hidden element of the puzzle, one which is more elusive than the others. These hidden clues make the reader realise that Grace's amnesia may not be a ruse nor a lie, but might be caused by a trauma which was deeply connected to her experience of femininity and sexuality, which in turn led to Dissociative Identity Disorder.

In the central position in *Grace Marks'* life are the three women, who through their death became the most abject images in the novel. They are, in turn, Grace's mother, who died from a tumour on the ship to Canada, Mary Whitney, Grace's 16-year-old servant-friend who died of a botched abortion, and Nancy Montgomery, Kinnear's housekeeper, lover and ultimately, Grace's alleged victim. In all three cases, the women were the victims of their own desire; the connection of the maternal body with the dead body stands in the novel for a warning against the female sexuality and 'mortal perils of reproduction.'²⁵ Julia Kristeva's concept of the abject, seen in terms of the body, is represented by bodily fluids, waste, and

a corpse, to signify disorder, death, and transgression. The image of the dead, wounded, lusting and lusted for female body haunts the text as a presence which is threatening for the Victorian discourse.²⁶ Female corporeality in *Alias Grace* seems to be both attractive and repulsive, and Grace herself represents this paradox: on the one hand, as a murderess and a madwoman, she represents the menacing Other, but her innocent appearance and femininity attract the male gaze and inspire lust.

The death of these three women and the resulting encounters with the abject female bodies constitute traumatic experiences in Grace's life. However, a trauma strong enough to result in a creation of a Dissociative Identity Disorder has to be looked for in those parts of Grace's narrative which are disrupted and blank, in 'repression, silence, ellipsis, elaboration, and fantasy.'²⁷ Peonies, a symbol of Nancy's murder and its trauma, only grow in 'the soil which is emptiness.'²⁸ Thus, they symbolise the painful memories that stem from the trauma represented in the ellipses in Grace's narratives. The most obvious explanation would be the traumatic memory of the brutal murder committed in Mr Kinnear's house; however, the aforementioned symptoms of PTSD which might lead to DID are usually caused by the trauma of childhood sexual abuse. Such symptoms are, surprisingly, also visible in the novel. They include the recurring vision, appearing both in a dream and in reality, of a man who blocks the cellar door, as well as chronic amnesia which starts with Mary's death, and finally an apparent series of trance-like states, of which Grace is not aware, and during which she apparently committed or was an accomplice in the murder of Mr Kinnear and Nancy - all of these would suggest that Grace is a sufferer from PTSD. The erratic visions and dreams can also provide evidence for Grace's possible sexual abuse in childhood. Hilde Staels provides several such quotations,²⁹ most prominently the apocalyptic dream about a man who restrains Grace and caresses her from behind; she comments: '[it was] someone I knew well and had long been familiar with, even as long ago as my childhood, but had since forgotten; nor was this the first time I'd found myself in this situation with him.'³⁰ Some other visions include remembered dialogues which also would suggest abuse and intimidation:

I know you're hiding from me, come out at once or I'll have to
find you and catch you, and when I've got hold of you, then who
knows what I will do.
I'm keeping very still behind the door, I can hear my own heart.
Oh no, oh no, oh no.
Here I come, I am coming now. You never obey me, you never
do what I say, you dirty girl. Now you will have to be punished.
It is not my fault. What can I do now, where can I turn?
You must unlock the door, you must open the window, you must

let me in.³¹

Grace also mentions dreaming about someone watching her, someone covering her mouth with their hand in her sleep, or someone dragging her out of her bed.³² Such visions might suggest memories of abuse so repressed that they become elusive also to the reader, who might easily dismiss those fragments as elements of the rumblings of a madwoman. Thus, the twists and turns of a traumatised psyche are also reflected on the level of narration that is used to represent it.

The narrative enigma of the unresolved mystery might be perceived as a choice between two interpretations: Grace is either a sufferer from a mental illness, called double consciousness, or she is possessed by a ghost of her deceased friend. It seems that feminist disability studies would support the former interpretation, claiming that the madness she suffers from is the trauma-induced Dissociative Identity Disorder. However, on a metaphorical level it might be concluded that Grace Marks is actually both mad and haunted - by a traumatic memory of sexual abuse. Mary Whitley, her alternate personality and her ghost, is the embodiment of Grace's internalized anger, but she also stands for all that is suppressed in Grace: a capacity for laughter and a satisfying friendship and an ability to rebel against the abjection and abuse of a female body.

Notes

¹ Rosemarie Garland-Thomson, 'Feminist Disability Studies', *Signs* 30, No. 2 (2005): 1557.

² Ibid.

³ Simone de Beauvoir, *The Second Sex*, trans. and ed. H. M. Parshley (London: Vintage, 1997), 295.

⁴ Monica J. Casper and Heather Laine Talley, 'Feminist Disability Studies', in *The Blackwell Encyclopaedia of Sociology*, ed. George Ritzer (Oxford: Blackwell Publishing, 2007), 1697.

⁵ Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 26.

⁶ Rosemarie Garland-Thomson, 'Redrawing the Boundaries of Feminist Disability Studies', *Feminist Studies* 20, No. 3 (1994): 589.

⁷ Ibid.

⁸ Marta Caminero-Santangelo, *The Madwoman Cannot Speak: Or Why Insanity Is Not Subversive* (Ithaca, N.Y.: Cornell University Press, 1998), 2.

⁹ Elizabeth J. Donaldson, 'The Corpus of the Madwoman. Toward a Feminist Disability Theory of Embodiment and Mental Illness', *NWSA* 14, No. 3 (2002): 101.

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- ¹⁰ Jane M. Ussher, *Women's Madness: Misogyny or Mental Illness?* (New York and London: Harvester Wheatsheaf, 1991), 236.
- ¹¹ Donaldson, 'The Corpus of the Madwoman', 102.
- ¹² Andrea Nicki, 'The Abused Mind. Feminist Theory, Psychiatric Disability and Trauma', *Hypatia* 16, No. 4 (2001): 89-91.
- ¹³ *Ibid.*, 97.
- ¹⁴ Sigmund Freud, 'The Aetiology of Hysteria', in *The Freud Reader*, ed. Peter Gay (New York and London: W. W. Norton Company, 1989), 103.
- ¹⁵ Heidi Darroch, 'Hysteria and Traumatic Testimony. Margaret Atwood's *Alias Grace*', *Essays on Canadian Writing* 81 (2004): 103-121.
- ¹⁶ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2009), 480-481.
- ¹⁷ Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 14.
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- ¹⁹ See Judith Knelman, 'Can We Believe What the Newspapers Tell Us? Missing Links in *Alias Grace*', *University of Toronto Quarterly* 68, No. 2 (1999): 682, and Darroch, 'Hysteria and Traumatic Testimony', 108.
- ²⁰ Hilde Staels, 'Intertexts of Margaret Atwood's *Alias Grace*', *Modern Fiction Studies* 46, No. 2 (2000): 432-436.
- ²¹ Linda Morra, 'Articulating Madness: the Foucauldian Notion of Madness and Margaret Atwood's *Alias Grace*', *West Virginia University Philological Papers* 45 (1999): 124.
- ²² Margaret Atwood, *Alias Grace* (London: Virago, 1999), 470-471.
- ²³ *Ibid.*, 467.
- ²⁴ *Ibid.*, 504.
- ²⁵ *Ibid.*, 778.
- ²⁶ Amelia Defalco, 'Haunting Physicality: Corpses, Cannibalism, and Carnality in Margaret Atwood's *Alias Grace*', *University of Toronto Quarterly* 75, No. 2 (2006): 772.
- ²⁷ Janet Walker, 'The Traumatic Paradox: Documentary Films, Historical Fictions, and Cataclysmic Past Events', *Signs* 22, No. 4 (1997): 814.
- ²⁸ Atwood, *Alias Grace*, 344.
- ²⁹ Staels, 'Intertexts of Margaret Atwood's *Alias Grace*', 437.
- ³⁰ Atwood, *Alias Grace*, 326.
- ³¹ *Ibid.*, 344-345.
- ³² *Ibid.*, 303.

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