

Hystoriographic Metafiction: The Victorian Madwoman and Women's Mental Health in 21st-Century British Fiction

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Abstract:

At the turn of the new millennium British fiction obsessively returns to the nineteenth and early twentieth centuries. In this revisiting, authors often show a special interest in medical discourses and narratives surrounding women and madness and the ways in which these contemporary discourses were informed by constructions of gender and sexuality. Hence, mad doctors, madwomen and lunatic asylums have become popular characters and settings for these hystorical metafiction, which thematise doctors' misreadings of patient narratives, that is, of both women's physical symptoms and their own descriptions of them. Medical discourses and narratives surrounding madness are, then, exposed as reflections of the male doctor's rather than the female patient's anxieties, and in a wider context they thus signify society's deepest fears and ideologies. Through a textual analysis of Michel Faber's *The Crimson Petal and the White* (2002), Sebastian Faulks' *Human Traces* (2005) and Maggie O'Farrell's *The Vanishing Act of Esme Lennox* (2004), this article points up that these recent examples of British historical fiction can themselves be read as gendered case histories of twenty-first-century British society and that, hence, they do not only critically explore past but also reflect present gendered issues concerning women's mental health.

Introduction

1 At the turn of the new millennium British fiction compulsively returns to and rewrites the nineteenth and early twentieth centuries, often to revisit, expose and critically comment on the dominant and shifting contemporary discourses of gender and sexuality. Neo-Victorian fiction in particular has become known for its almost obligatory illustrations of explicit sex, homosexuality, prostitution and female madness, but historical fiction concerned with the first half of the twentieth century (neo-Modernism, if one wants to follow the terminological pattern) has shown equal interest in representations of the historical development and legacy of nineteenth-century gendered discourses and narratives concerning the roles of patients, practitioners and institutions following Queen Victoria's death and World War I.

2 Scholarship of the last four decades has shown that throughout history medical narratives of mental illness, such as case histories, diagnoses or patient classifications, reveal as much, if not more, about the cultural politics of the society they were conceived in as about the patients and symptoms they are intended to describe.¹ As is evident in the amount of cross-disciplinary studies concerned with nineteenth-century gendered concepts and theories

¹ See studies such as Elaine Showalter's *The Female Malady* (1985), Michel Foucault's *Madness and Civilisation: A History of Insanity in the Age of Reason* (1961), or Lisa Appignanesi's *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (2008).

of madness and its manifestations, the Victorians have become a particularly illustrative example of this phenomenon because of the ways in which their gender ideologies influenced and indeed determined their medical theories on women's mental constitutions. What this article seeks to investigate are the possible reasons for and significance of British twenty-first century fiction's return to periods in which the field of mental health came into being and developed into a splintered discipline, contested by neurologists, alienists, pathologists, psychiatrists and psychoanalysts.

3 All of the texts considered in this discussion engage, to different extents, in a voicing of the historically silenced narratives of the female insane and in feminist re-vision, performing what Adrienne Rich famously defined as "the act of looking back, of seeing with fresh eyes" (35). Set for the most part in the *fin de siècle*, Sebastian Faulks' *Human Traces* (2005) is concerned with misreadings of the female body and its symptoms and, through this, explores the power relations and manipulative narratives of the discipline which was, then, yet to become known as psychoanalysis. *The Crimson Petal and the White* (2002) by Michel Faber creates a more complex network of factors which create and contribute to the insanity of the novel's madwoman, from strictly physical afflictions to traumatic experiences and oppressive gender constructions. With its juxtaposed settings of 1930s and late twentieth-century Scotland, Maggie O'Farrell's *The Vanishing Act of Esme Lennox* (2006) demonstrates how medicine aids social norms and ideals by overwriting and hence eradicating the narrative and existence of Esme, a healthy girl who is incarcerated in an asylum for her adolescent rebellion against and struggle with the cultural expectations towards her sex.

4 My textual analyses aim to situate twenty-first century fiction within an interdisciplinary critical framework of questions: if, as Freud feared in his *Studies on Hysteria* (1895), psychoanalytic case histories can "read like short stories" (231), can novels in turn read like case histories of the societies and cultures of which they are products? If texts such as Charlotte Brontë's *Jane Eyre* (1848), Wilkie Collins' *The Woman in White* (1860), or Mary Elizabeth Braddon's *Lady Audley's Secret* (1862) were able to "put the many concerns Victorians had about insanity into dramatic perspective" (Appignanesi 87), then do their twenty-first century counterparts the same for issues surrounding women as practitioners and patients within the field of mental health in Britain at the turn of the new millennium? I will suggest that by returning to the nineteenth century, "the period when the predominance of women among the institutionalized insane first becomes a statistically verifiable phenomenon" (Showalter, *The Female Malady* 52), and to the post-war period, a time of "renewed conservatism about sex roles and gender issues" (*The Female Malady* 197), these

novels participate in the writing of what Showalter has termed *hystories*, that is, the histories of hysteria, whilst also being aware that they are themselves conditioned by socio-cultural context, first and foremost by postmodern and feminist theories, which they set out to critically explore. Combining the theories of Showalter *Hystories* and of the genre Linda Hutcheon has coined historiographic metafiction, these novels thus “express the age as much as the disorders they analyse” (Mark Micale quoted in Showalter, *Hystories* 7).

Overwriting the Female Body: Psychoanalytic Practice in *Human Traces*

5 The narrative of Faulks’ *Human Traces* follows the lives of Englishman Thomas Midwinter and the French Jacques Rebière. Both medical students, the young men discover their shared passion for the science of the mind when their ways cross at the age of twenty around 1880. Each of them is, initially, interested in the different theories and practices prevalent in the other’s country, but their intellectual paths soon divide as their careers progress. As Thomas explains, he and Jacques “are in the same room, but [...] looking out of different windows” (413), since Jacques’ “guiding light” (413) is Charcot and his Darwin. Throughout the plot, Thomas emerges as the contemporary voice of medicine as his theories are modelled on philosophical, humanistic and anthropological studies of more recent decades.² However, it is Jacques – the novel’s Sigmund Freud - on whom I would like to focus first and foremost. His desire to study the human mind is motivated by his determination to cure his older brother Olivier from a mental illness he developed in late adolescence. Olivier, who is forced by his father to live in chains in the stable, is important to the young doctor mainly because their mother, who died giving birth to Jacques, is metaphorically locked up with his brother, since Olivier’s memories of her are Jacques’ only access to information about her. Jealous of his brother’s recollections – however fragmented and incomplete – Jacques becomes obsessed with the search for a cure for Olivier’s mental disorder and, considering this desire for his absent mother, it is not surprising that towards the *fin de siècle* he is increasingly drawn to the then emerging discipline of psychoanalysis.

6 In the Austrian countryside sanatorium he and Thomas have opened together, Jacques takes on the case of Fräulein Katharina von A, also known as Kitty. In the first paragraphs of his report, he records her as “a young woman, aged twenty-five years, [who] had been complaining for some time of severe lower abdominal pain, accompanied by infrequent vomiting” (379) and “in addition [...] reported chronic joint pain in the shoulders, elbows and

² In his notes and acknowledgments Faulks cites Jaynes; Horribin, and the works of Professor T.J. Crow, Professor of Psychiatry at Oxford University, as the major influences for the theories Thomas develops and presents in the later parts of the novel.

fingers” (380). This is where Jacques’ scientific observations end. Instead of starting his treatment with a physical examination to either determine the physical cause of Kitty’s pains or to eliminate any potential physical reasons for her illness, Jacques immediately begins to probe his patient’s social background and life story to establish grounds for a psychoanalytic analysis of her problems. From the outset, he is convinced that Kitty is “a young woman of outstanding character” (379) as well as “of considerable education and self-possession” (380), but he also quickly forms the opinion that all these traits merely mask the hysteria which must be lingering underneath, that “the initial impression that this evidently thoughtful young woman gave to the world concealed an extremely troubled interior life” (382). Despite his observation that Kitty “seemed bemused by her symptoms” (381), he attributes her ability to bear her suffering to “what Charcot called the *belle indifférence* of the hysteric” (382, emphasis in original), that is, the patient’s lack of concern regarding the causes and consequences of his/ her symptoms.

7 An adaptation and amalgamation of the cases of Freud’s Ida Bauer (Dora) and Emma Eckstein, as well as of Josef Breuer’s Bertha Pappenheim (Anna O.),³ Jacques’ fictions regarding the connection between Kitty’s physical pains and her life and sexuality grow increasingly improbable as his treatment of her continues. Like Freud’s Ida, Kitty has had homosexual fantasies and encounters as an adolescent and, like both Ida and Bertha, she has experienced brief losses of her ability to speak. Similar to the case of Emma - in which Freud persisted there were psychological reasons for a bleeding which had, in fact, been caused by a half-meter gauze which was left in Emma’s nasal cavity after a surgery – Jacques insists in the psychological causes of Kitty’s afflictions, which are later revealed to originate from ovarian cysts and rheumatic fever. Like Freud, then, Jacques misreads the narrative of Kitty’s bodily symptoms. His determination to find traumatic sexual encounters as the causes of Kitty’s somatic troubles leads him to several astonishing interpretations of her relationships with friends, parents and lovers.⁴ Once his patient has told him about her affectionate relationship with her father, her fear of small animals, her homosexual desires and experiences as an adolescent, her subsequent habit of masturbating and her anger at her dying father’s replacement lawyer entering her bedroom without knocking, Jacques believes that this information provides him with “a fairly clear picture of the trauma that had precipitated her hysteria” (390). Not only that, but he is certain that this picture “must by now also be

³ See Lisa Appignanesi and John Forrester for detailed descriptions and analyses of these cases.

⁴ I will only refer to parts of the case history which are particularly illustrative of my point here. For the full case history see *Human Traces* 379-98.

taking shape in the mind of anyone to whom the outline of the case has been related” (390). Hence mistaking his approach and interpretation of the case as common sense, he finds that

beyond doubt [...] a traumatic incident had been deliberately suppressed by her conscious mind because she found the implications of it intolerable [and] this sum of psychological excitation, being denied proper release, had converted itself easily through the pathways of somatic innervations into the distressing symptoms. (391)

Yet, Jacques believes himself an objective observer, much like his idol Charcot, who despite his sensational stage performances famously explained: “I am absolutely only the photographer; I register what I see” (qtd. in Showalter, *The Female Malady* 151).

8 In his version of Kitty’s life story, Jacques claims that her abdominal problems, which first occurred when she heard of her father’s death, not a reaction to the loss of a man she had been close to, but are supposedly a sign of her desire for her father’s lawyer, Herr P, whom she has always disliked.⁵ Kitty’s anger at Herr P’s abrupt entrance on an occasion before her father’s death is, consequently, also easily explainable: not only was it actually Herr P – rather than his replacement – who entered the room that day but he also, contrary to Kitty’s memory and narrative, caught her masturbating. The aphonia Kitty reports to have experienced twice in her life is therefore, too, magically explained, since it is apparent to Jacques that at the time Kitty was caught masturbating, she was also fantasising about performing an act of fellatio on Herr P, which later physically manifested itself in the loss of her ability to speak. Finally, and possibly both most amusingly and disturbingly for the modern reader, Kitty’s fear of small animals apparently stems from the nickname “little weasel” (393), which she was given by Frau E, the woman with whom she had her first sexual encounter. To Jacques, the significance of this is that

in Katharina’s unconscious, the act of masturbating had become associated with the idea of small animals in their holes or burrows; doubtless Frau E-’s successful manipulation had involved the appearance of the clitoris from within its protective hood, like a timid animal that subsequently withdrew. (393)

Sexual fantasy, vivid imagination, and professional ambition merge, here, into one. Jacques plans to present and receive praise for his case history at a symposium in Vienna, an event at which the surely predominantly male audience would ponder collectively and scientifically over women’s “timid” and animal-like genitals during lesbian intercourse. Once Jacques has finished his “psychophysical resolution” (420) of Kitty’s case, the last step towards a cure, so he believes, is for her to accept his fiction as her own narrative, one he insists reflects the true traumatic events responsible for her physical illness. However, to his surprise, Kitty is

⁵ This is not dissimilar to the way in which Freud, in the case of Ida Bauer, argued that Ida’s desire for and relationship with Frau K was actually a displaced desire for Frau K’s husband, Herr K.

unwilling to believe his invention of events which never happened and he notes: “Fräulein Katharina [...] would not concede that the incident I had *interpolated* into her story was necessarily true [and] she was not in a position to recognise it as something she had actually experienced: I believed it would have taken hypnosis to achieve that” (397-98, emphasis added). Jacques’ unconscious intention with Kitty is therefore the same as Freud’s was with Ida, namely “to penetrate the sexual mysteries of [...her] hysterical symptoms and to dictate their meanings to her” (159).

9 Yet, despite these clear representations, Faulks lacks confidence in his readers (and in Kitty) to recognise the at best suspicious nature of the medical narrative Jacques has constructed. It is Thomas, who, having been asked by Jacques to give his opinion on the case history, instantly realises that Kitty is by no means a hysteric, but instead suffers from rheumatic fever and, as the hospital surgeon finds, has two cysts in one of her ovaries. With Thomas thus having heroically rescued Kitty from the potentially fatal misdiagnosis of his partner, Faulks feels the need to explain to us, step by step, the flaws of Jacques’ analysis in a painfully unsubtle way, namely by presenting us with Thomas’ written evaluation of the case. For Thomas, whom the modern reader is clearly supposed to trust and identify with, the problem with Jacques’ practice of psychoanalysis is his lack of consideration for physical symptoms and causes of illness, his misreading of them as a narrative which suits the needs of his theories and interpretations rather than serving an effective diagnosis and treatment of the patient. As Thomas aptly puts it, for Jacques even Kitty’s “apparent sanity is a symptom of her insanity” (429, emphasis in original) and, therefore, “she is trapped either way” (429). In fact, the only consistent rule underlying Jacques’ analysis of Kitty’s life, sexuality and dreams is, as Thomas cynically observes, that “everything is the opposite of what it seems – unless it is not, when it may be itself again. Anything can represent anything else – or its opposite!” (433). For Thomas, a firm believer in the potential of emotional care, it is not the act of talking as a therapeutic method which is at fault, but the fact that Jacques abuses his patient’s narrative to construct his own story. Jacques’ aim is, consequently, not to cure his patient by whatever means, but to find what he wants to find, that is, to alter Kitty’s narrative with his rigid, still underdeveloped theory rather than shaping his theory with consideration of her narrative. Thus mirroring the way in which “some of the openness to women’s words and feelings displayed in *Studies on Hysteria* had become codified in the interests of Freud’s emerging psychoanalytic system” (158), Jacques’ supposedly scientific case history, then, is more representative of the male doctor’s than the female patient’s fears and desires. Appignanesi argues that today, “depending on the interpreter or historian,” Freud is either

“the heroic conquistador of the secrets of the unconscious, the great innovator whose talking cure definitively altered the treatment of madness, or the manipulative fraudster who launched a movement out of a mixture of fabrication and speculation” (194), and in Jacques it becomes clear that, for Faulks, he is certainly the latter.

10 Despite this critique of psychoanalysis as male overwriting of women’s narratives, from a feminist point of view *Human Traces* evokes a sense of disappointment. The cases of Ida Bauer, Emma Eckstein and Bertha Pappenheim have all acquired feminist significance in their own rights: Ida’s story has become an admired expression of female homosexuality, her decision to walk out on Freud and quit his treatment has been championed by feminists of various camps, providing, as Emma’s case, “a paradigm case for catching patriarchy with its pants down” (Appignanesi and Forrester 146). Similarly, Bertha’s hallucinations and her frequent loss of the ability to speak her native tongue have been considered as feminist rejections of the patriarchal order (see Hunter). However, although Faulks utilises these cases in his construction of Kitty, the novel lacks a gendered critique of psychoanalysis and its power relations, as its interrogations of mental health practices remain strictly scientific ones. Accordingly, the story’s female characters are of little consequence. Unlike Ida with Freud, Kitty does not walk out on Jacques, but has to be rescued from his misdiagnosis by Thomas instead. Even though she does not fall in love with her psychoanalyst, like Bertha did with Breuer, she does eventually marry her heroic rescuer Thomas and, ironically, does not become the first female analyst as Bertha did, but is content with co-managing the sanatorium’s accounts. Sonia, Thomas’s sister and Jacques’ wife, as well as Kitty are generally portrayed as relatively witty and intelligent, but they always remain within the realm of the famous angel of the house and act as their husbands’ complements, not their equals. Sonia in particular is repeatedly noted to be perfectly content and fulfilled by her role as mother and (betrayed) wife. Thomas is the rescuer of helpless women throughout the novel, from his secret removal and employment of two misdiagnosed and ill-treated inmates (Daisy and Marie) from an English asylum, to Kitty, with whom he falls in love when he reads her case history before having really met her. Whilst the ambiguous power relations of psychoanalysis are critiqued, they are reinstated through Thomas’ relationships with these female characters. Daisy tells him towards the end of the novel: “You gave us a life [...]. It was like being born again into a better world” (771-72). The modest and good doctor supposedly employed his power for the right purposes, but nevertheless the women he has rescued now fall on their knees before him to display their infinite gratitude – an ambiguous liberation.

11 Through the novel's continuous and at times tedious representations of the minute details of medical theories on mental illness on the one hand, and its underdeveloped female characters and their always limited or ambiguous powers on the other, Faulks' novel, as a contemporary medical narrative, exemplifies – intentionally or unintentionally – the ways in which medicine, particularly in the area of mental health, can overwrite women's bodies and the stories they tell.

Models, Not Martyrs: Hysteria as Feminism in *The Crimson Petal and the White*

12 Faber's *The Crimson Petal and the White*, set in 1870s London, presents us with a woman whose physical afflictions, like those of Faulks' Kitty, are misread. Agnes is the twenty-three year old wife of William Rackham, heir of Rackham Perfumeries, who in the course of the story falls in love with a prostitute, the novel's heroine Sugar, whom he eventually installs in his home as governess of his daughter Sophie. Even before illustrating the nature of Agnes' suffering, the narrator makes it clear that those practitioners of medicine who consider themselves specialists in women's health are not to be trusted. Doctor Curlew, Agnes' physician, is cynically described as completely unqualified when it comes to the treatment of women, or indeed any human. Curlew is

highly skilled, with a long list of initials after his name. To give but one example, he can dissect a pregnant rabbit for the purposes of anatomical study in ten minutes and can, if required, pretty well sew it back together again. He enjoys the reputation, at least among general physicians, of being something of an expert on feminine illness. (80)

Unlike Faulks, Faber is not keen on providing a detailed fictionalised account of the medical analyses which deem his madwoman insane, but instead we are told that, for this story, it is the consequences of Victorian theories on women's mental health which are important. Where Faulks persists in educating us and, hence, silences his novel's women, Faber foregrounds the female patient's experiences rather than the doctor's theories: "You may be forgiven," the narrator tells us about Curlew's medical monologues, "for losing the thread of the good doctor's thesis, but rouse yourself for his conclusion" (80). His conclusion, in short, is that his concern is not really Agnes' wellbeing, but rather the influence her illness has on her husband, who may well irrevocably go mad himself if he does not follow Curlew's advice and rids himself of his hysterical wife by installing her in an asylum; unlike her, Curlew points out to William, "you and I have no womb that can be taken out if things get beyond a joke" (80). Curlew and other practitioners, then, do not work for the benefit of women patients, but for that of their male guardians.

13 Once we have thus been indirectly introduced to Agnes through these discredited male voices, we gain insight into her own narrative. His wife's worst lapses, according to William, have been when she "laughed when there was nothing to laugh about [and] didn't laugh when there was. Shouted nonsense, warned people against invisible dangers. Crawled under a dinner table once, complaining the meat had blood in it" (296), but we soon learn that there are at least four (partly interconnected) reasons for this behaviour which her husband and doctor label as hysterical: a tumour, her physician, Victorian constructions of middle-class femininity, and a traumatic childhood and adolescence. Similar to Faulks' Kitty, there is a misread bodily narrative, but this time it is due to medical discoveries which have not yet been made: "Inside her [Agnes'] skull, an inch or two behind her left eye, nestles a tumour the size of a quail's egg [...]. No one will ever find it. Roentgen photography is twenty years in the future" (219). Apart from this medical explanation for her behaviour, it is not surprising that Agnes' mental health is withering away slowly but surely, given the nature of the weekly treatments she receives from the ill-qualified Curlew. During his visits, Agnes must not only endure the application of leeches, but also "[roll] onto her side so that Doctor Curlew can reach deeper inside her [...]. He is trying to find Agnes's womb, which to his knowledge ought to be exactly four inches from the external aperture" (165).

14 Many of Agnes' troubles also originate in her upbringing as a middle-class Victorian woman. Knowing "nothing of her body's interior" (219), menstruation is a mystery to her and although Curlew could have enlightened her, he "never has, because he assumes his patient can't possibly have married, borne a child and lived to the age of twenty-three without becoming aware of certain basic facts. He assumes incorrectly" (236). Agnes' unawareness is a typical product of the "prudery and embarrassment [which] prevented many mothers from preparing their daughters for menarche" (Showalter, *The Female Malady* 56) and consequently her rationale for her menstrual cycle is that "bleeding is the manifestation of serious illness [...]. The affliction began when she was seventeen, was cured by prayer and fasting and, after her marriage, it stayed away for almost a year" (236-37). Thus left in darkness regarding the workings of her own body, Agnes is, ironically, still expected to perform her duty as a wife on her wedding night and bear William a child. Unprepared for any of this, the loss of her virginity, her subsequent pregnancy and the act of giving birth are all inexplicable and highly traumatic experiences for her, so traumatic in fact that the man responsible for them, William, "loses her trust forever [...]. However hard he tries to win her forgiveness, she can never forgive" (220). Agnes' diary entries show that she is at a loss for explanations even when the unborn baby is growing inside her: "*Riddle: I eat less than ever I*

did before I came to this wretched house, yet I grow fat. Explanation: I am fed by force in my sleep" (617, emphasis in original). Although William reflects that he "ought to have conceded that she was a flower not designed to open, a hothouse creation, no less beautiful, no less worth having. He should have admired her, praised her, cared for her and, at close of day, let her be" (136), this remorse does not stop him from raping his wife whilst she is drugged into a mixture of unconsciousness and sleep. Climbing into her bed, his apparently tender violation of her is what makes reading this rape scene all the more discomforting:

'I'm going to ... embrace you now. You won't mind that, will you?' [...] He moves slowly, more slowly than he's ever moved inside a woman in his life. [...] When his moment of rapture comes, he suppresses, with great effort, his urge to thrust, instead keeping absolutely still while the sperm issues from him in one smooth, uncontracted flow. [...] A minute later, he is standing by her bed once more, wiping her clean with a handkerchief. (614-15)

15 Agnes' way of coping with Curlew's examinations, her distorted relationship with her own body and her husband is her retreat into the imaginary Convent of Health. Transported from consciousness to unconsciousness in a train to the convent, she is received there by gentle nuns who look after her and attempt to restore her health through something she is not provided with in the real world, loving care. Even in her diary, Agnes is unable to describe the traumatic experience of her daughter's birth through anything but the imagery of this imaginary world. When she feels the child "*pushing and lungeing in rage and terror*" (617, emphasis in original), she recalls a nun having

a way of causing my belly to open up without injury, permitting the demon to spring out. I glimpse the vile creature only for an instant: it is naked and black, it is made of blood & slime glued together; but immediately upon being brought out in the light it turns to vapour in my Holy Sister's hands. (617, emphasis in original)

What Agnes remembers as the child having vaporised in her fantasy is, in fact, her refusal to acknowledge any awareness of its existence. Consequently, daughter Sophie explains to Sugar, "Mother hasn't seen me since my birthday" (541), meaning not the last anniversary of the child's birth, but the day she was born. As William puts it, "in this house [...] Agnes is childless" (546). Considering that since their wedding night Agnes has refused to sleep in a room with William, it is tempting, here, to read her mental and spatial seclusion from her husband and their child the way Hélène Cixous has read Freud's female patients, namely as feminist heroines who find in hysteria a way of resisting patriarchal norms and gender roles forced on them. At the same time, though, the numerous illustrations of Agnes' pitiful life and the tumour afflicting her brain make the behaviour which Curlew and William have deemed mad not appear mad at all, but are rather the logical consequences of her traumatic

experiences of menstruation, sex, pregnancy and birth. Her outbursts of anger towards William appear perfectly justified to the reader since we know he rapes her in her sleep and installs his mistress in their family home.

16 Yet, the novel's verdict is neither that Agnes is a feminist heroine who has acquired a voice through hysteria nor, as in *Human Traces*, is she simply *wrongfully* diagnosed and labelled as mad. Agnes remains the madwoman of the story, not because of her outbursts or her neglect of her child, but because she is a religious fanatic. Raised first as a devout Catholic, her mother married a Protestant, Lord Unwin, after Agnes' father had died. Not only forbidden to practice her faith but also forced to adopt Protestant beliefs and practices, Agnes reflects that "it all went wrong after that terrible day when Lord Unwin told her [...] there'd be no more Virgin Marys, no more crucifixes, no more rosaries and no more Confessions for her" (288). One of her diary entries at the time, addressed to Saint Teresa, emphasises the confusion over her father's departure – which she does not yet recognise as death – and the linked loss of what she considers the true faith: *I dont know know what is become of us because he [Lord Unwin] has forbidden us to go to Church – the True Church – and instead he has taken us to his church and it is a shameless frord. [...] Where has my own dear Papa gone and when am I to see him again?* (528-29, emphases in original). As she grows up, Agnes' idea of religion slowly but surely distorts. She becomes convinced that her imaginary Convent of Health does exist outside her imagination and that the nuns there possess her second and immortal body, meant for the time when her first body shows signs of age and decay. Emmeline Fox, a religious widow, hence receives the following desperate request from Agnes: *"I happen to know that my Second Body is waiting for me at the Convent of Health. Please, please, please divulge to me where the Convent is. I am ready to go [...]. You are my only hope. Please grant me the Secret Knowledge I crave"* (582).

17 Agnes' religious delusions become worse when she ironically mistakes Sugar for her guardian angel rather than her husband's mistress. In her sympathy for Agnes, Sugar decides to enable her to escape from the Rackham home the night before William intends to have his wife taken to an asylum. Sugar sends Agnes on a train journey to the country side, where she is sure the young woman will find a convent, which Sugar promises is the Convent of Health. However, Agnes never completes this journey and is instead found dead in the river a few days later. A similar fate befalls the novel's male religious character, William's brother Henry. Convinced his large amount of body hair indicates he is a sexual, animalistic being and hence a sinner, Henry oppresses his feelings for Emmeline and eventually dies in a fire whilst dreaming of having sex with her. Significantly, it is Emmeline who is the only

religious figure in *The Crimson Petal and the White* who does survive – and even overcomes tuberculosis. Unlike Henry and Agnes, Emmeline is a Christian who transforms her faith into activism, rather than passive devotion, by participating in various charitable causes, such as the Women's Rescue Society. Wishing that “only it could be resolved once and for all where we come from: from Adam, or from Mr Darwin's apes” (179), Emmeline is a strong and independent woman who is able to combine a modern common sense and rationality with her belief in God, making her a character the reader is undoubtedly supposed to (and most likely happy to) identify with.

18 Faber certainly voices the narrative of the madwoman without overwriting her story by medical discourses. Although the novel highlights various reasons and justifications for the deterioration of Agnes' mental health (oppressive gender constructions, trauma and the brain tumour), her escape into religious hallucinations and passivity are not potentially feminist acts of resistance, but are instead portrayed as strategies which eventually render her just as voiceless as patriarchal society and medical discourses have made her. In writing Agnes' hystory, Faber's novel thus supports Showalter's assertion that “today's feminists need models rather than martyrs” (*Hystories* 61), activists rather than victims

“Daughters who just don't listen”: Policing Women in *The Vanishing Act of Esme Lennox*

19 O'Farrell's *The Vanishing Act of Esme Lennox* takes us away from the Victorians and the *fin-de-siècle* to the 1930s and the turn of new millennium. Maggie O'Farrell's *The Vanishing Act of Esme Lennox* focuses on the parallel and eventually converging lives of Esme Lennox and her granddaughter Iris Lockhart. A revision of Frances Hodgson Burnett's *The Secret Garden* (1911), which tells the story of Mary Lennox, a difficult child who is disliked by her mother and who, after her family's death in India, comes home to Britain and flourishes under love and education, O'Farrell's novel takes a sinister turn where its predecessor grants its heroine happiness. At the age of sixteen, Esme is admitted to an asylum in Scotland by her parents, who are thus ridding themselves of their rebellious teenage daughter. Erased from her family's history, Esme is not released until sixty later, when the asylum is due to be shut down and her only surviving family member, her sister Kitty, is in care because she suffers from Alzheimer's. Iris, until then ignorant of Esme's existence, is asked and reluctantly agrees to take care of her and so uncovers her relationship to the woman whom she first assumes to be her great aunt, not her grandmother. The novel's narrative is

presented to us through a patchwork of Esme's memories of her childhood, the fragmented and incoherent memories of her sister, and the story of Iris.

20 As in *The Crimson Petal and the White*, the main reasons for the behaviour which constructs the novel's madwoman as insane are trauma and the gender norms imposed by society, but this time the young woman in question, unlike Faber's Agnes or Faulks' Kitty, is both mentally and physically in perfect health. Esme first becomes a nuisance to her mother when during the early years of her childhood in India Esme's little brother and his nurse die of typhoid. Her parents, absent from the house at the time, blame Esme for Hugo's death and decide to return to their native Scotland, where Esme – unlike her older sister Kitty – struggles to understand and adapt to the new rules of femininity forced onto her. Before their departure on a shopping trip to Edinburgh, for example, Esme is astonished to find that “her sister is wearing a grey beret. Where did she get it from and how did she know to wear it?” (94). Whilst Kitty is keen to do her duty and find a suitable husband, Esme refuses to play her part in the patriarchal marriage market:

Every afternoon their grandmother gets them to dress in their best clothes and makes them walk up and down the sea front, saying how do you do to people. Especially families with sons. Esme refuses to go on these ridiculous walks. They make her feel like a horse at a show. Strangely, Kitty loves them [...]. Her grandmother keeps announcing that Esme will never find a husband if she doesn't change her ways. Yesterday, when she said it at breakfast, Esme replied, good, and was sent to finish her meal in the kitchen. (129-30)

Like the garment which “looked like her blazer, it said it was her blazer but it wasn't” (150), the role society tries to assign to Esme is too small and constraining for her, one in which “she could barely move, barely breathe” (150).

21 Determined to make a respectable woman out of the daughter she perceives as a disturbance and embarrassment and who, above all, embodies the guilt she feels for having left her young son alone on the night he died, Esme's mother is willing to subdue the rebellious adolescent girl by any means available. When James Dalziel shows an interest in Esme, Mrs Lennox becomes sure that “a few months as James Dalziel's wife will be enough to break [Esme's] spirit” (185). Dressing the lamb before the kill, a “vicious sweep through Esme's hair” (185) accompanies her mother's promise that “we shall make her look pretty, we shall send her to the ball, and then [...] we shall marry her off to the Dalziel boy” (185), words which function almost as a forecast of the sexual violation which Esme has to endure by James at the ball. Having kissed him in a back room, Esme soon finds herself being raped:

She said, no. She said, stop. Then, when he grappled at the neckline of her dress, kneading at her breasts, fury flared in her and fear as well, and she kicked, she hit out

at him. He jammed a hand over her mouth, said, wee bitch, in her ear and the pain of it, then was so astonishing, she thought she was splitting, that he was burning her, tearing her in two. What was happening was unthinkable. She hadn't known it was possible. His hand over her mouth, his head ramming against her chin. (191)

Later, Mrs. Dalziel saves her and her son's respectability by telling Mrs Lennox that "Esme had had a wee bit too much to drink, made a fool of herself, and that she might feel better in the morning" (192). Unable to comprehend and process what has happened to her, Esme can subsequently not articulate anything but "a high-pitched noise that she couldn't stop, that she had no power over" (192). Ignorant of what happened – and unlikely to change their course of action if they did know – Esme's parents decide to admit their daughter to a lunatic asylum where, ironically, she – the rape victim – is supposed to "*learn to behave*" (196, emphasis in original), since her "mother was [...] sick to her back teeth of these fits of shouting and raging" (196).

22 However, whilst it is this traumatic narrative which is misread and overwritten by medicine when Esme is diagnosed as a hysteric, it is not where Esme's trauma ends. Kitty, six years older than Esme, is obsessed with the desire to become a dutiful mother and wife. Hence, she is jealous when James proves keen on Esme rather than her and struggles to understand how someone with no etiquette and no ambitions to marry can possibly appear more attractive than her, the woman who is eager to please and conform to any norms society creates for her sex. In her strife to live up to society's expectations, Kitty finds a husband, Duncan, but both are as ignorant as Faber's Agnes when it comes to conceiving a child. After a confused and unsuccessful attempt at the act three weeks after their wedding, Kitty visits a doctor and is told she is still a virgin. To his question "Have you not yet [...] had relations with your husband?" (246), Kitty recalls answering, "Yes. I said I had. I said I thought I had. Hadn't I?" (246). Thus, when she hears that her incarcerated sister fell pregnant after having been raped by James, jealousy overcomes her once more, although Esme, meanwhile, is not even aware she is pregnant until a nurse tells her that she is "to stay until the baby comes" (239), to which Esme replies "What baby?" (239). When she gives birth to her son within the confines of the asylum, he is taken away from her against her will and, unknown to Esme, given to Kitty, who raises him as her child. Thus, Kitty utilises the consequences of Esme's rebellion against Edwardian gender norms in order to compensate for what society considers her shortcoming – her childlessness – thus preserving her own propriety, her place in society, by exploiting a woman who has been banned from it.

23 Whilst the illustration of Esme's memories provides the silenced madwoman with a voice, the novel also presents and critiques the processes and medical narratives by which

Esme has initially been silenced and the consequences this silencing has for her. When Esme is due to be released from Cauldstone in the 1990s, Iris first believes she has been contacted by mistake, as Esme has been erased from her family so effectively that no one apart from Kitty knows of her existence, since – determined to keep her theft of Esme’s child a secret – she has told everyone, even Esme’s son, that she has no sister. “Mum says,” Iris explains, “that Dad was definitely under the impression that Grandma was an only one, and that Grandma used to refer to it frequently. The fact that she had no siblings” (57). At the asylum, Esme’s identity as her parents’ child and Kitty’s sister is literally eradicated along with the name her family and friends used to call her – Esme – which is replaced by her “official name, the name on [her] records and notes, which is Euphemia” (53). By becoming Euphemia, Esme ceases to exist in the world outside asylum walls, wiped from her family tree and reconstructed in the hospital’s medical records as first a hysteric and then a schizophrenic, who after sixty years holds “a variety of diagnoses from a variety of [...] professionals” (41). Even though Esme is depicted on a photo in Iris’ kitchen, Iris has never come to question who this girl on the photo standing next to her supposed grandmother is. Through her lack of existence in the family narrative, Esme is also made invisible to Iris’ eyes in the photo. Iris’ view of this unfamiliar woman is thus first one defined by the medical narrative which has defined Esme for the past sixty years. When Iris, still assuming Esme is her great aunt, first meets Esme, she is surprised not to find the asylum full of “gibbering Bedlamites [and] howling madmen” (49) and to see that Esme is not “someone frail or infirm, a tiny geriatric, a witch from a fairytale” (52). Iris’ stepbrother’s reaction when he hears that Esme is staying at Iris’ flat reflects a similar image of the supposed madwoman: “Jesus Christ, Iris,” Alex warns her, “you’re harbouring a lunatic you know nothing about [...] Iris, you don’t get banged up sixty years for nothing” (112).

24 However, Iris soon gains insight into the medical discourses and definitions which have predetermined her perceptions of Esme as a madwoman and finds that in Esme’s youth one could indeed be “banged up” indefinitely for nothing. Browsing through Cauldstone’s admission records, it quickly becomes clear to her that not only her relation but also many other women have been incarcerated for what appears to a late twentieth-century woman as common sense, intellect and a justified desire for independence and equality. Iris finds, for example, the record of “a Jane who had had the temerity to take long, solitary walks and refuse offers of marriage” (65) and further

reads of refusals to speak, of unironed clothes, of arguments with neighbours, of hysteria, of unwashed dishes and unswept floors, of never wanting marital relations or wanting them too much or not enough or not in the right way or seeking them

elsewhere. [...] Daughters who just don't listen. Wives who one day pack a suitcase and leave the house. (66, emphasis in original)

Similarly, Esme's entry reads under reasons for admission that she "*insists on keeping her hair long*" and that her parents found her "*dancing before a mirror, dressed in her mother's clothes*" (67, emphasis in original). To Esme's astonishment, women's attempts to break out of the domestic roles society assigned to them are no longer equivalent to hysteria. As two similar characters, Iris' and Esme's lives thus differ significantly due to the time and society they live in. Like Esme as a young girl, Iris declares that she hates weddings, "hates them with a passion [...] the ritualised publicising of a private relationship, the endless speeches given by men on behalf of women" (21), and, like young Esme, Iris is not, and has no desire to be, married. To Esme, all the opportunities Iris takes for granted in her life as a woman are "marvellous" (126), such as the fact that she has her own business, that she is under no obligation to get married and that she has lovers.

25 Although O'Farrell demonstrates how the narratives of women's mental health have been rewritten and redefined in the decades between the 1930s and now, *The Vanishing Act of Esme Lennox* does not attempt to give us the illusion that after the sexual liberation of the 1960s women have been freed of all their problems. Iris' love life and her relationships with men are complicated and subject to new, if other, cultural taboos and rules: She fell in love with her step brother Alex when they grew up together, and although both still seem to love each other and maintain a close relationship, Alex has married another woman. Iris' lover, Luke, is married but claims he will leave his wife, although Iris does not appear taken by the idea and eventually finds out by coincidence that Luke's wife is pregnant. Hence, the contemporary emancipated heroine still remains unhappily lonely, whilst the men she is attracted to live in traditional marriages.

Conclusion

26 Like the critical studies of Showalter and Appignanesi, Faulks' *Human Traces*, Faber's *The Crimson Petal and the White* and O'Farrell's *The Vanishing Act of Esme Lennox* are concerned with the exposure and criticism of Victorian and Edwardian male practitioners' misreadings of their female patients' symptoms. That is, they seek to demonstrate the ways in which women and their stories – physical and oral – were interpreted and rewritten by doctors and therapists as medical narratives and theories which complemented and conformed to dominant discourses of gender. In these texts, doctors and the dominant cultures they represent are therefore authors rather than scientists and their reports fictions rather than scientific observations, indicating the practitioners' rather than the

patients' anxieties and becoming, thus, as Lisa Appignanesi puts it, "expressions of the culture's malaise, symptoms and disorders [which mirror] time's order – its worries, limits border problems, fears" (5). Whilst Ursula Link-Heer has argued that studies concerned with the ways in which "women are constituted historically and discursively" tend to treat the history of hysteria either as "a patriarchal defamation and violation of real women who in truth were not hysterics, or one that uncovered supposedly genuine feminine characteristics behind the label 'hysteria' and identified with them" (192), the novels I have discussed here go far beyond this dichotomy. Instead they propose, like Showalter, a variety of different hystories, that is, "cultural narratives of hysteria [... which] multiply rapidly" (*Hystories* 5). Their authors, then, can confidently be counted towards the community of critics who Showalter calls "The New Hysterians" (7) and are concerned just as much with "questions about the self, sexual and gender identity, cultural meaning and political behaviour" (7).

27 Hystoriographic metafiction, then, does not simply criticise gendered medical discourses of the past, but reflects on the ways in which gendered issues still surround the theory and practice of mental health. As studies such as Klonoff and Landrine's *Preventing Misdiagnosis in Women* (1997) and Russell's *Women, Gender & Madness* (1995) have shown, despite modern scientific advances, there are still illnesses and disorders which if not diagnosed and treated properly can lead to "a woman's being confined to a mental hospital for her entire life or even result in her untimely death" (Klonoff and Landrine, xix). Similarly, it is worth noting here that other examples of the genre not discussed here, such as Margaret Atwood's *Alias Grace* (1997), Claire Dudman's *98 Reasons For Being* (2004) or Jane Harris' *The Observations* (2006), also reflect the fact that race and social class are still factors which influence the treatments of women's mental illnesses in Britain and that female autonomy as well as power relations are still serious and complex issues in contemporary mental health practices.⁶ If traditional psychotherapies, as Appignanesi puts it, "attempt an understanding of the self that marries past with present" (481), then hystoriographic metafiction which critically investigates women's mental health in the present by revisiting the past certainly has the potential to reflect and help us understand circumstances and issues which define women's current positions as patients and practitioners in the medical profession.

⁶ For an illuminating overview of contemporary issues surrounding women and/ in mental health, see Liz Bondi and Erica Burman.

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