“Run Mad, as if Mad is a different direction": Madness and Female Empowerment in Canadian Fiction

Diplomarbeit

zur Erlangung des akademischen Grades einer Magistra der Philosophie

an der Karl-Franzens-Universität Graz

vorgelegt von

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Kapfenberg, 2019
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Acknowledgements

First of all, I want to thank my supervisor Prof. Dr. Maria Löschnigg for encouraging me not only to choose this interesting topic but also for supporting me throughout the whole process of writing my thesis. Thank you for always having an open ear for my concerns as well as for guiding me in all stages of the thesis.

In addition, my thanks go to my friends from university, who filled the past few years in Graz with unforgettable moments. A special thank you also goes to my best friend Johanna, who stood by my side through the good and the difficult times. Thank you for reassuring me from time to time and for your unconditional support.

Finally, I want to thank my family with all my heart. A special thank you goes to my grandparents who supported me on this journey. In particular I want to thank my mother and father who supported and motivated me throughout my studies. I am especially grateful that you gave me the opportunity to pursue my dreams and enabling me to do what I love. Thank you for everything. You both are a major support for me and without you all of this would not have been possible.
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1 Introduction

Throughout the course of history, the complexity of the human mind has fascinated people around the world. Mental torment, emotional turmoil, and forms of madness have been of scientific interest ever since the Greek antiquity. However, madness was not only intriguing scientists, but also philosophers, artists, and writers. Troubled minds, mental illness or simply being mad has inspired authors to create works of literature that take their readership inside the psyche of their heroes and heroines. Madness has been used as a rhetorical entity as well as a figural device in various forms of literature. The usage of madness as a device in literature grants authors and therefore their protagonists a wide range of possible scenarios and outcomes which they can toy around with. Madness is not bound to limitations. Literary masterpieces that illustrate madness are Shakespeare’s Hamlet, Bronte’s Jane Eyre or Stevenson’s The Strange Case of Dr. Jekyll and Mr. Hyde. From the nineteenth century onwards, there has been an increase of works by female authors that feature female heroines who become mad or suffer from a mental illness. In the hands of women, madness can function as an instrument which facilitates female empowerment and agency and provides a ‘strategy’ for women to be subversive and to take control by being ‘uncontrollable’.

This thesis investigates the representation of madness in contemporary Canadian fiction. It offers an in-depth analysis of the novels Alias Grace by Margaret Atwood and All My Puny Sorrows by Miriam Toews, of the short stories “A Wilderness Station” and “The Bear Came Over the Mountain” by Alice Munro, of Margaret Atwood’s “Isis in Darkness”, and “Gabriel” by Sharon Butala, which are dealing with madness and characters who suffer from mental disease and instability. The main aim of this thesis is to explore how the selected works of literature use and represent madness. In particular, it will be shown how the mental illness or madness affects the female protagonists and how they cope with it. The analysis of the works will not only focus on how madness is depicted, but also on how female characters use it deliberately and/or unwillingly as a tool to enforce their own interests. Furthermore, this thesis is not a psychological but a literary study that is concerned with how literature represents mental diseases and/or madness and uses it to convey insights into female suppression and empowerment.

The first part of this thesis provides theoretical preliminaries connected to the overall topic of madness. It includes different views on madness from Greek antiquity to the present. The following chapters are dealing with defining the term ‘madness’, how madness has been portrayed in literature and how the female sex has frequently been linked with madness. The
second part of the thesis consists of an analytical approach that examines aspects of madness and mental disturbance in the selected literary works, with a view to identify and explore different functions of madness as a literary device and to show how these authors employ the element of madness to approach the issue of female agency in an innovative and meaning-making way.

2 Forms of Madness Throughout History

2.1 Antiquity

Madness and its occurrence can be dated back as far as to the Greek Antiquity. In the so-called Dark Ages of Homer, which got their name due to lack of written evidence, stances and beliefs could only be assembled from epics and myths (cf. Weiler 1995: 35). Those attitudes, however, differed from those that can be found for instance in Socrates’ dialogues a couple of hundred years later. In Homer’s legendary epic poem The Iliad, the main characters are prone to not having their own free will as well as acting without reason. The inner life with all its dilemmas played a rather insignificant role. Homer’s protagonists are mere pawns in games played by the gods, who destroy, punish or drive someone mad. Madness was sent by the gods to punish human beings in order to demonstrate the power they have over humankind.

As mentioned above, the view on madness and mankind per se, changed in the fourth and fifth century BC when Athenians established a modern way of thinking by acknowledging the presence of the psyche (cf. Porter 2002: 13). The psyche is associated with the self, which possesses a certain awareness of what it does, forms its own thoughts and makes its own decisions (cf. Bennett 1978: 161). Competence and reason were hallmarks of the society of the 5th century that were apparent not only in sciences, but also in art and architecture (cf. Erler 2017: 25). This new mindset set the foundation for ways of thinking about the mind and madness of the Western World.

Due to the emerging of new insights about the inner life and psyche, the portrayal of heroes and heroines in the arts shifted towards a stronger focus on the consciousness, responsibility and reflection of the protagonist’s actions. Previously the fate of the main characters in tragedies was solely controlled by external forces but changed to a depiction where internal flaws such as ambition, pride or jealousy of the characters are responsible for the course of their destiny (cf. Porter 2002: 14). With Plato, another concept of the mind and its disorders
came to life. According to Plato the distinction between mind and body was crucial (cf. Bennett 1978: 157). He “equated the activities of the mind with sanity and the impulses of the body with madness. Only sane men can philosophise and only philosophy can make men sane.” (Bennett 1978: 158) If one follows this line of thought of Plato about mental health and mental diseases then nearly everyone is mad as there are only few philosophers at that time. Classical philosophers such as Plato, however, were leading figures in establishing concepts and scientific vocabulary about the “psyche”, “self” and “mind” which were passed on and thus found their way into today’s discourse (cf. Bennet 1978: 161, 170).

The third field – alongside theatre and philosophy – that concerned itself with madness was medicine. Hippocrates of Cos (c. 460-c. 370 BC), who is still well-known today for his thoughts and writings about health and illness of the human body, set the course for medicine back in ancient Greece (cf. Porter 2002: 36). The ideas of Hippocratic medicine are collected in the Hippocratic corpus. The main thought that is striking when it comes to madness is that mental functioning is influenced by the humours of the body (cf. Bennett 1978: 217). A healthy mind can only result from a healthy body. In order to achieve this the four main humours – blood, chole, melancholy and phlegm must be kept in balance. Each of those fluids have certain attributes. For example, blood stands for vitality and chole is crucial for digestion. Melancholy and phlegm are cold fluids and more problematic than the other two as they can be responsible for fever or changing the consistence and colour of other fluids. If one of the four is not balanced it can result in physical or mental illness. Measures to prevent an imbalance are for instance physical exercise and the right diet as well as medical aid (cf. Porter 2002: 37-42).

Humoral pathology established a scheme according to which of the four fluids correlated to the cycle of the seasons, elements – fire, air, water and earth or celestial objects. Another striking feature that is attributed to the humours is their impact on a person’s temper or psychological disposition. This scheme consists of opposites that helped physicians to detect deviation in physical and mental conditions. As far as mental diseases are concerned, two pathologies can be identified: mania and melancholy. Melancholy being a mental state which includes anxiety, mistrust and leads to isolation of the affected person. Mania can be found on the other side of the scale and is marked by “excess and uncontrollability” (Porter 2002: 47).

### 2.2 Middle Ages

Centuries have passed and the great thinkers of ancient Greece and their philosophies were replaced by Christianity, which had become officially recognised as the state religion of
the Roman Empire in 380 AD under the reign of Roman Emperor Theodosius I. (cf. von Hellfeld 2019, online). Unlike Greek philosophy, Christianity poses a view which neglects that reason is the core essence of mankind and that solely divine will, love, faith and sin are the things that matter. A world full of sin and redemption, where human beings stand no chance against God, his angels and saints. Additionally, Christian beliefs include that God and Satan were constantly in a fierce battle about the possession of the soul. Thus, mental disorder and disturbances of the mind were seen as marks of the war between the two sides (cf. Porter 2002: 17). This view of Christian theology carried on and shaped medieval society significantly.

Medieval Christians also distinguished between a “good, holy” madness which is revealed through visions in ecstasy to prophets and other visionaries, and a madness where Satan controls the mind and dreams of an affected person. Due to this attitude, those people were often seen as heretics or witches (cf. Porter 2002: 18). During the Middle Ages, mainly women were accused of and executed for being witches. Another religious definition of madness was that reason and a sound mind led to a life in harmony with God whereas “derangement that state of mind when the soul diabolically assailed, blasphemed against the Almighty” would lead to a life of sin and damnation. (Porter 2002: 24) Insanity can therefore be equated with sin and as God’s punishment to all sinners. Madness, however, cannot only serve as a penalty for dark deeds, but also as a test or atonement that ultimately leads to “self-knowledge, confession and reform” (cf. Doob 1974: 12). In any case – good or bad, of divine or satanic origins – madness in the eyes of religion was caused by supernatural forces.

Doubts and questions amongst medieval society – especially physicians – about the supernatural causes of madness started to emerge. Physicians harboured suspicion of demonic possession as the cause of disturbances of the mind and searched for proof (cf. Porter 2002: 26). Medieval medicine was largely based on the Greco-Roman heritage, which includes medical writings from Hippocrates, Asclepiades and Galen that were preserved by Arabian scholars. Arabian physicians such as Rhazes and Avicenna started to apply simple forms of psychotherapy during the eighth and twelfth century (cf. Alexander and Selesnick 1966: 60-63).

In the Middle Ages the church and clergymen were predominant. Medical work took place in monasteries but was cut short due to the doctrines and ethical restrictions that monks are bound to. As a result, a medical school started to evolve at the University of Salerno in the twelfth century. Medieval historians therefore consulted those findings of the medical school in Salerno as well as the attempts of psychotherapy of Arabian scholars in order to understand and find a cure for madness. Nonetheless, even though there were attempts to find medical
reasons behind madness, the medieval period was largely defined by theologians who held the belief that mental disorders are caused by external forces (cf. Alexander and Selesnick 1966: 65-66).

Throughout the twelfth century the establishment of more hospitals took place due to the increasing numbers of injured crusaders. Only two centuries later, the first hospital solely for mentally ill patients was founded in Valencia in 1409 (cf. Alexander and Selesnick 1966: 65). In the thirteenth century the later called Bethlem Hospital or ‘Bedlem’, which became notorious for locking up the insane, was founded as a religious order in London. It started out as a priory that became a hospital that was not primarily a medical one but rather a place that cared for people without means. Only by the seventeenth century did the asylum become famous through its appearance in numerous dramatic plays (cf. Ruggeri 2016, online). This will be covered in more detail in the next chapter.

Before, the establishment of asylums people stigmatised as “mad” or “fools” lived amongst others in rural areas and only in extreme cases of crazy behaviour were locked into dungeons or into cages. During this time people with mental disorders were hardly seen as sick and in need of medical supervision but rather considered foolish or as possessed by demons. Those stigmatised as mad were also made fun of due to their weird and tousled appearance. Representations that are characterised by “the otherness” of the mad largely shaped the picture of them which often deviated from the reality of the mental illness (cf. Pauly 1999: 8; Porter 2002: 63-64).

2.3 Renaissance and Age of Reason/Enlightenment

The socio-economics of the fourteenth and early fifteenth century were, to a great extent, influenced by natural disasters, the plague, and wars as well as the separation of state and church. A turning point in thought came to life with Dante, Petrarch and Boccaccio – the first so-called humanists – through whom the ideals and writings of the Roman and Greek antiquity were reborn. This revival of the classic antiquity: ‘the renaissance’, which literally means rebirth in French, was naming a whole era. However, new innovations and scientific progress were only ensured when people started thinking on their own instead of just responding to and studying ancient texts. Especially, the fifteenth and sixteenth century was marked by a wind of change. This is reflected in an exploratory spirit of emperors and states, which led to the discovery of new continents, as well as an emergence of a new middle class and the abolishment of the feudal system of the Middle Ages. The shift was not only evident in the social and
economic scope, but also the arts, politics, and sciences were equally affected (cf. Alexander and Selesnick 1966: 71-72).

Even though great thinkers of that time contributed valuable findings concerning human behaviour, social dynamics, and the importance of mankind’s ability to reason, the fight against superstition and magic as a source of mental disturbances was not yet won. Scientific and technological progress of the Renaissance could not disperse the belief in superstition and magic. The unknown was as threatening as ever and the answer was still found in magic. Astronomy, divination and the horoscope – any kind of prediction of the future were in vogue. “Astrology, palmistry, the magical touch, suggestion and other magic practiced during the Renaissance were employed to relieve anxiety and fear.” (Alexander and Selesnick 1966: 84)

At the beginning of the Renaissance, medical thinking from Greek and Roman physicians was adopted. The cause of physical and mental diseases in this period were still based on the humoral pathology, which was established by Hippocrates and later refined by Galen. The medical theories applied in the Renaissance, however, again underwent editing and expansion during the Middle Ages as Arabian scholars added their findings. Alongside the Arabian influence on medical teachings the doctrines of the Church additionally influenced the reception of Renaissance medical thought (cf. Porter 2002: 49-53; Alexander and Selesnick 1996: 60-61). Although historians argue that the discourse on madness and mental illness was rather static until the seventeenth century, the Renaissance period “manifests heterogeneity, regendering and widespread change in the discourses of distraction” (Neely 2004: 2). Additionally, new categories in language to describe mental states emerged. “The discourses of madness flourished because they were useful in reconceptualizing the boundaries between natural and supernatural, masculinity and femininity, body and mind, feigned and actual distraction.” (Neely 2004: 2)

As there was development and innovation in economy, the sciences and politics, there was progress in medicine and psychology as well. The revival of the classical belief and thought ultimately led to “the discovery of the full concrete complexity of human existence, and above all, a new reliance of man on his own convictions and feelings” (Alexander and Selesnick 1966: 78). Relying on one’s abilities became crucial and the belief in human reason paved the way for the so-called ‘Age of Reason’.

Reason was foregrounded in seventeenth century scientific and philosophical discourse. The belief was upheld that reason plays a key role in understanding “external nature”, “man’s internal instinctual forces”, “desires and feelings” (Alexander and Selesnick 1978: 92-93).
Rene Descartes, a French rationalist, came up with important concepts in the discourse of philosophy and reason in the seventeenth century. His famous utterance ‘cogito ergo sum’ (which translated into English means: ‘I think, therefore, I am’), sums up Descartes’ main ideas. According to Descartes the only thing that one can trust is their own consciousness. Even though Descartes could never explain how mind and body correlate, it was clear that physical illnesses as well as mental illness derives from the body or the brain. Therefore, the assumption that mental issues have their origin in supernatural forces was outdated (cf. Porter 2002: 57-58). Philosophers such as Hobbes and Locke believed that knowledge comes from experience. The human mind is like a blank piece of paper that is filled by experience and “nurtured by education” (Porter 2002: 59).

With this new rational world view there also arose a new perception of madness. Mental illness was seen as naturally inflicted rather than of supernatural cause. In this context a person that needs to be noted is Robert Burton, as his approach to mental diseases was unprecedented. In the book The Anatomy of Melancholy Burton identified “psychodynamic components of melancholia” and furthermore laid the foundations for some principles of psychoanalysis (Alexander and Selesnick 1978: 102). Burton’s “concept of melancholy included a broad emotional range from sadness of natural grief at separation and death through all aberrations from the norm to madness” (Veith 1965: 125). Mental disturbances such as depression, mania, lovesickness but also diseases now called psychoses and neuroses can be classified by the umbrella term ‘melancholy’ (cf. Veith 1965: 125; Neely 2004: 3).

As it is still the ‘Age of Reason’ and reason was the highest asset in this epoch – irrationality, which comes with ‘un-reason’ and can be seen in unreasonable behaviour and actions that were deemed stupid, poses a threat to a proper working rational society (cf. Pauly 1999: 10). Paul Laffey, for instance, writes: “to be authentically mad was to be irresponsible and disenfranchised, unpredictable and wholly untrustworthy […]” (Laffey 2002: 368), whereas to be sane was seen as being responsible for one’s actions and autonomous. Therefore, those who were stigmatised as mad were no longer able to contribute effectively to a moral and functioning society (cf. Sedlmayr 2011: 47).

In order to keep society working and upright, the mad and poor as well as criminals, vagabonds and paupers were confined to special institutions. Foucault argued that the institutionalisation of the ‘mad’ or ‘insane’ deprived them of their rights as before the ‘great confinement’ those people were able to speak freely and had other features of empowerment. Foucault’s attitudes towards madness, however, will be outlined in more detail in a later chapter. According to Porter these assumptions are over-generalised as it was more of a
The segregation of mentally ill people derives from the “fear of those elementary emotional forces that everybody harbours in his unconscious mind; in other words, the fear of ourselves” (Alexander and Selesnick 1978: 115).

Before the eighteenth century only a minority of people that were judged ‘mad’ were put into madhouses. Usually, those people referred to as crazy, or who were incapable of looking after themselves were looked after by their families, a charity or a parish (cf. Porter 1987: 131, 167). The aforementioned institutionalisation is evident all over France, but in some nations throughout Europe the state only provided facilities for the mad much later. Other countries only confined people if they posed a threat to themselves and others. The rise of the asylum goes hand in hand with commercial prosperity, as the wealthy could afford medical as well as educational aid. Therefore, the increase of mental institutions all over Europe and North America can be seen as more of a side effect of economic development than as a state act. The conditions for those who were hospitalised, however, were horrendous. Often kept in dark places and isolation, exposed to cruelty by the keepers and ghastly food, the patients in madhouses suffered immensely (cf. Alexander and Selesnick 1978: 114; cf. Porter 2002: 92-95).

One of those asylums that is notable in the history of mental institutions is Bethlem Hospital in London. As already mentioned in the previous chapter, this institution gained quite some popularity as an asylum for the mentally ill. Bethlem Hospital was one of the first that specialised in the care of the ‘mad’ or insane. ‘Bedlam’ as contemporaries called it, however, was much more than a mental asylum in London. It was seen as a landmark as well as a tourist attraction which was visited by famous writers and ordinary people alike. The mental institution inspired poets, writers and artists (cf. Ruggeri 2016, online).

“Officially at least, Bethlem’s insane were meant to be edifying spectacles, object lessons to the public at large of the wages of passion, vice and sin.” (Porter 2002: 70) It was not the hospital’s intention to “confine mad-persons cruelly or indiscriminately; but stage madhouses make spectacles of them as the hospital is imagined to do.” (Neely 2004: 1) In theatre plays, Bedlam and its implications about insanity was used as a way to explore the various degrees of madness and to distinguish who was mad and who was sane (cf. Ruggeri 2016, online). William Shakespeare’s Hamlet and Miguel Cervantes Don Quixote gave an “incredible insight into the unconscious depths of the human personality” long before psychoanalysts did. Playwrights, poets and artists therefore can be seen as pioneers for the exploration of the mind (cf. Alexander and Selesnick 1978: 101).
Concerning the identification and treatment of mental diseases there can be found numerous questionable practices throughout Europe in the eighteenth century. During the eighteenth century, one advance in the fields of technology, science and medicine followed another, thus, enabling a more precise diagnosis of certain diseases as well as a more accurate localisation where the problem lies. However, in the field of psychiatry, observations were crucial for further studies and treatment of the mentally ill, but those were unfortunately scanty. This situation led to methods that depended highly on physiological speculation and assumptions about psychology. A Dutch physician – Hermann Boerhaave – for instance tried some unusual psychotherapeutic measures such as bloodletting, ice-baths or methods to put patients in near shock. These ‘treatments’ were believed to have not only an impact on the body, but also on the mind. Its ultimate aim was to calm the mind through agitating the physical constitutions. At this point in time, treatments for ‘light’ mental diseases included diet, exercise, purging, bloodletting or vomiting. Only severely mentally disturbed individuals were put into straight-jackets or chains or were treated with restraint and threats. However, treatments such as disciplining, mechanical restraint as well as supervised use of sedatives or certain drugs played a huge part in the therapy of mental disorder from the eighteenth century onwards (cf. Alexander and Selesnick 1978: 111; Porter 1987: 18).

Even though physicians in this century were rather concerned with out-of-the-ordinary mental afflictions, students of Boerhaave made progress in respect of neurotic behaviour of individuals. One of them, William Cullen, presented the most complete categorisation of mental diseases. The term ‘neurosis’ was coined by Cullen to describe any disorder caused by the nervous system. He defined neurosis as a result of either decay of the nervous system or the intellect and divided it into four categories: Comata, Adynamiae, Spasmi and Vesaniae (cf. Alexander and Selesnick 1978: 107-111). Cullen also provides an identification for mania and melancholia and describes them as following: melancholia as “partial insanity” and mania as “universal insanity” (Cullen 1800: 131-133), thereby following ancient Greek thought. However, he was most influential through the work he has done in respect to the incorporation of the mental aspect in medical discourse (cf. Porter 2002: 128).

Spreading from Spain over Italy to France, Germany and Britain, a more humane treatment of the mentally disturbed people started to emerge. Patients were no longer kept in chains and isolation and their treatment developed toward moral expectations. Change in the doctor-patient relationship came about, as doctors started to treat their patients with more compassion instead of with a cold and indifferent attitude. What is more, the patients were
provided with nourishing food, entertainment and exercises. In some asylums they were also allowed to pursue agricultural labour (cf. Alexander and Selesnick 1978: 116, 119).

### 2.4 Romanticism

Another change came about at the end of the eighteenth century when the principles of the Age of Reason were attacked. The new emerging principles of the Romantic period posed an opposition to those of reason and rationality. The new focal points that marked Romanticism became emotion, passion and imagination. “Man’s struggle with his internal self became more fascinating and challenging than his struggle with the external world, and this same internal conflict for the first time became a central intellectual issue as well.” (Alexander and Selesnick 1978: 133-134) It was also the era where the concept of the mad genius surfaced again. The inner depths of the individual’s mind were not only a subject matter for doctors but were also explored by artists and writers. The theme of the genius provides a wide scope for artists as those figures can be multifaceted: imaginative, enthusiastic or alienated from their surroundings and solitary as well as endowed with emotional experience that no average person shows. Literary works that play with this theme are for instance Mary Shelly’s *Frankenstein* or various poems by Coleridge and Blake (cf. Flaubert and Reynolds, 2015 online). Madness was no longer suppressed but rather engulfed and lived out. Imagination triumphs over cold reason and sublime nature with its celebrated wildness over civilisation (cf. Pauly 1999: 13).

For the history of psychiatry, the first half of the nineteenth century is especially noteworthy as psychiatry is concerned with “man as a person; its subject matter is the mind” (Alexander and Selesnick 1978: 134). Attempts to explain the nature of the psyche and intentions to include psychotherapy as a field of medicine were stressed. What is more, the first “systematic treatise of psychotherapy was published by the German physician Johann Christian Reil” (Alexander and Selesnick 1978: 135), which includes principles and techniques of psychological treatment. Among those treatments there can be found peculiar practices where for instance the “alienist\(^\text{1}\) would master the delinquent mind; a staff trained in play-acting would further the alienist’s efforts to break the patient’s fixed ideas – all would be combined with salutary doses of therapeutic terror” (Porter 2002: 140).

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\(^{1}\) A term used for a psychiatrist in the nineteenth century. The word ‘alienist’ derives from Latin and later French ‘aliene’ which means insane. This gives the rise to the ‘alieniste’, which refers to a doctor who treats the insane (cf. Merriam Webster, online).
The Romantics continued the more moral and humane treatment that started to spread all over Europe during the end of the Enlightenment period. This moral therapy was based on kindness and reason rather than on brutality, fear and restraint. However, the rather brutal methods used by eighteenth century physicians were claimed to heal mental illness as much as ‘moral therapy’ as both approaches were concerned with the patient’s mind (cf. Scull 1981: 37). Romantic physicians started to pay attention to the irrational, emotional and covert impulses of the individual’s mind. The focus was on the diseased person as a whole and the “invisible psychological design behind madness” (Alexander and Selesnick 1978: 139). According to Philippe Pinel, if insanity was seen as a mental disorder, it can only be diminished by modi operandi that target the mind. Therefore, treatment must go through to the patient’s psyche in order to be effective (cf. Porter 2002: 105). Individuals and their illness were acknowledged and their treatment got tailored to their respective symptoms. These approaches fostered the emergence of modern concepts and techniques in psychiatry (cf. Alexander and Selesnick 1978: 139, 149).

2.5 Victorian Era

In the mid-nineteenth century, yet another wind of change led away from emotion, passion and romanticised visions of the previous age. It was the Victorian age that cleansed people’s thoughts from imagination and the fantastical. The psychiatric theory of the Victorian era was largely influenced by the terms ‘moderation’ and ‘self-control’. Following key theories of the Enlightenment, psychiatrists believed that the rational soul as well as the sensitive soul have to be in balance in order to ensure the individual’s health (cf. Pauly 1999: 13).

During the Victorian age, the term ‘madhouse’ underwent change, developing into an ‘asylum’ and, finally into a mental institution. Mad-doctors became alienists then psychiatrists and madmen and -women transformed into mental patients. These semantic developments may not be important at first glance but they reflect the social reality of the time. Even though the denotation of these terms changed, they are only mere euphemisms as the mad were still seen as ‘other’ (cf. Scull 1981: 6). Psychiatrists and for that matter also mental hospitals were at first seen as the resolution to the problem ‘madness’.

At the beginning of the nineteenth century mental institutions sprang up like mushrooms as the belief was held that they would be the solution of social problems caused by industrialisation, urbanisation and population growth. However, the optimistic view that asylums would be the panacea for insanity that was held at the beginning of the century quickly
changed into a pessimistic one at the last third of the nineteenth century. Success rates that show that insanity could be cured dropped as long-term patients with a zombie-like look piled up in asylums. In a way, psychiatrists dug their own graves by promoting that vice, sin and crime are side effects of mental illness. As a result, jailors and magistrates committed difficult cases to mental institutions, but their treatment there failed, and they remained hopeless cases (cf. Porter 2002: 112, 118-119). Decisions such as the aforementioned did not promote a good reputation or public approval of psychiatrists. “Yet, in the face of these and other obstacles, a recognised specialism did emerge over the course of the nineteenth century and secured some significant measure of public support and patronage” (Scull 1996: 6).

The second half of the nineteenth century also witnessed new discoveries in the field of psychiatry all over Europe. Among the leading nations of progress in psychiatry were France, Britain, Germany and Austria. Especially influential for French psychiatry was Jean-Etienne Esquirol – a follower of the Enlightenment advocate of ‘moral therapy’ Philippe Pinel – and his text about psychiatry Mental Maladies, which focuses on psycho-social triggers for identification of mental diseases and further outlines affective disorders such as paranoia. Esquirol conducted several case studies which dealt with hallucinations, illusions and moral insanity (cf. Porter 2002: 134).

At the same time there was also development in Germany and Austria in this field. German universities were ranked amongst the best throughout Europe and were especially renowned for their research character and scientific education. Moritz Romberg published the first systematic book on neurology, Lehrbuch der Nervenkrankheiten, which led to the establishment of neurology as a separate medical field. His successor at the University of Berlin was Wilhelm Griesinger, who claimed that all mental diseases are brain diseases. This influenced researchers to take a closer look into brain pathology. According to Griesinger mental disorders should not be seen as a separate entity but rather as a field in general medicine, thus, paving the way for cooperation with other medical specialties. He was particularly influential in the history of German psychiatry as he started a campaign for a merging between the field of psychiatry and neurology in “academic neuropsychiatric clinics” (cf. Alexander and Selesnick 1978: 151; Porter 2002: 144). Another name worth mentioning in the German-influenced psychiatric school is Emil Kraepelin. His interest in behavioural disorders led to the conduction of numerous case studies which helped him to gather valuable empirical data. Out of this collected data he developed a “system of descriptive psychiatry that is still used to classify patients on the basis of manifest behaviour” (Alexander and Selesnick 1978: 163). He
introduced categories “of the insanities, and their definition by typical age of onset, course, and outcome were based on *Wissenschaft*, systematic science” (Noll 2011: 63).

A Viennese contribution notable to medical psychology came from Baron Ernst von Feuchtersleben. He introduced the terms ‘psychosis’ and ‘psychiatric’ as we know them today. What is more, the distinction between psychosis and neurosis was drawn more clearly under his influence. Feuchtersleben was a pioneer in his days as he acknowledged the value of dreams not as superstition or forecast of the future. What is more, he was amongst the first who recognised hysteria, or mental disorders in general, as “transitory stages” between health and illness (cf. Veith 1965: 184, 193).

The Victorian era was known for males suffering from hypochondria and females from hysteria. At the end of the nineteenth century it was en vogue to be ‘neurasthenic’ ᵃ² (Porter 2002: 87). The above mentioned Feuchtersleben classified hysteria as a “sister condition” to hypochondria. According to him the two disorders were differentiated from one another by “the psycho-organic difference between the two sexes” (Veith 1965: 189). As women were seen as the feebler sex with a more delicate nervous system they are believed to be more susceptible to suffer from hysteria (cf. Veith 2002: 189). Hysteria was often equated with madness, which resulted in the perception that it is only a female malady. There was a dualistic understanding of female insanity: for one madness was seen as one of the wrongs of women; the other was that “madness was the essential feminine nature unveiling itself before scientific male rationality” (Showalter 1987: 3). The female sex and madness, however, will be discussed in more detail in Chapter 4.

Even though there was remarkable progress in the field of psychiatry and psychology made by doctors and scientists, other contributors worth mentioning are literature and philosophy. Both disciplines offered new insights in the inner depths of the mind that neither psychiatrists nor psychologists could explore. Arthur Schopenhauer and Friedrich Nietzsche contributed immensely to the late nineteenth century social thought. As representatives for “the voluntarist view of mental processes and personality – the notion that instinctual needs, desires, and strivings are basic to all psychological manifestations” (Alexander and Selesnick 1978: 186) – both philosophers concluded that natural science does not provide insight to a crucial principle of life. It does not take the irrationality of human life into account (cf. Alexander and Selesnick 1978: 165-168).

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² Neurasthenia is characterised by physical and mental exhaustion which is usually accompanied by symptoms such as headache and irritability. The causes of this condition are unknown, however, it is often associated with emotional tension or depression (cf. Merriam Webster, online).
Literature in Victorian times used madness as a tool to give their characters more depth and complexity by enabling them to discover parts of their unconscious that otherwise would not be possible. Authors played with their creativity in works of literature such as *Jane Eyre* or *The Picture of Dorian Gray* that draw on madness in a haunting and horrifying way. The so-called mad woman in the attic – Mrs. Rochester – became a symbol figure closely associated with hysteria, suicidal and self-destructive behaviour (cf. Porter 2002: 88).

However, despite all these advances in the fields of psychology and psychiatry and the more humane and moral treatment, people who suffered from ‘madness’ were still seen as “a member of a machine so put together as to move with precise regularity and invariable routines” (Arlidge 1859, as cited in: Pauly 1999: 13). Madness was an anomaly to the view of what was morally and socially acceptable behavior at that time. Asylums were designed to cure insanity but the initial optimistic view that this was possible soon changed to a more pessimistic one. The mental institutions were crammed with criminals, paupers and mad people and psychiatrics, unable to cope with the masses, were left alone to find a cure for all the different types of ‘madness’ (cf. Pauly 1999: 13).

### 2.6 Freud and the Century of Psychoanalysis

By the *fin de siècle* the conception of mental illness was again modified and another approach started to penetrate the field of psychology. By focusing on emotions major developments throughout the later part of the nineteenth century have been made, thus, paving the way for one of the most influential personalities in the field of psychiatry: Sigmund Freud. Freud, who was born to a Jewish middle-class family in the Czech Republic, initially started his training in Vienna in general medicine and neurology. Inspired by Darwinian thought and his interest in human nature, he was drawn to psychiatry. Freud already discovered early in his career that in order to be able to cure mental disorders it is crucial to understand their nature, thus, making systematic observations and case studies vital. During his time in Paris, where he studied with the most famous neurologist at the time, Jean-Martin Charcot, he developed an interest in hysteria. Freud and one of his contemporaries, Josef Breuer, studied together the case of ‘Anna O.’, who suffered from hysterical episodes (cf. Alexander and Selesnick 1978: 181; Porter 2002: 188-189). Breuer treated her by inducing hypnotic stages in which she had to relive painful memories. The patient when not in a hypnotic state could not draw connections between her illness and earlier experienced episodes in her life. For Breuer the hypnosis revealed,
however, crucial links between those two entities. By studying Anna O., the basis for 
psychoanalysis had been laid (cf. Pauly 1999: 15; Veith 1965: 259).

Psychoanalysis is a theory in psychology which connects thoughts and actions of human 
beings with unconscious conflicts and motives. It is used in psychiatry to treat mental disorders 
through working out past conflicts and coming to terms with one’s past. Through this method 
the psychoanalyst tries to help patients who suffer from mental illness to understand their 
thoughts and feelings. For Freud, who can be seen as the father of psychoanalysis, unconscious 
mental processes are crucial for human behavior and experience. Only a minority of a person’s 
thoughts are perceived consciously, other parts that lie underneath the surface such as desires, 
feelings or attitudes, are hidden in a person’s subconsciousness. According to Freud most of 
these contents are unconscious as they are suppressed or actively kept at bay (Rettenwender 
2014: 8, my translation).

In order to explore the human subconsciousness, he established a number of different 
methods. One of those is, for instance, the interpretation of dreams, which tries through analysis 
of the experiences made in a dream to decode hidden meanings of those situations. Probably 
the most famous one is hypnosis, in which the patient is put into a trance-like state. In this 
condition the patient’s subconscious is most amenable for treatment and for finding solutions 
for problems that are otherwise suppressed (cf. Rettenwender 2014:142-143). Freud worked 
with hypnosis in order to elicit “from patients their own stories about the origin of their 
symptoms, which when awake, they would have been unable to recall or unwilling to divulge” 
(Veith 1965: 260).

However, Freud realised that hypnosis as a method to lay open someone’s unconscious 
thoughts and desires has its limitations. Some patients may not be susceptible to hypnosis or 
the results are too unstable, as symptoms are often replaced by others which makes it difficult 
to pinpoint one specific cause for the patient’s disorder. By abandoning this method, he tried 
another approach the so-called ‘free association’. This method asks the patient to talk freely; 
they are admonished to not consciously think about what they are going to say but rather to just 
tell the psychoanalyst whatever came to their minds, thus, shedding light on repressed events 
through spontaneous association of ideas (cf. Alexander and Selesnick 1978: 193-194; 
Rettenwender 2014: 143).

Free association takes advantage of the self-betraying tendency of unconscious material 
that seeks expression but is inhibited by repressing counterforces. When a patient abandons 
the direction of his thought processes, his spontaneous associations are guided more by the 
repressed material than by conscious motives; the uncontrolled train of thought thus reveals 
an interplay between two opposing tendencies – one to express, the other to repress,
unconscious material. [...] The emotional abreaction in free association is essentially similar to the emotional discharge experienced in hypnosis but is not as sudden or explosive; [...] the conscious ego is enabled to cope with emotions by gradually "working through" underlying conflicts. (Alexander and Selesnick 1978: 194)

While Freud was applying his new technique to explore the subconscious, his patients often started to talk about the dreams they were having. Out of that another method to get a deeper insight into human subconsciousness emerged: the interpretation of dreams, which through analysis of the experiences made in a dream, tries to decode hidden meanings of those situations. According to Freudian theory, dreams try to reveal wishes and desires that cannot be expressed when a person is awake as they might be seen as to be beyond the pale. Dreams also can be manifestations of emotional tensions that need to be processed (cf. Gerrig and Zimbardo 2008: 602). In 1900, he published his monumental work The Interpretation of Dreams, which includes his findings of unconscious thought processes. Through hypnosis, the establishment of ‘free association’ and the interpretation of dreams, Freud found ways to dig into the deep and varied layers of the human mind (cf. Rettenwender 2014: 143; Alexander and Selesnick 1978: 194).

Following Freud’s thought about the representation of the subconscious, Carl Gustav Jung extended the concept of the unconscious immensely. According to Jung the unconscious is not only limited by the individual experiences of a single human being, but rather filled with fundamental truth that is shared with all mankind. (Gerrig and Zimbardo 2008: 521, my translation). Thus, it suggests the existence of a ‘collective unconscious’ that is filled with inherited memories of humankind passed on from one generation to another. Another important contribution made by Jung was his alternative to Freud’s psychoanalysis termed ‘analytical psychology’, which was a less sexual and more idealistic concept of the unconscious. His approach contained a different angle on the psyche and its diverse personality types (cf. Porter 2002: 194-195).

2.7 A New Madness: Schizophrenia and the Emergence of Anti-Psychiatry

Another new illness that came into spotlight at the turn of the century was dementia praecox. The term was invented in 1856 by the French psychiatrist Bénédict-Augustin Morel.
The diagnostic category of dementia praecox\(^3\) underwent a revitalisation by Emil Kraepelin in 1896 (cf. Gilman 1985: 225). Kraepelin, who was already mentioned in a previous chapter, played a crucial role in the history of psychiatry. In addition to the development of a systematic description to classify mental disorders, he researched the “clinical conditions of catatonia\(^4\) and hebephrenia\(^5\) – to major components of his later concept of dementia praecox […]” (Noll 2011: 58). He also classified dementia praecox and hebephrenia as two different conditions: one as acute and the other as chronic (cf. Noll 2011: 63).

The rather static concept of dementia praecox introduced by Kraepelin was overhauled in 1911 by the Swiss psychiatrist Eugen Bleuler. He introduced the much broader term ‘schizophrenia’. This new and more dynamic concept of this mental disease became the focus of twentieth century psychopathology. A major distinction between the basic definition of schizophrenia – “disassociation of thought, loss of appropriate affect, ambivalence, autism” and the “accessory symptoms such as hallucinations, alterations of personality and change in language and handwriting […]” has been made by Bleuler (Gilman 1985: 225). The beginning of a changed perspective on mentally ill people that started to emerge around the fin de siècle was also evident in the understanding and treatment of schizophrenia in the early twentieth century. Bleuler especially based his methods heavily on Freudian theory by listening and observing patients. He tried to not see them as people going through “some type of physical alteration of brain structure” but rather regarded them as being afflicted by a disorder of the psyche (cf. Gilman 1985: 226).

Even though, schizophrenia has been the main focus in psychopathology and a significant amount of data had been collected on the subject at the beginning of the century, its definition and methods of treatment were still insufficient. Alexander and Selesnick labelled schizophrenia in their book The History of Psychiatry as the ‘Gordian knot’\(^6\) of psychiatry, as

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\(^3\) The term dementia praecox was shaped by the German psychiatrist Emil Kraepelin and describes a series of symptoms mostly diagnosed in adolescents that terminate ultimately in dementia (Spektrum 2019, online).

\(^4\) “Catatonia was a syndrome characterized by abnormal movements. Persons manifesting catatonia could be underactive or overactive. Incessant pacing or other motor excitement, bizarre posturing, stereotyped movements, confusion, and even stupor could be forms of this insanity as it progressed over time.” (Noll 2011: 60-61)

\(^5\) Hebephrenia is a mental illness that started to show after puberty. According to Hecker this disease manifest at the age 18-22. Symptoms shown by patients of hebephrenia include fits of “melancholy moods, followed by a ‘bizarre drive for activity,’ which can escalate into immature rages.” (Noll 2011: 61) The next stage of the disease are silly and aimless actions. In addition, strange thoughts come to the affected person mixed with an illogical way of speaking. A disorganised manner of speaking and thinking marks the beginning of the final stage of dementia which terminates in total confusion and agitation (cf. Noll 2011: 61).

\(^6\) The term “Gordian knot” is commonly used to describe a complex or unsolvable problem and can be traced back to Alexander the Great. On his march through Anatolia he reached the city of Gordium. Alexander and his men encountered an ancient wagon its yoke tied with “several knots all so tightly entangled that it was impossible to see how they were fastened”. An oracle had foreshadowed that any man who could unravel its elaborate knot was destined to become ruler of Asia (Andrews 2016, online).
this illness poses a complex and almost unsolvable problem. Researchers and psychiatrists in equal measure were struggling to identify specific causes for this mental disease. Biological theories in which the origin of the illness is organically based as well as beliefs that schizophrenics are suffering from a type of alteration in their relation to their sense of self were held. The disease was feared but also fascinated psychiatrists due to its complexity. The fear it caused was rooted in the fact that schizoid personalities were deemed incurable and therefore posing a threat to society (cf. Alexander and Selesnick 1978: 293; Gilman 1985: 226). The natural solution to mental illness still seemed to be institutionalisation.

However, the outdated mental institutions all over Europe and the United States of America had to undergo some severe critique. The segregation of mentally ill patients from sane people as well as other deficiencies in the treatment of the insane were judged as bad and improper in mid twentieth century. A new approach in modern psychiatry came about that argued that the majority of people suffering from mental diseases cannot be found in asylums but rather in society at large. Psychiatrists again started to focus on psychoses and neuroses. It was differentiated between mental disorders that were severe enough for institutionalising and moderate forms or borderline cases that can be treated without locking patients up. Views started to shift in the direction where anomalies in the human mind were seen as part of normal variability. The anti-psychiatry movement started to gain momentum (cf. Porter 2002: 208-209).

One of the leading figures in the anti-movement was the brilliant writer Ronald D. Laing. The Glaswegian psychiatrist summed up his theories about madness in his work *The Divided Self*, which has the “purpose […] to make madness, and the process of going mad, comprehensible” (Laing 1969: 9). Through his unorthodox approach he gained a cult and functioned as guide for many like-minded people at the time. As Laing’s previously mentioned work is concerned with existential psychology and psychiatry it is also concerned with schizophrenia. Laing defines the term ‘schizoid’ as following:

schizoid refers to an individual the totality of whose experience is split in two main ways: in the first place there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself ‘together with’ others or ‘at home in’ the world, but, on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as ‘split’ in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on. (Laing 1969: 17)
Psychosis therefore manifests itself in the separation of the body and the self. In states of psychosis the ‘true’ self becomes disembodied and acts as a spectator to what the ‘false’ self experiences or does. The ‘false’ self becomes detached and impassive not only to themselves, but also to the others and the world around them. There is no relatedness with other persons or a direct relationship with real things. If this estrangement takes place in an individual everything comes to a halt and everything is dead – the self included. The individual is split between inner and outer world; what is real and what is imagined. It is a way of coping for a person suffering from a schizoid personality disorder to invent an ‘other’ in order to escape an unlivable situation (cf. Laing 1969: 81-82).

Another notable contribution to the conception of madness and the discipline of psychiatry in general was made by Michel Foucault. He investigated aspects of sanity and insanity through philosophical, social, economic and medical viewpoints. In one of his major works, *Mental Illness and Psychology*, Foucault is concerned with the modern construction of madness as an illness and how psychopathology works as a device to get to the bottom of it. According to Foucault, in order to understand the reality of an ill individual, one must understand the behavior of the people in the environment and how they perceive said individual. The treatment of mentally ill people, therefore, depends on the perception of insanity of their surroundings. Furthermore, he argues that every disease obliterates in regard of its severity how it is regarded and treated by society. This process changes overtime as each community looks differently upon certain illnesses. However, those society specific perceptions are often replaced by archaic forms of behaviour. For example, in eighteenth century Europe mad people were seen as problem people and even though they were different from ‘normal’ citizens, they were identical among themselves (cf. Foucault 1968: 25; 42; Porter 1992: 119).

In *Madness and Civilization* Foucault argues that culture sets boundaries, divides spaces and establishes opposites into which society is plunged. It is not the identity of a culture but rather the limitations it presents. His thoughts concerning madness also fit into this scheme: “Madness is neither a natural universal nor socially relative, it is the inescapable other side brought into being through all those heterogenous but interlinked gestures in which reason, sense and civility have constituted themselves by dividing themselves from that which they are not.” (Rose 1992: 147) Therefore it is only logical that culture also creates a scission between sanity and insanity. However, in order to understand this process “we must try to return, in history, to that zero point in the course of madness at which madness is an undifferentiated experience, a not yet divided experience of division itself” (Foucault 1965: p xi). Easier said
than done, as this step still has to be made. Until that happens mad people are still seen as ‘the other’.

Another point that needs to be looked at is Foucault’s line of thought about the perception of madness in respect of psychopathology. Foucault suggests that people who suffer from a mental illness find coping mechanisms that are triggered through fear of the disease itself. The core element of the disease is the totality of the defense and escape reactions, which are used by the individual as an answer to his situation. It is a psychological defense mechanism that helps to handle one’s condition. A disease only can be established in a culture that acknowledges it as such, thus, making it a social product shaped by the conceptions and beliefs of a certain time. The community of people that recognise an illness simultaneously put a label on it (cf. Foucault 1968: 59, 93-97).

2.8 Psychological Developments from 1950 to the Present

Throughout the twentieth century new advances in the field of psychiatry have been made. Due to these developments, the organic approach that focuses on diseases that are a result of nutritional deficiencies proposed another therapeutic technique for psychotic conditions. Research in enzymes allowed biochemists to draw links between metabolic disorders as cause for mental illness. Galactosemia, for example, can result in mental retardations. Among shock-treatments and psychosurgery, the section of psychopharmacology was also developed further. Drugs were already used in previous centuries in order to treat disturbed emotional states, however, through the modernisation of technique and progress in biochemistry they have opened new possibilities for psychiatry. These new sedatives have the benefit that they neither cause major side effects nor have a severe impact on the state of consciousness. Physicians are now capable of treating specific psychic functions and lead those in the desired direction (cf. Alexander and Selesnick 1978: 271-272, 289).

Another field that gained momentum in the twentieth century was social psychiatry. Forms of therapy for mental disorders that involve “group sessions, family therapy, consciousness-raising, sensitivity training, game- and role-playing, and behaviour modification through stimulus and reinforcement” have arisen. (Porter 2002: 212) Those new techniques were largely influenced by the perception of the patient as a member of the community, who is affected by the environment around him. Group therapy, for example, is claimed to elicit reactions that individual therapy may not reveal. In exchange with others the patient is more unlikely to
suppress or hold back certain experiences and rather reveals those aspects in spontaneous interaction with their peers (cf. Alexander and Selesnick 1978: 334-335).

It was also the century when clinical psychiatry and cognitive advances in therapy and research started to boom. Disorders such as sexual disfunctions, eating disorders and social problems were the day-to-day business for these new clinics. Beginning with Kraepelin, the description of mental disorders remained ongoing, and psychiatry – both academical as well as hospital – contributed to it by constantly renewing and refining those classifications. Although, the twentieth century brought about some major advances with Freud and psychoanalysis, the refinement of medication for the treatment of mental disorders and progress in neuropsychology, a universal cure for madness is still not visible at the beginning of the twenty-first century. Instead, more and more people claim to suffer from symptoms of mentally inflicted syndromes, which leads to masses of people attending therapies and taking pills for medication. Psychiatry may have developed its profession over centuries but the perception of mental illness and those who treat it is still low as the media or press label it as distrustful and dubious (cf. Porter 2002: 212-218).

3 Definition of Madness

‘But I don’t want to go among mad people,’ Alice remarked. ‘Oh, you can’t help that,’ said the Cat: ‘we’re all mad here. I’m mad. You’re mad.’ ‘How do you know I’m mad?’ said Alice. ‘You must be,’ said the Cat, ‘or you wouldn’t have come here.’ Alice didn’t think that proved it at all; however, she went on ‘And how do you know that you’re mad?’ (Carroll 1895: Chapter VI)

“We are all mad in here” as the Cheshire cat in Lewis Carroll’s Alice in Wonderland so perfectly phrases it: but what does being ‘mad’ actually mean? ‘Madness’ as such is difficult to define as its conception showed various faces in the course of history. This chapter aims to give a definition of madness by looking into the meaning as well as the conception throughout time.

When one takes a look into the Oxford English Dictionary the term ‘madness’ is defined as “imprudence, delusion, or (wild) foolishness resembling insanity.” (OED 1, online) This term is first dated back to 1384 where Wycliff writes: “Yrael, wite thou thee a fool, a wood prophete.for the multitude of thi wickidnesse, and multitude of madnesse.” (cited as in: OED, online) ‘Madness’ in the aforementioned meaning is still used today.

The dictionary entry, however, shows another meaning of the word in regard to mental illness as it defines madness as following: “insanity; mental illness or impairment, esp. of a severe kind; (later esp.) psychosis” (OED 2, online). Here the examples that are listed from
different centuries for ‘madness’ as a mental illness or disease are more medical and aim towards describing the mental state of a person or an animal, whereas the first entry defines the term as a certain foolishness in behaviour. Hearing the term ‘madness’ nowadays often gets linked to mental diseases such as psychosis and its manifestations. Those include paranoia, irrationality, voices and delusions of any kind. “The mad are both over-certain and indecisive: they can be Stalin or Hamlet” (Kureishi, 2011 online). The Cambridge Dictionary offers, in addition to ‘madness’ as mental illness, the definition “unable to behave in a reasonable way” (Cambridge Dictionary, online). The third definition that can be found in the OED describes madness as “wild excitement or enthusiasm; ecstasy; exuberance or lack of restraint” (OED 3, online). As opposed to the other definitions, madness in this case has a more positive connotation as it is seen as something marvelous, creative, or even sacred.

However, it is interesting that the first definition for the word ‘mad’ in the Oxford English Dictionary online defines it as the state of a dog, which is “abnormally aggressive” (‘mad’ OED 1, online). Those meanings that are concerned with a person’s state of mind, however, are the ones worth looking at more closely. The two that are worth mentioning in context of this thesis are the following: “of a person: carried away by or filled with enthusiasm and desire; wildly excited; infatuated” (‘mad’ OED 3, online). Hence, a person can be ‘mad’ for something or someone, for instance, another person when they are in love or a material thing such as a house. The second one is: “of a person: insane, crazy; mentally unbalanced or deranged; subject to delusions or hallucinations; (in later use esp.) psychotic” (‘mad’ OED, 4, online). In this case again, the two meanings differ as far as one is caused by a desire for a person or thing, and the other is used to describe people who are crazy, mentally ill or distracted.

During the Renaissance, ‘distracted’ was commonly used to describe a severe mental illness whereas today its meaning is “unable to concentrate because one is preoccupied by something worrying or unpleasant”, which indicates a mild diversion of consciousness. This means that when a person is distracted their focus shifts from the task at hand and they cannot concentrate due to the distractedness their thoughts cause them (English Oxford Dictionaries, online; cf. Neely 2004: 2-3). ‘Folly’, ‘lunacy’, ‘melancholy’ or ‘distraction’ are only a few words that described a form of madness in the Renaissance period. “Madness is thus not confined to a single definitive concept in Renaissance literature but is instead evoked by a loose assembly of words which indicate a differentiated shade or kind of madness.” (Salkeld 1994: 62) Looking into all these dictionary definitions more closely shows one thing: defining the term madness is a delicate matter as it includes a wide variety of different mental and emotional
states. Apart from this, it is necessary to take culture specific connotations as well as historical contexts into account.

Meanings and connotations of a word change over time or are perceived differently in one society or country than another. Throughout the Middle Ages no uniform term for madness existed. Terms such as “amentia” (crazy or mad behaviour), “disipientia” or “insanitas” (madness) and “dementia” (unreason, madness) existed alongside one another. During the Middle Ages the term “insanus” could either describe an ill person, who adopts lunatic/mad behavior due to their illness or someone who acts fearless as an effect of their madness (cf. Klein 2017: 46). As the centuries went on the meanings of words shifted and changed constantly.

In the Renaissance, for instance, calling a poet ‘mad’ in the context of the age was a compliment, although, today it would probably be an insult. It has been said that the artists of the Renaissance received dreams and visions that fueled their imagination to write extraordinary pieces involving madness. Yet, long before that heroes in ancient Greek tragedies were punished by the gods with madness. Loss of reason was seen as a severe punishment, therefore, afflicting someone with madness was the god’s solution. This was later also adopted in Renaissance drama. A predominant feature was that the heroes in plays were often penalised for their wrongdoing or had to undergo a catharsis. Gloom, melancholy and madness did their part as well, as those were often used in Renaissance plays, which can be seen, for instance, in Shakespeare’s *Hamlet* (cf. Porter 2002: 66). Madness often presents itself in various manifestations and is caused by different factors. In *Hamlet* this is shown in the form of Hamlet’s erratic behaviour and his desire to seek revenge for his father’s murder.

In Romanticism, in particular, madness adopted a specific role, when you think, for example, of Wordsworth’s poem “We are Seven” or Coleridge’s “Kubla Khan”. We could even argue that ‘madness’ here is a reaction to the reason-determined Age of Enlightenment. With the rise of the gothic novel, madness drew on the horrific and terrifying aspects of human nature. The ‘mad scientist’, for example, was a popular figure in nineteenth century literature. The Victorian Era introduced the ‘mad woman in the attic’ as depicted in Charlotte Bronte’s *Jane Eyre*, which on one hand depicts the horrifying ways of how madness can unfold and on the other hand lays the focus on ‘madness’ as a ‘female malady’. Henceforth, madness is often associated with the female sex. With the rise of psychoanalysis in the beginning of the twentieth century, the inside of the mind and the supressed conflicts and motifs that lie in the human subconscious gained not only importance in the field of psychology but also in literature.
However, the connection between madness and literature will be discussed in more detail in Chapter 5.

In short, ‘madness’ is a highly complex concept. Determining whether a person is mad or how mad they have to be to even be labelled as mad is still a difficult task. Even after centuries the distinction between madness and sanity is a complicated matter as psychiatrists still have trouble finding a diagnosis that they can agree on. A patient, for instance, that is labelled ‘mad’ could be defined as psychotic, depressed, schizophrenic or hysterical depending on their symptoms and/or their cultural implications (cf. Kureishi, 2011 online). Therefore, when talking about ‘madness’ it has to be made clear which definition one refers to in the given context.

As mentioned above, ‘madness’ is a broad term that presents itself in various different faces. The term ‘madness’ used in the context of this thesis, however, incorporates all forms of the loss of ‘the self’. Now the question arises: “What does this actually mean?” ‘Self-loss’ here includes all types of mental illness that encompass perception and behavioural disorders as well as delusion, hallucination and desire (cf. Klein 2017: 45). However, not only delusion or intense desire can portray madness through the loss of one’s self, but also mental disorders such as dementia, schizophrenia or types of neurosis and psychosis can lead towards losing ‘the self’. The afflicted often suffer from severe diseases and lose themselves as a side-effect of it. People with dementia, for instance, are affected by a decline of their mental ability as well as memory loss (cf. Alzheimer’s Association, 2019 online). Not remembering crucial parts of one’s life or the people in it can therefore be seen as a form of self-loss. Another example where madness results in self-loss would be when someone gives in to their greatest passions or desires to accomplish their ultimate goal only to lose themselves in the process.

4 Madness in Literature

[…] through madness, a work that seems to drown in the world, to reveal there its nonsense, and, to transfigure itself with the features of pathology alone, actually engages within itself the world’s time, masters it, and leads it; by the madness which interrupts it, a work of art opens a void, a moment of silence, a question without answer, provokes a breach without reconciliation where the world is forced to question itself. What is necessarily a profanation in the work of art returns to that point, and, in the time of that work swamped in madness, the world is made aware of its guilt. […] the work endlessly drives madness to its limits; where there is a work of art, there is no madness; and yet madness is contemporary with the work of art, since it inaugurates the time of its truth. (Foucault 1965: 273-274)
The concept of madness has gained more significance nowadays as it had in previous centuries. “Not only has madness preoccupied many different disciplines but it has caused them to converge, thus subverting their boundaries.” (Felman 2003: 12) Fields such as history, psychology, psychiatry as well as sociology, linguistics and literature researched and examined madness from the antiquity to the present. For centuries madness and ‘the mad’ had been excluded from society but nowadays madness has become a “common discursive place”. Therefore, madness now occupies a place ‘inside’ the scope rather than one of exclusion as it has in previous times. The field of literature has given madness a voice through which it could be heard in society (cf. Felman 2003: 13). Literature and madness are often closely connected. Numerous celebrated literary works are full of ‘the mad’. A wide range of authors engaged in the various possibilities that madness and the “extreme states of mind” would offer and have played around with them. Where medicine wants to cure madness, literature uses it as a possibility to create something extraordinary (cf. Kureishi 2011, online).

Literary works, however, do not only use madness as a theme, but also writers tend to use their own mental states as an inspiration for their works. Virginia Woolf, for instance, writes in one of her letters: “As an experience, madness is terrific I can assure you, and not to be sniffed at; and in its lava I still find most of the things I write about. It shoots out of one everything shaped, final, not in mere driblets, as sanity does.” (Woolf 1978: 180) Woolf draws a comparison between madness and lava. Her mental illness – her tormented mental state – inspired her and drives her imagination as in its depths she can find things to write about. Thus, her madness provides her with already final, shaped thoughts and concepts for her creative work. “Madness resembles the gestations period of a work of art by allowing the work to develop unconsciously in the mind, unhampered by the constricting effects of ego, consciousness, rationality and logic.” (Hague 2003: 259) Looking at this quote one might want to argue that rationality and logic are constricting writing processes and creative outcomes and that a certain kind of ‘mad genius’ can foster one’s imagination.

Freud, for example, argues that writing and painting as well as daydreaming draws on hidden desires and thoughts that are buried in our unconsciousness (cf. Kurzweil and Phillips 1983: 3). Genius writers, therefore, are in Freud’s opinion not gifted by god but rather dealing with their unconscious thoughts, feelings and desires. If those repressed thoughts are bottled up and not worked out, this could lead to an adult neurosis. Nevertheless, in some instances these repressions can show in highly artistic outcomes (cf. Porter 1987: 61).

But in fact we already know there is no escape from ourselves. Existence is a dense plenum in which we are plunged, and every thought wish, and fear is “overdetermined,” coming to
be under the infinite pressures within that plenum of all other thoughts, wishes, and fears. Fingerprints and footprints are our own, and Darwin has pointed out that our inner organs differ from person to person as much as our faces. [...] The writer, no more than any other man, can hope to escape this inescapable density of particularity. (Kurzweil and Phillips 1983: 86)

Even though we cannot escape ourselves or the world we live in, writers have the gift to create works that capture and lure their readership into their imaginative worlds. The mind is fascinating as it offers depths which are unique and unfathomable to a certain degree and differ from one individual to another. The arts work as a mouthpiece for madness and thus gives them a voice to be heard. However, the line between the arts and actually going ‘mad’ is a thin one, as artists sometimes project their own condition of the mind into their literary works. (cf. Felman 2003: 13; Kurzweil and Phillips 1983: 3, 86)

In the Renaissance and the Age of Reason authors present ‘mad’, irrational characters in their novels and plays as representatives for themselves. (cf. Porter 1987: 61). “Cervantes’ Don Quixote, possibly Laurence Stern’s Tristam Shandy, possibly Diderot’s Rameau’s nephew are all, to some degree at least, their author’s double, albeit distanced. Yet, it is not easy to find many who clothe their own selves in the mantle of madness.” (Porter 1987: 61) Depictions of madness in literature can already be found long before the Renaissance, for example in plays of the Greek antiquity, which were already mentioned in a previous chapter. Madness was seen as a punishment of the gods. This belief was carried on to the Middle Ages, where being mad was considered either a punishment, test or purgation (cf. Doob 1974: 54). The Middle Ages were largely governed by religious belief and the church, therefore, the major literary work at that time was the Bible. An excellent example for madness in medieval literature provides Nebuchadnezzar as he is depicted in the Bible. According to Doob, Nebuchadnezzar can in a way be seen as the father of most literary madmen. “Thus all who fall through sin may see Nebuchadnezzar, like Lucifer and Adam as their distant ancestor; all who fall into madness only rise again through grace and virtue are his children.” (Doob 1974: 58) In a way Nebuchadnezzar and his mad, wild and bestial behaviour shaped later portrayals of madness.

As mentioned above, madness was a popular theme in Renaissance literature. Various different literary works depict the ‘mad’ or feature a character that suffers from ‘madness’ and/or becomes ‘mad’. Shakespeare features madness in Hamlet as well as in Macbeth as the

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7 Nebuchadnezzar was the mighty King of the Babylonian Empire between 604 and 562 BC. Numerous cuneiform tablets and ancient texts speak of his wondrous achievements and prideful character. However, late in his reign, Nebuchadnezzar had a philosophical wake-up call. Overnight, he went from mighty king to wandering madman, as he was stricken with a psycho-mania, which caused him to act like an animal. He grew long hair and nails, roaming about the countryside grazing on grass. (All About Philosophy 2019, online)
one who is driven by his revenge and the other falls victim to his ambition which ultimately results in that both characters go mad. The Enlightenment Age views reason and logic as the most important quality of mankind. Madness, therefore, poses a threat as it is deemed irrational and unreasonable (cf. Pauly 1999: 10).

As a counter-reaction to the reason guided age, Romanticism engulfed madness rather than rejecting it. “Romantic doctrine which saw genius and madness as doubles elevated art into ecstasy and the artist or writer into an aesthetic analogue of the prophet gifted with otherworldly powers” (Porter 1987: 64). This ‘creative madness’ is reflected in the poems of William Blake as he pictured art as ‘visionary’ and viewed imagination as a tool to form his visions. Blake used madness as a metaphorical device to separate himself from “worldly rationalism and commercial artists”. Here the imagination of a writer comes into play, as Blake wanted to create a world of his own (cf. Porter 1987: 64). Romanticism also brought forth the gothic novel that plays around with a dark, gloomy and terrifying atmosphere. One of the most famous examples of gothic literature is Mary Shelly’s *Frankenstein* which features the ‘mad’ scientist who is striving for scientific progress and advances by engaging in dubious and destructive experiments. Scientists are usually portrayed as rational and logical thinking people who strive for progress in their studies, however, scientists in the case of Shelly’s *Frankenstein* and also Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* contain a darker side within them which cause their tragic end. By subverting reason into ‘madness’ the aforementioned literary works develop a new picture of the usually ‘respectable doctor’. In western society the scientist is normally seen as a rational and logical being in whom people trust (cf. Koren and Bar 2009: 146).

In the nineteenth century, psychiatry started to depict “insanity itself as a dark night of the soul, a perversion of the will, an almost Byronic waywardness.” (Porter 1987: 65) The darker side of mankind which is portrayed in the form of madness found its way into a significant number of well-known literary works that arose throughout the nineteenth century. Hence, the exploration of mental diseases was not limited to physicians but could also be delved into by writers and poets. “Victorian literature reflects an increasing willingness to explore the mental state – a willingness that culminated, in the early twentieth century, with the birth of psychology as a field of study and science.” (Filson, 2019 online)

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8 The term goes back to Lord Byron a famous Romantic poet. Byron created the archetype of the ‘Byronic hero’ who was featured in major nineteenth century works. Examples of a Byronic hero would be Emily Bronte’s Heathcliff in *Wuthering Heights*, Charlotte Bronte’s Rochester in *Jane Eyre* or Mr. Darcy in Austen’s *Pride and Prejudice*. Byronic heroes tend to be characterised as being intelligent, depressive, traumatised, emotionally and intellectually tortured, reckless and suicidal, violent and so forth (cf. study.com, 2019 online).
Madness in the literature of the nineteenth century takes on different shapes. For one there is the above mentioned ‘mad scientist’ but there are also depictions of ‘mad’ women that draw on the notion of madness as disease prone to the feeble sex. However, ‘madness’ is not only used as affliction of the mind, but also to create “out-of-the-way-things” or to justify “queer” and “curious behaviour” such as in Lewis Carroll’s Alice’s Adventures in Wonderland (cf. Methner 2015: 73).

Advancements in psychology and psychiatry had an impact on literature around the fin de siècle and the earlier decades of the twentieth century. Freud’s psychoanalysis that explores the subconscious and his analysis of dreams was reflected in literature as well (cf. Alexander and Selesnick 1978: 165-168). New writing techniques evolved in the modernist era that include novel narrative perspectives such as stream of consciousness or free indirect discourse, which allows writers to give a deeper insight of a character’s mind. James Joyce and Virginia Woolf – famous representatives of the modernist literary movement – display those new modes of writing in Ulysses and Mrs. Dalloway. Even though those novels do not deal with madness per se, the narrative techniques used paved the way for later psychological narratives. Exploring one’s mind gained increasingly in importance.

Mental illness viewed as ‘madness’ is a recurrent theme throughout twentieth century literature. Literary works featuring diseases such as dementia, depression or schizophrenia is popular amongst writers as the twentieth and twenty-first century dealt more openly with diseases of the mind. However, even though psychology, literature and other fields such as sociology are concerned with mental illness and opened up new insights and discourses about madness the attitude towards it in society is still largely negative. (cf. Porter 2002: 212-218; Felman 2003: 13)

However, apart from society’s negative view on insanity, the concept of madness has always held a certain fascination that draws people in and therefore has been a popular theme to explore.

The greatest of writers – Aeschylus, Sophocles, Shakespeare, Dostoevsky, Nietzsche, Kafka, - and their somewhat less celebrated brothers – E.T.A Hoffmann, Gerard de Nerval, Rimbaud, […] – have explored that underworld where unconscious processes run amuck and created characters who often express profound human truths that lie beyond the threshold of reason. (Yalom 1985: 1)

As this quote shows, madness and literature were always closely linked to one another and have ever been present through all times in Western literary history. Famous writers from the
antiquity to the present explored madness in their own unique ways and delighted their readership with their textual representation of madness.

### 4.1 Usage of Madness as a Rhetorical Entity or Figural Device in Literature

What is the meaning of the intrusion of pathology into the very discourse of the novel? What is at stake in literature is meaning; but a madman’s speech is a priori meaningless; at any rate, it is unreadable, incomprehensible. Madness integrated into literature immediately raises the question of how the unreadable can as such be read. How and why does nonsense produce sense? (Felman 2003: 104)

Not only does literature tell the stories of those who are afflicted by madness, but it also uses it as a device to explore and go beyond the realms of possibility. The concept of madness gives authors the chance to toy around and to unfold a wide range of possible outcomes for their protagonists. Authors can design story worlds and protagonists suitable for their stories that are not bound by any limitations. Different narrative techniques enable writers to explore different states of minds by using, for example, interior monologue, psycho-narration or free indirect discourse. There are numerous possibilities to create a piece of literature. Stories concerned with madness, mental illness or psychology often share common properties. Imagery\(^9\) and metaphors\(^{10}\) are crucial parts in the creation of literary works. Psychological narratives, for instance, often draw on metaphors that establish the tone for the whole work (cf. Wolfe 1976: 898). “Metaphors, then, often, represent not only an attempt to communicate the emotional quality of the illness, but to some extent the structure as well. It is not surprising that the most common metaphors are metaphors of darkness and confusion: fog, mazes, labyrinths […].” (Wolfe 1976: 899) However, not only metaphors and imagery shape narratives of madness but also the various ways in which madness can be presented.

As mentioned above literature can present a different kind of reality with its own rules. Hence, if we take language itself as an example, literature can toy around with words and utterances that do not follow the rules of ‘normal’ and ‘everyday’ language usage. However, using non-sense and illogical structures could be described as ‘madness’ (cf. Herold 2015: 62). “In literarischen Texten kommen Propositionen vor, die nicht an der außer-literarischen

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\(^9\) “The term ‘imagery’ subsumes all the rhetorical figures […] including metaphors, metonymy, synecdoche and synaesthesia. All are figurative forms of expression and complex semantic structures. In literary texts, these semantic figures are expressed in words, whereas in film they take the form of visual images.” (Nünning 2014: 68)

\(^{10}\) “The term ‘metaphor’ refers to ‘word pictures’ that are used to convey a figurative meaning. The actual referent is no named directly; instead is replaced or paraphrased using words from another field of reference.” (Nünning 2014: 68)
Wirklichkeit überprüft werden können. Die Sätze, die in einem Gedicht von ihrem lyrischen Ich gesprochen werden, sind nicht irre, da auch sie wahr oder falsch sein können.“ (Herold 2015: 63) According to this quote, literary works can include phrases and concepts that are true or false but they could never be verified in a non-literary context. This means utterances made in a literary work can be true or false, however, there is no possibility to proof it as in the conventions of the work it could be true/false even if in our reality this is not the case. In this context Alice’s Adventures in Wonderland presents again a perfect example.

The work plays around with phrases and utterances as well as with the conventions of what is perceived as normal. Gardener describes nonsense as follows: “In a sense, nonsense itself is a sanity-insanity inversion. The ordinary world is turned upside down and backward; it becomes a world in which things go every way except the way they are supposed to.” (Gardener cited as in: Methner 2015: 73) The ‘madness’ in Alice’s Adventures in Wonderland is on one hand elicited through the use of linguistic patterns that draw largely on ambiguity and on the other through the illogical behaviour of the characters.

Another way to use madness as a figural device is its use to present mental illness as ‘madness’. Depicting people who are afflicted with mental illnesses such as schizophrenia, psychosis or dementia as ‘mad’ is a common practice in literature. Presenting them as irrational, wild in behaviour or letting them hear voices contributes to the effect of ‘madness’ as something horrifying and terrible. Characters that are portrayed as ‘mad’ often become unreliable due to this stigma. However, as already mentioned previously ‘madness’ enables writers to create unpredictable outcomes and toy around with the storyline as a ‘mad’ character is capable of anything, which makes ‘madness’ an excellent device to create literary pieces.

4.2 Canadian Literature and Madness

As the previous chapter shows, madness is evident in literature throughout all times. Thus, it can also be found in Canadian literary works. Before the connection between madness and Canadian literature can be discussed, a very brief historical context will be given. However, due to the limited length of the thesis, this chapter only discusses the development of Canadian narrative fiction and short stories, as these are the types analysed in the second part of the thesis. Additionally, narrative fiction is especially interesting as the author can explore and tell stories about different aspects of madness in more depth.

“The history of Canada can be told in many ways: the history of the native Americans, the history of the French, of the British, and of the later immigrants whether Ukrainians, Poles, Italians, Greeks, Lebanese or immigrants from South Asia and the Caribbean.” (Howells 2004: 73)
x) Canadian history is shaped by a multitude of cultures and therefore its story can be told in multiple different ways. The same applies for Canadian literature that is also largely influenced by different cultures that made up “new hybridized ‘Canadian’ identities” (Howells 2004: xi).

Long before Canada was colonised by Europeans, native peoples lived on the lands that constitute present day Canada. The inhabitants mostly lived as gatherers, hunters or farmers. The exploration of Canada by Europeans began in the fifteenth century and during the sixteenth century the French explorer Jacques Cartier made several voyages across the pond to claim the land for King Francis I of France. During the eighteenth century, Great Britain and France fought over the rights of North America. The odds were in the favour of Great Britain as the defeated the French in 1759, thus, putting an end to the French imperial power in America. In 1867 the British Parliament passed the so-called ‘British North America Act’, which marks the birth of the dominion of Canada (cf. Canada.ca, 2015 online). As Canada was largely influenced by French and British colonists, English and French are both official languages, thus, it makes Canada a bilingual country. However, as mentioned above the Canadian culture is made up by not only French and British heritage, but also Italian, German, Ukrainian and so on. Therefore, looking into history as well as literature the aspect of language and national identity needs to be considered when analysing it (cf. Löschnigg and Löschnigg 2001: 7).

Early English-Canadian literature can be found in the form of travelogues and journals that included reports of travellers who tell their readership about their experiences in the new territory. “The basic function of these exploration journals, however, was to chart coastlines accurately, claim territory for the empire, and also collect, describe and classify the flora and fauna they found” (Pauly 1999: 38). A Journey from Prince of Wales’s Fort in Hudson’s Bay to the Northern Ocean by Samuel Hearne, which describes the flora and fauna and the geography of the northern part of Canada, is one example of travel literature (cf. Löschnigg and Löschnigg 2001: 15).

However, the hard life in the Canadian backwoods, the daily routines of settlers and the everyday struggle to survive in the harsh environment left little room for writing literary masterpieces. The settlers who came to Canada at that time were exposed to rough conditions such as the exposure to the elements, the change in climate, diseases and the pressure of ‘making it’ in the new world. All these factors could impact one’s mental as well as physical health and could lead to mental instabilities and premature death. Two prominent women, Susanna Moodie and Catherine Parr, who wrote down their experiences of the early Canadian pioneer times, contributed majorly to the early English-Canadian literatures with their writings. The reports of both, Moodie and Parr, laid the foundation for the importance of female writers in Canadian
literature (cf. Pauly 1999: 38; Löschnigg and Löschnigg 2001: 14, 19). In *Roughing it in the Bush*, Susanna Moodie writes about her life in the untamed colony of Upper Canada in the 1830’s. Moodie left her home in England to settle on uncleared ground in the New World with her husband and daughter. As an upper-middle class woman coming from the civilised and class-governed England, Moodie had difficulties adjusting to the crudities and uncivilised nature of her fellow settlers and the environment around her (cf. MacBride 2011, online).

Torn between the familiar ways of the ‘old’ world and the unaccustomed manners of the ‘new’ world, pioneers struggled in every aspect. The new land did not only pose physical demands on the pioneers, but also took its toll on them mentally (cf. Pauly 1999: 39). This is evident in *Roughing It in the Bush* as Moodie is torn between idealistic conceptions that do not live up to the reality of the pioneer life, familiar Victorian norms and ‘new’ democratic structures of the colonies as well as the fascination of the Canadian wilderness and the fear of the unknown (cf. Löschnigg and Löschnigg 2001: 22). Margaret Atwood noted this dichotomy of Moodie’s in *The Journals of Susanna Moodie* and writes:

> Mrs. Moodie is divided down the middle: she praises the Canadian landscape but accuses it of destroying her; she preaches progress and the march of civilisation while brooding elegiacally upon the destruction of the wilderness [...]. She claims to be an ardent Canadian patriot while all the time she is standing back from the country and criticizing it as though she were a detached observer, a stranger. (Atwood 1970: 62)

Wilderness and its uncivilised nature invades the mind of the settlers. Being alien in the Canadian wilderness is threatening and the fear of the unknown future is looming over them. Nonetheless, Moodie becomes a ‘real’ Canadian and describes traditions, norms and institutions of her new home in *Life in the Clearings*. This literary work of Moodie is especially noteworthy for the context of this thesis, as Margaret Atwood based chapters of her bestseller novel *Alias Grace*, which will be discussed later on, on the texts of Moodie (cf. Löschnigg and Löschnigg 2001: 22).

However, the close connection between the natural environment and the human being, started to gain importance in nineteenth century national literature. Canadian writers tried to establish a national identity of ‘new’ Canada by connecting with the wilderness. Over centuries the natural world has held a certain fascination for mankind. Nature’s beauty attracts people and is often seen as a form of escape as well as an inspirational source that fuels people’s imagination. Even though human beings are drawn to nature’s beauty in awe and admiration, the external natural world can be a harsh and ugly environment that holds certain dangers. The natural world challenges and causes struggle that humans have to withstand and fight in order
to survive. Not only the charms and beauty of nature but also its grim and more vile side have inspired a significant amount of people to write works of literature about it. An excellent example for this kind of literature is Charles G.D. Roberts’ *The Heart of the Ancient Wood*. Published in 1900, when the majority of Canada’s population lived in the countryside, the novel combines a fairy-tale like, enchanted atmosphere that romanticises nature with the cruel reality of the rough wilderness (cf. Löschnigg and Löschnigg 2001: 24, 31-32).

The literature between 1867, when the dominion of Canada was born, and the First World War, was largely influenced by imperialism and nationalism (cf. Löschnigg and Löschnigg 2001: 27). Sarah Jeanette Duncan’s only explicitly Canadian novel *The Imperialist*, for instance, celebrates the national and imperialistic ideal. However, it not only portrays Canada as a place of promise, where class distinctions that were brought from the ‘old’ Empire to the New World were gradually blurred, and where one can develop their talents freely, but also gives a clear-eyed description of the narrowness and prejudices of small-town life. Small-town life and its mentality also find its way into Stephen Leacock’s *Sunshine Sketches of a Little Town*, where he satirically outlines life in the little town of Mariposa. The novel is modelled on his hometown of Orillia, Ontario and highlights the foolishness and ineptitude of the place. *Sunshine Sketches* is a story cycle, where the stories are linked to one another by the setting and depictions of the naïve narrator about the inhabitants of the town (cf. Löschnigg and Löschnigg 2001: 31).

The first two decades of the twentieth century were influenced by writers such as Charles G.D. Roberts, Stephan Leacock and Lucy Maud Montgomery. The latter is famous for her romantic classics *Anne of Green Gables* and *Emily of New Moon*, which are set on Prince Edward Island. Canadian fiction in this period – with the exception of Duncan’s novel *The Imperialist* – was predominately influenced by Romanticism including escapist and sentimental elements. Another form of literature that emerged in Canada was the harsh realist novel. After the establishment of the Pacific Coast Railway 1885, which connects the east and west coast of Canada, the West was open for settlement. Fiction that emerged out of this environment was no longer romantic but was written in a realistic style that highlights the difficulties of farm labour and the monotony of the prairie landscape. In the time between 1920 and 1940 there was a strong focus on describing the life and settlement in the prairies. The settlers were predominantly non-English speaking immigrants from all over Europe. One of these immigrants was the German Frederick Philip Grove (cf. Löschnigg and Löschnigg 2001: 25, 39).
Grove’s novel *Settlers of the Marsh* is highly naturalistic and highlights the “relationships between free will and fate, between natural world and man’s effort to make it yield” (Pauly 1999: 61). The novel tells the story of Niels Lindstedt, a young Swedish immigrant, who through hard labour clears a piece of land and becomes a successful farmer. In order to fulfill his idea of a perfect life he desires a wife and a family. However, the woman of his dreams – Ella Amundsen – rejects his advances as her opinion towards men was shaped by the brutality of her father towards her mother and she promised her mother to stay clear of men. The rejection causes Niels to immerse himself into his labour with more intensity and he tries to master the natural world around him. However, this leads to living an even more isolated life. After being rejected by Ella, Niels turns to Clara Vogel who is known to almost everyone as the town prostitute. Niels is sexually attracted to Clara and marries her even though he is not in love with her. The marriage ends in a tragedy as at the lowest point of his humiliation and rage, Niels murders her with a shotgun. This is when the author poses a fundamental question: “Are there in us unsounded depths of which we do not know ourselves? Can things outside of us sway us in such a way as to change our very nature? Are we we? Or are we mere products of circumstance?” (Grove 2008: 210). Circumstance causes Niels to go ‘mad’ as he tries to run after his dream of a perfect life in the new land, which does not work out as he had hoped. In addition, the novel features several secondary characters such as the Lunds, the Amundsens, Sigurson and the Hahns. All of them struggling against the elements and trying to make a living in the stubborn land. The psychology of the characters is in a sense a mirror image of the land around them: harsh, unyielding and indifferent. Everyone fights their own battle against nature.

Modernism slowly found its way into Canadian literature. A novel that is noteworthy both – as an example of modernist literature and an example of madness in literature – is Morley Callaghan’s *Such is My Beloved*. Callaghan provides with his literary works, for the first time, Canadian literature that is not based on the style of British writers that involves complex, elaborate sentences, but is rather influenced by American authors such as Hemingway (cf. Löschnigg and Löschnigg 2001: 46). Written in the 1930’s the novel responded to the circumstances of the world economic crisis and the unprecedented unemployment and poverty. *Such is My Beloved* tells the story of Father Dowling, a Catholic priest, who gets into trouble trying to help two prostitutes. In a majority of his works, Callaghan dealt with the moral predicaments of his characters, as they attempt to embody God’s love (cf. Pauly 1999: 84). When Father Dowling first meets Midge and Ronnie, he is full of empathy and humility. He becomes convinced that his love “must surely partake of the nature of divine love” (Callaghan 1982: 17). Throughout the novel Father Dowling tries to help the two girls to a better life, even
though his attempts are met with a cold shoulder from the girls. In the end he gets sent to a psychiatric hospital by a lake as ‘punishment’ for helping two prostitutes. “Unable to do anything more to affect their material condition, Dowling concludes by offering up his sanity as a sacrifice for the souls of the girls” (Pauly 1999: 88). The novel ends with an ambiguous final scene:

There was a peace within him as he watched the calm, eternal waters swelling darkly against the one faint streak of light, the cold night light on the skyline. High in the sky three stars were out. His love seemed suddenly to be as steadfast as those stars, as wide as the water, and still flowering within him like the cold smooth waves still rolling on the shore.

(Callaghan 1982: 144)

From the 1960’s onwards, the socio-cultural structure of Canada is often associated with a mosaic, as a variety of different ethnicities co-existed alongside one another. Another factor that influenced all areas of life to a large degree, was the technological progress that was made in that time. Both factors are also reflected in literature, as Canadian literary works are shaped by the ethnic diversity of the country. The so-called ‘Canadian literary renaissance’ contributed to the flourishing of the Canadian novel. Major themes in those novels were nature, society and national as well as regional identity. In this period world renowned authors such as Margaret Atwood and Michael Ondaatje started to publish their literary masterpieces. Influenced by socio-political developments of the 1960’s, Margaret Atwood’s novels had a slightly more political touch as she deals with the constraints of modern north-American society from a Canadian perspective in her earlier works (cf. Löschnigg and Löschnigg 2001: 66, 72-73). Atwood also needs to be mentioned in the context of literature and madness. Her novels *Surfacing* and *Alias Grace* as well as her short story “Isis in Darkness” have implications of madness. A discussion and analysis of the latter two follows in the analytical part of the thesis.

However, Canada brought forth a huge number of writers who explored ‘madness’ in their stories between the late 1960’s and in the 1970’s. One of the most famous is Sinclair Ross and his short story “The Lamp at Noon”, which was published in 1968. The story explores the hardships that come with living in a natural environment and the toll it takes on the characters physically and mentally. Another story published in the 60’s that explores a different kind of madness is Margaret Laurence’s *The Stone Angel*. The protagonist in this work gradually loses their mental capacity to think clearly as a result of illness and old age. The view that ‘madness’ has become a bigger concern throughout the twentieth century is also reflected in Margaret Gibson’s *The Butterfly Ward* that she published in 1976. (cf. Löschnigg and Löschnigg 52, 87, 103)
The novels of the 1980’s are rather difficult to define as their themes as well as forms of presentation are multifaceted. From themes such as history, immigration and Canadian identity to genres such as the historical novel and Bildungsroman – the 80’s had it all. However, as diverse and rich on themes as the Canadian novel is, Canada’s history and society are topics that are still predominant in contemporary literary works. Writers increasingly attend to topics that are concerned with feminism and female identity. The aforementioned novel Surfacing by Margaret Atwood portrays the journey of self-discovery of a woman in the Quebecois wilderness (cf. Löschnigg and Löschnigg 2001: 73, 89). Atwood explores in this novel the depths of the human mind by confronting the main character with her past. Through this exposure to suppressed trauma, lies and painful events of the past begin to ‘surface’. However, the ‘Canadian novel’ was not only influenced by the writings of Margaret Atwood, but also by other well-known authors. Just to name a few: Austin Clarke, who writes in his trilogy about an immigrant from Barbados who lives in Toronto or Rudy Wiebe, whose works are concerned with the autochthonous people in Canada also have majorly contributed to the development in the novel-section of Canadian literature. There are of course a wide range of other notable Canadian novelists out there, however, due to the length of this thesis, this has to be cut short.

As mentioned at the beginning of this chapter, the second type of literature that will be looked upon is the Canadian short story. In the earlier decades of the twentieth century, there was little enthusiasm for the short story. With authors such as Morley Callaghan, Sinclair Ross and Ethel Wilson this genre acquired a certain increase in popularity. However, with the introduction of magazines in the 1940’s the short story started to gain momentum (cf. Löschnigg and Löschnigg 2001: 51). According to Grady the Canadian short story turned into “Canada’s healthiest and most versatile literary genre” during the 1960’s and 70’s. (Grady 1980, as cited in: Löschnigg 2014: 1)

Given that there are numerous world renowned Canadian short story authors out there, selected few will be briefly presented. One of the most famous authors of short stories is without a doubt Nobel Prize winner Alice Munro. Over a period of sixty years Munro has written and published 140 short stories (cf. Löschnigg 2014: 17). In her short story collections published in the 1980’s she put more emphasis on the narrative instance per se, whereas in her earlier stories Munro filtered the protagonist’s experience through a perception of ‘child-like wonder’. In Open Secrets, which features “A Wilderness Station” – one of the short stories discussed in this thesis – Munro explored fragmentation of scenes as well as different forms of non-linear strands of narrative structures. Munro’s stories predominantly focus on interpersonal relationships between the opposite sexes as well as female friendships between mothers and daughters.
(Löschnigg and Löschnigg 2001: 100). Carol Ann Howells argues that Munro “continued to experiment with the short story form, always attempting to represent more adequately the complex layering of the way things are or rather the way things might be interpreted from different perspectives” (Howell 1998, cited as in Löschnigg 2014: 17).

Not only has Margaret Atwood written and published several novels, poems, anthologies and essays, but she has also made herself a name in the universe of short story writers. Two central themes that are recurrent in her stories are ‘the divided self’ and metamorphosis, which are evident in her short story collection Dancing Girls. Atwood weaves themes and motifs that concern herself such as miscommunication between male and female, loss of identity or mankind’s behavior towards nature into her works (cf. Löschnigg and Löschnigg 2001: 102-103). This section of the thesis on Canadian literature and madness, however, does not contain a detailed analysis of Canadian literary works that were published after 1950, as the analysis part that follows focusses on more recent Canadian literature that deals with madness in different shapes and forms.

5 The Female Sex and Madness

As the previous chapters show, madness and literature are closely connected, however, madness and the female sex are also a concept that often goes hand in hand. The following quote from Elaine Showalter’s The Female Malady illustrates that in an excellent way.

Contemporary feminist philosophers, literary critics, and social theorists have been the first to call attention to the existence of a fundamental alliance between “woman” and “madness.” They have shown how women, within our dualistic systems of language and representation, are typically situated on the other side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture and mind. (Showalter 1987: 3-4)

Porter argues that a “‘special relationship’ is highly visible in contemporary culture, establishing sets of affinities between mental and emotional disturbance, psychiatry and women” (Porter 1987: 103). More women than men are treated for mental health issues and/or find themselves in psychiatric care today. Porter further argues that “ever since Charcot’s and Freud’s studies of hysterical women, it has paradoxically been the female unconscious and, by implication, the mystery of female sexuality which have been the inner sanctum of the psychiatric enterprise” (Porter 1987: 103). Charles Dickens made the same observation back in the nineteenth century, as he writes in an edition of Household Words about his visit to the mental hospital St. Luke’s. “The experience of this asylum did not differ, I found, from that of
similar establishments, in proving that insanity is more prevalent among women than among men.” (Dickens as cited in: Showalter 1987: 51)

However, in the seventeenth century and during the eighteenth century, records show that a higher number of men were institutionalised for insanity in private asylums and provincial houses than women, thus, it seemed that men were more susceptible for madness. This is also reflected in literature as the ‘superstitious melancholic’, the ‘melancholy lover’ or the ‘hypochondriac’ were portrayed as men. Yet, this view changed during the age of sensibility starting in mid-eighteenth century when mental illness starts to be ‘feminised’ (cf. Showalter 1980: 159; Porter 1987: 4).

In her introduction to The Female Malady, Elaine Showalter gives a pretty straightforward explanation as to why ‘madness’ is labeled as a ‘female malady’. “In the most obvious sense, madness is a female malady because it is experienced by more women than men.” (Showalter 1987: 3) The representation of the female sex as more prone to mental diseases has been well recorded and documented by psychologists as well as historians. A look in the casebooks of the early seventeenth century Buckinghamshire doctor Richard Napier, for example, reveals that most of his patients with mental disorders were women. Back then however, they would describe themselves as ‘melancholy’, ‘distracted’ or ‘disordered’. Yet, those symptoms are to be expected due to the burden women had to carry. Women played an important role in the socio-economic realm, as they had to fulfill various different functions. From raising a family to running a household to manual labor – women mastered it all. In some cases, however, this did not only take a toll on them psychically, but also resulting in mental health problems (cf. Showalter 1987: 3; Porter 1987: 104).

In Women and Madness Phyllis Chesler argues that “women more than men, and in greater numbers than their existence in the general population would predict, are involved in “careers” as psychiatric patients” (Chesler as cited in: Felman 1990: 117). This raises the question why women are more susceptible to mental illness. Is it because of women’s assigned role of being “first and foremost a daughter/ a mother/ a wife” that is shaped by patriarchal male culture? Or through designating the female sex as the man’s opposite – his other – and not giving women their own right to be “different, other, otherness itself” (cf. Felman 1990: 118-119). Is it a rebellion against stereotypical gender roles and patriarchal oppression or is it actually something within women that makes them more likely to suffer from mental health issues?

The nineteenth century is not only notable for its changes and innovation in the psychiatric field or for the domestication of insanity, but also for the feminisation of ‘madness’.
Even though there were records from the seventeenth century, such as those aforementioned case files of doctor Richard Napier that show a significant number of mentally ill, distracted or unhappy female patients, the nineteenth century became the age “when the predominance of women among the institutionalised insane first becomes a statistically verifiable phenomenon.” (Showalter 1987: 52) This is reflected in the numbers of lunatics certified in England and Wales. In 1872, out of 58,640 institutionalised ‘mad’ people, 31,822 were females. The increase of female patients in mental hospitals had been discussed intensely by Victorian reformers and psychiatrists. However, at the time the higher quantity of women who suffered from mental illness was no indicator for insanity to be more prone to the female sex. It was simply argued that the greater number of females in mental institutions is caused by the fact that they live longer than men and/or were more unlikely to be discharged or cured (cf. Showalter 1987: 52, 54). Another reason that was given to justify the statistics was poverty. It was seen as a moral cause of insanity and “women were the majority of recipients of poor-law relief, and poor people were more likely to be committed to institutions than people from the middle or upper class” (Showalter 1987: 54). The figures led Victorian psychiatrists to the conclusion that “women were more vulnerable to insanity than men because of the instability of their reproductive systems interfered with their sexual, emotional, and rational control” (Showalter 1987: 55). Although the concept of insanity per se was still unclear during the nineteenth century, psychiatrists came up with theories that related female insanity to the “biological crises of the female life-cycle – puberty, pregnancy, childbirth, menopause” (Showalter 1987: 55).

Another mental illness that is often associated with ‘madness’ is hysteria. It is labelled as one of the classic diseases of the nineteenth century. “Not only was hysteria a widespread and – in the intellectual history of medicine – significant disease, it remains to this day a frustrating and ever-changing illness.” (Smith-Rosenberg 1972: 652) Hysteria is not an illness that occurred in the nineteenth century for the first time, as it was prevalent throughout history. However, the diagnosis for hysteria in the twentieth century is not necessarily the same as in the nineteenth century or the ‘hysterical character’ as described by the Greeks when they first named it over millennium ago. Although the perception and diagnosis of hysteria changed in the course of history, one factor remained constant: the clinical term ‘hysteria’ existed in every era of Western culture (cf. Smith-Rosenberg 1972: 653).

In association with hysteria, two leading figures in the field of neurology and psychology need to be mentioned. For one Jean-Martin Charcot, a Parisian neurologist, who started working on hysteria in 1870. He was one of the first European theorists that linked causes of hysteria to psychological origins. Charcot experimented with the use hypnosis and in
combination with physical examination and observation, he was able to determine that hysterical symptoms, even though they were induced by emotions rather than physical harm, were real and the afflicted patient had no conscious over it (cf. Showalter 1987: 147). The other prominent figure at the fin de siècle was Sigmund Freud, a Viennese neurologist who is also known as the father of psychoanalysis. (see also Chapter 1.9) Hysteria in equal measure captivated and frustrated some of the time’s well renowned psychiatrists and psychologists. Freud, however, gained international fame through redefining the disease (cf. Smith-Rosenberg 1972: 652). Freud’s most famous study on hysteria, which he conducted with one of his contemporaries Josef Breuer, was the case of ‘Anna O.’, who suffered from hysterical episodes.

With the rise of psychoanalysis, hysteria was classified by psychiatrists and psychologists as a “neurosis” or character disorder, the product of an unresolved Oedipal complex11. Hysterical women, fearful of their own sexual impulses – so the argument went – channeled that energy into psychosomatic illness.” (Smith-Rosenberg 1972: 653) In order to understand the causes for hysteria, the British physician Robert Brudenell Carter determined “three main factors in etiology of hysteria: the temperament of the individual, the event or situation which triggers the initial attack, and the degree to which the affected person is compelled to conceal or “repress” the exciting causes” (Veith 1965: 201). Here sexual passion plays an important role, as perpetual repression of those desires may lead to hysteria. Veith argues that women are by nature more emotionally sensitive than men and due to conventions, they suppress their natural sexual needs which results in making them more susceptible to hysteria. She further argues that even today if one compares the power of emotion between male and female gender – without taking sexual desires into account – men tend to think whereas the latter tends to feel under the same circumstances. This can lead to women feeling the necessity to suppress or conceal their emotions (cf. Veit 1965: 201).

The fin de siècle also was also marked by a shift in the socio-economic structure, as the ‘new woman’ demanded education, personal freedom and work. This goes hand in hand with the new opportunities for “self-cultivation” and “self-fulfillment” offered in the fields of education and work for women. Doctors at the time were concerned that this new development would lead to “sickness, sterility and race suicide.” Additionally, they connected the emergence

11 The term origins from Sigmund Freud and is used in connection with his theory of psychosexual stages of development. “The Oedipal complex usually occurs during the Phallic stage of development between the age 3-6, in which the source of libido (life force) is concentrated in the erogenous zones of the child's body. During this stage, children experience an unconscious feeling of desire for their opposite-sex parent and jealousy and envy toward their same-sex parent.” (McLeod, 2018 online)
of nervous diseases such as hysteria, anorexia nervosa or neurasthenia, which governed the fin de siècle to the ambitions and aspirations of the female sex (cf. Showalter 1987: 121).

The aforementioned case study concerning Anna O.’s fits of hysteria, can be linked to the changes that happened around the fin de siècle. Anna O. was very similar to ‘new women’, who can be characterised as rebellious and frustrated intellectuals. Breuer, who observed her, described her as a very intellectual, imaginative young woman with a “critical common sense”. However, he noted that Anna O. has no way to escape or release her talents. She was predominately at home and living a monotonous life that consisted of carrying out domestic duties, which did not keep her mind busy enough (cf. Showalter 1987: 155). When she became a patient of Breuer, Anna was “suffering from anorexia, paralyses, and hallucinations, as well as an elaborate sequences of speech disorders, culmination in mutism. […] Daydreams were a substitute for the intellectual nourishment she craved; the symptoms of hysteria were the outcome of an unemployed surplus of mental liveliness and energy.” (Showalter 1987: 155, 156) In their work Studies on Hysteria, Breuer and Freud display a more sympathetic outlook on hysteria in contrast to their English and French contemporaries, who illustrated hysterical women in a much more unfavorable way (cf. Showalter 1987: 157).

In the period after the First World War the frequency of occurrences of female hysteria decreased dramatically. The war changed people and their perspective on social structures and images. This fact led to a new representation of middle-class women who were now perceived as stronger and less vulnerable to mental health issues as opposed to pre-war times when they were portrayed as the “chief-clientele for nervous disorders” (Showalter 1987:195). Fewer mental breakdowns were also explained by the fact that women were confronted with the cruelty of the war which made them tougher and that they had occupation by doing meaningful work. In addition, women’s ideas, participation and novel thinking regarding female psychology entered the fields of psychology and psychiatry (cf. Showalter 1987: 195).

During the postwar period, female madness was no longer associated with hysteria, however, a new ‘malady’ entered the realm of psychiatry. Schizophrenia, a psychotic syndrome that found recognition at the beginning of the twentieth century and was defined by Emil Kraepelin and Eugen Bleuler. (see Chapter 2.7) “Schizophrenia offers a remarkable example of the cultural conflation of femininity and insanity.” (Showalter 1987: 204) Although schizophrenia is not regarded as a primarily female mental disorder, as statistics show that they occur within men and women to an equal measure, it does bear some gender-specific connotations. The schizophrenic woman became a new central figure in Western culture and thus, replaced the image of the hysterical woman of the nineteenth century. The connection
between female identity and schizophrenia was also reflected in literary works. Autobiographical novels such as *Faces in the Water* or *The Bell Jar* deal with female schizophrenia. What is interesting about these novels is that they, in a way, question the causes for madness among women. Earlier novels in contrast did not ask whether madness was a woman’s own fault or if there is a possibility that it is caused by oppression and roles assigned to women in modern society (cf. Showalter 1987: 204-205, 213).

From the 1950’s onwards there was a decline in the institutionalisation of ‘mad’ people evident in the records of mental hospitals. Contributing to this decrease of patients was largely the use of antipsychotic drugs and tranquilizers. Showalter argues in *The Female Malady* that ‘madness’ has become mainstream due to the fact that people who suffer from mental diseases were no longer put in an asylum but were rather transferred to the psychiatric wards of hospitals or released. Even though the ‘drug revolution’ changed the treatment of mental illness and led to a decline in institutionalisation, women have now become the main audience for psychotic drugs. Despite all the advances made in the treatment of psychiatric patients, the cultural perception of women as the one’s more susceptible to mental health issues has not changed to a large degree. However, involving the female sex and their thoughts in fields of psychology and psychiatry led to a novel feminist psychology that started in the 1970’s and is still ongoing. Giving women a voice, empowering and involving them in the development of psychiatric theories offers room for change (cf. Showalter 1987: 248-250).

5.1 Female Empowerment

Before the woman writer can journey through the looking glass toward literary autonomy, however, she must come to terms with the images on the surface of the glass, with, that is, those mythic masks male artists have fastened over her human face both to lessen their dread of her “inconstancy” and – by identifying her with the “eternal types” they have themselves invented – to possess her more thoroughly. Specifically, as we will try to show here, a woman writer must examine, assimilate, and transcend the extreme images of “angel and “monster” which male authors have generated for her. (Gilbert and Gubar 1979: 16-17)

In *The Madwoman in the Attic*, Sandra Gilbert and Susan Gubar were amongst the first to point out nineteenth century female author’s rebellion against appointed images of women anchored in patriarchal values. The figure of the ‘madwoman’ functions as a symbol for anger and anxiety and can be seen as the double of the author (cf. Showalter 1987: 4). “For it is […] through the violence of the double that the female author enacts her own raging desire to escape male houses and male texts.” (Gilbert and Gubar 1979: 85) Nineteenth century literature,
probably more than any other, dealt with women’s confinement to the house. They are figuratively imprisoned to their home and bound to their duties. Female authors in this period used writing literary texts to escape and rebel against patriarchal norms. Defiance and rebellion could not be shown overtly but had to be hidden, and found its manifestation in the raging and furious ‘madwoman’ (cf. Gilbert and Gubar 1979: 84). Showalter argues that letters and biographies of talented female authors who suffered from mental breakdowns themselves “have suggested that madness is the price women artists have had to pay for the exercises of their creativity in a male-dominated culture.” (Showalter 1987: 4) In the history of feminist literature Virginia Woolf and Sylvia Plath, for instance, have become extremely important figures.

However, writing and expressing themselves has given female authors a tool to voice their thoughts and feelings for everyone to be heard. Textual representation empowers female authors to break away from long-established values and beliefs as well as a method to respond to patriarchal oppression. Yet, what does ‘empowerment’ actually mean? Empowerment has a different meaning for different people, however, the definition given by Nina Wallerstein and Edward Bernstein describes the term adequately.

[Empowerment is] a social action process that promotes participation of people, organizations, and communities in gaining control over their lives in their community and larger society. With this perspective, empowerment is not characterized as achieving power to dominate others, but rather power to act with other to effect change. (Wallerstein and Bernstein cited as in: Stein 1997: 7)

Empowerment includes, for instance, autonomy and independence making decisions as well as self-confidence and self-esteem. Additionally, it is also seen as the opposite of oppression. Feminists pointed out that oppression has an effect on the psyche as well as on the handling of power. Due to these observations, strategies of empowerment started to evolve in order to respond to the negative results of patriarchy and development (cf. Stein 1997: 18).

Literary texts can be seen as one of these responses as female authors were enabled to express themselves in their writing. As mentioned above, literature was, and still is, a vehicle for critique in our society. However, a majority of literary traditions in the past were male-dominated and also male-centered. This is also evident in the connection between madness and literature. Even though, famous nineteenth century female authors such as Jane Austen, Emily and Charlotte Bronte, George Eliot or Mary Shelly started to break literary conventions at that time by raising awareness and dealing with madness, it took until the twentieth century when texts on madness composed by women gained momentum and began to challenge those written by male authors (cf. Pauly 1999: 136). Madness in literary texts can be seen as both: an uprising
against male oppression, standing up for oneself as well as freeing one’s suppressed and bottled up emotions.

6 Introduction to the Texts Discussed in This Thesis

6.1 Summaries of the Selected Works

6.1.1 Alias Grace

The novel is based on the true story of one of the most enigmatic and notorious women of the 1840’s. The story line revolves around the life and conviction of the ‘celebrated murderess’ Grace Marks. Grace was convicted for her part in the murder of Thomas Kinnear, her former employer, and his housekeeper and mistress, Nancy Montgomery in 1843 when she was 16 years old. The novel starts in 1859 where Grace is imprisoned in the Kingston penitentiary. Before that she also spent some time in an asylum as Grace claimed to have no recollection of the murders in which she was accused of partaking. However, as Grace is a ‘model prisoner’ she gets to work at the Governor’s house where she helps the Governor’s wife by doing work as a seamstress.

One day an American doctor, Simon Jordan comes to visit Grace and tells her he wants to hear her story in order to figure out why, or if she actually lost her memory during the day of the murder. Dr. Jordan is interested in Grace’s case as he is a ‘doctor of the mind’ and he wants to open up a mental asylum. By interviewing Grace, he hopes that he can bring her memory back. To trigger memories, he brings certain objects such as apples, potatoes or turnips in hope that they will remind her of the cellar in the Kinnear household where they found the bodies of Nancy Montgomery and Thomas Kinnear. In their first session together, Dr. Jordan asks Grace to tell him the story of her life. She begins by telling him that she was born in Ireland but she and her family emigrated to Canada when she was twelve. Her mother died aboard the ship that took them across the ocean to their soon the be home country. When she narrates this, she remembers that one of the people on the ship said that one has to open a window in order to let the soul of the dead person out. As there were no windows below deck she was worried that her mother would be trapped there forever.

After coming to Toronto, Grace soon started to work as a servant at the household of Mrs. Alderman Parkinson. There she met a fellow servant, Mary Whitney, who she quickly
befriended. However, Mary died after having an abortion. After that event Grace and two other servant girls have to cover up Mary’s body and while doing this Grace hears a voice saying “let me in”. Grace thinks that she misheard and believes that it was Mary’s soul saying “let me out” – meaning let me out of the window. After that Grace faints and does not wake up for two whole days – or that is what she thinks. However, one of the girls witnesses Grace waking up in between the two days asking where Grace went. Soon after she passes out again and when she wakes up the next time she knows that she is Grace again but having no recollection of waking up in between. Dr. Jordan then notes that Grace had lost her memory once before. Soon after Mary Whitney died Nancy Montgomery, comes to visit Mrs. Alderman Parkinson and offers Grace a job at Thomas Kinnear’s household where Nancy herself works as a housekeeper.

As Grace is devastated about the death of Mary she leaves Mrs. Alderman Parkinson and starts to work for Mr. Kinnear. However, she soon finds out that Nancy is Mr. Kinnear’s mistress. Nancy at the same time has the impression that Mr. Kinnear is interested in Grace and starts to treat Grace unkindly. Another employee James McDermott, who was later convicted and hanged for the murders of Thomas Kinnear and Nancy Montgomery, makes Grace also uncomfortable. The only nice person there is Jamie Walsh, who lives on the property next to Mr. Kinnear and who has a crush on Grace which is not mutual.

In 1843 the brutal murder of Mr. Kinnear and Nancy took place. The whole event happened under mysterious circumstances. After fleeing Richmond Hill and adopting a false name, both McDermott and Grace get arrested. Grace is regarded as an accessory to murder and was sentenced to life in prison. This is the end of Grace’s story that she told Dr. Jordan. Dr. Jordan, however, still has not made process in detecting what caused Grace’s loss of memory and whether she is guilty or not. Yet, he still needs to write a report which should help Grace to petition for early release. The Committee, which believes in Grace’s innocence want to plead on her behalf but needs evidence to substantiate that claim. As a last resort Dr. Jordan then allows Dr. Jerome DuPont to try hypnosis on Grace. During that hypnosis session the Committee and Dr. Jordan are present, when Grace suddenly begins to speak with the voice of Mary Whitney. She (Mary) confesses that she is possessing Grace and that she killed Nancy, thus, accounting for all of the times Grace had no memory of ever since Mary had died.

After this revelation Dr. Jordan does not know how to react, as he does not believe in hypnosis and mesmerism in general. He then leaves on a train to the United States without any explanation. He goes to the military as a surgeon and suffers from a severe head injury which ends in loss of all his memory about his time in Kingston and Grace. In the end, Grace receives
a pardon in 1872 after twenty-eight years of imprisonment. They transport her to the United States where she marries Jamie Walsh. At the close of the novel Grace sews herself a quilt, as she sewed so many different one’s for other people over the years. Making a Tree of Paradise pattern and using cloths she still has from Mary, Nancy and herself – so that all three of them can be together in the end (cf. Margaret Atwood 2009).

6.1.2 All My Puny Sorrows

Elfrieda and Yolandì von Riesen are two smart and loving sisters. Both are very different in character. Elfrieda, nicknamed Elf, is a world-renowned concert pianist, wealthy and seemingly happily married. She basically has everything one can dream of but she wants to die. Elf has always had those feelings of sadness and sorrow and decides she cannot go on with her life. Yolandì, nicknamed Yoli, on the other hand is in midst of a divorce, a writer of young adult cowgirl novels and broke. Even though her life is not perfect, she wants to be alive and that is also what she wants for her older sister: to keep her alive. The two sisters grew up in a conservative Mennonite community in Winnipeg, Manitoba. Ever since they were children they were different. Elf always wanted to change the world, travel and play the piano. Yoli was shy and always admired her sister for being fearless.

At the beginning of the novel, Elf attempts suicide by taking an overdose of painkillers but failed, as her mother found her and brought her to the hospital before it was too late. However, this is not the first time because she previously tried to starve herself to death. Yoli flies in from Toronto to care for her sister alongside Elf’s husband Nic. They send their mother on a cruise as she deserves some rest. The younger sister, however, has a lot on her plate as she is divorcing her former husband and also seeing other men in order to compensate for her failed marriage. Even though it seems Yoli struggles much more with all the things life throws at her, she is the one who would never give up on life. Yoli tries everything to make her sister want to live, to enjoy life and to uplift her survival instinct again. However, Elf refuses to take her medicine and just does not want to get better.

At one point, Elf seems to get better as she talks about playing the concert tour that was planned before she tried to attempt suicide. As music is her biggest passion and the only thing that makes her truly happy, her family thinks she is actually making progress concerning her health. Yoli flies back to Toronto, where her son Will is looking after her 14-year old daughter Nora. Will is going back to his studies at a university in New York. Their aunt Tina is visiting
and helps their mother Lottie to keep an eye on Elf. Even though Elf claims she is doing better Yoli is not entirely convinced.

Soon after, Yoli has to fly in from Toronto again, as Elf tried to kill herself once more. Elf slit her wrists and drank bleach when her aunt Tina found her. The concert tour is cancelled as Elf is in the hospital again. It seems nobody takes her depression and feelings seriously. The doctor and nurses continuously tell Elf’s family that she needs to be the one that wants to get better. Elf cannot speak due to the effect the bleach had on her throat. When she can talk again she asks her sister to take her to Switzerland where it is legal to assist suicide. She begs Yoli to come with her as she wants to die, but not alone. Yoli refuses to take her but she cannot stop thinking about her sister’s request. In the meantime, their aunt Tina has a heart attack and needs to undergo open-heart surgery. Even though the doctors were optimistic about the surgery, one of Tina’s organs failed and she died.

After attending the funeral of her aunt in Vancouver with her mother, Yoli flies back to Toronto to take care of her daughter and tries to come up with a plan to convince Elf that life is worth living. However, Yoli promises Elf that if she fails in convincing her, she will take her to Switzerland. The trip to Switzerland is expensive and even though Elf has the money that is necessary, they cannot access it as they try to keep it a secret from Elf’s husband Nic. Yoli tries to come up with money by writing a new book that she can publish but suffers writer’s block. Elf in the meantime persuades the hospital staff and her family into believing that she is actually getting better. As it is her birthday soon, she convinces the hospital to give her a day pass in order to spend time at home with Nic. While Nic and Elf are at home she asks him to pick up some books from the library for her. Elf cannot go on with her life anymore and goes to the railroad tracks and throws herself in front of a train.

Yoli and her two children Will and Nora fly to Winnipeg to attend Elf’s funeral. After that her mother Lottie suffers a heart attack and decides she will move to Toronto to live with Yoli and Nora. Elf left Yoli money with which she buys a house for her family. Yoli is grieving and angry at Elf for leaving her. She blames the hospital for letting Elf go. Lottie tells her daughter that she needs to move on and not hold onto that anger she is feeling any longer. For Christmas Elf’s husband Nic comes for a visit and they celebrate together. The novel closes with a scene were Yoli is dreaming about the trip to Switzerland with her sister Elf (cf. Miriam Toews 2015).
6.1.3 “The Bear Came Over the Mountain”

The story revolves around Grant and Fiona, an elderly couple that has been married for forty-five years. Recently Fiona started to forget things such as what was inside all her cupboards and drawers, how to drive home or if she took her medicine or not. When she cannot remember where she is going and confuses the easiest household tasks, Grant decides it is time to see a doctor. They realise that her memory loss is dangerous when she gets lost while shopping at a supermarket and decide that it is better for her to live in a nursing home. During the first 30 days Grant is not permitted to visit as Fiona has to get accustomed to her new home as that will make it easier for her. Fiona forgets about her marriage with Grant and connects strongly to another resident in the nursing home named Aubrey. Grant continues visiting her but she cannot seem to remember who he is. Aubrey, however, is not a permanent resident in the nursing home and only spends time there when his wife Marian needs a break. Soon Aubrey leaves for his own home and Fiona is grieving. Grant cannot stand seeing his beloved wife Fiona wasting away. He then contacts Aubrey’s wife and tries to convince her to bring Aubrey back to the nursing home but she tells him she cannot afford that without selling her house. In the end, Grant brings Aubrey back to Fiona but it seemed she has forgotten him and has renewed feelings for Grant (cf. Alice Munro 2001).

6.1.4 “A Wilderness Station”

The short story is set in the Canadian wilderness in 1852 and tells the story of the survival of a young woman. Annie Killop later Herron, lived in an orphanage before she was sent into the bush to marry Simon Herron. Simon wrote a letter as a request for a marriageable girl. Simon and his younger brother George cleared land to settle in the Canadian north and Simon thought it would be time to get married when he wrote the letter. Simon picked up Annie in Toronto in 1852. One day in early April of the same year, while clearing the land with George, Simon was killed by a falling tree. George and Annie buried his body. George started to spend more time with the Treece’s, a family living on the land next to them and Annie stayed on her own. Annie leaves for the nearby town Walley. She claims that she has killed her husband as she wants to be put in jail. Mullen, the Clerk of Peace of Wally, however, refuses to believe her story, as the circumstances of the murder seem rather unlikely. The reader learns about George’s version of the story in a letter that is part of the Carstairs Argus, which says that his brother was killed by a branch of a tree. During her stay in the Wally Goal, Annie writes a
letter to her friend Sadie telling her that George murdered Simon with an ax due to the fact that Simon had always picked on his younger brother. She further tells Sadie that she left for Walley because she was scared of George. In the end “Old Annie” works in the Mullen household and Mullen’s granddaughter, Christena takes Annie out in her steam car to see George. George is by the time an old man and not feeling well. Annie talks to him and they go back home afterwards (cf. Alice Munro 1995).

6.1.5 “Gabriel”

Gabe and Frannie are farmers and live in an area that is extremely hot and nothing seems to grow or bloom due to the immense heat. Frannie is not well as she is recovering from a miscarriage. Frannie refuses to go to the city and also to go out for walks. It seems as if she secludes herself. Gabe, however, feels the urge to go out and get himself busy somehow as he does not want to sit around and see his farm dry up. Before he leaves to go for a walk Frannie reminds him with a panic in her voice not to stay out after dark. When he goes out for a walk a ghastly wind is blowing and the whole atmosphere feels apocalyptic. Frannie’s illness and her refusal to get well also takes a toll on Gabe, who tries hard to make her feel better. On his walk he realises how dead the nature around him seems as the grass and trees are dying. Frannie is scared of being alone in the house as she hears creaks and banging on the roof. During the night Gabe wakes up hearing noises coming from the dark and is convinced that it must be coming from ghosts. He blames Frannie for being haunted by ghosts as she lures them in with her sadness and love for death. However, Frannie was not the only one with a miscarriage as it happened to a number of women in the area they are living in. All sorts of apocalyptic signs start to occur. One day they go to town and suddenly they hear thunder and a loud boom. On the sidewalk Gabe spots a vast circular hole and nobody can explain where it came from. Other occurrences such as moving objects that provide greenish light in the night sky also start to appear. Gabe thinks he is losing his mind. On one of his walks he realises that he needs distance to see clearly and walks higher and farther up to get a clear view over the landscape. He walks past a vast rock and looks at it closely when he has an epiphany and his future plays out in front of him (cf. Sharon Butala 1990).
6.1.6 “Isis in Darkness”

“Isis in Darkness” tells the story of Richard and Selena. Both characters encounter each other in several decades beginning in 1960. When they first meet in The Bohemian Embassy, a coffee-house in Toronto, Richard is still a graduate student dreaming of becoming a poet. He frequently goes to the coffee-house to read and listen to poetry. One Tuesday night Selena reads one of her poems called “Isis in Darkness” and Richard instantly becomes intrigued by her. After their encounter Richard yearns for Selena and becomes desperate because of her. In order to keep his mind off of her he starts seeing Mary Jo, who works as a librarian. However, Richard is so infatuated with Selena that he goes to the area he thinks she lives in to visit her. He finds her house and when he enters it seems as if Selena already knew he would be becoming as she is preparing sandwiches for a picnic for both of them. During the picnic she states that they cannot be lovers, which angers Richard and he goes home. Angered with himself and his failed attempt to win Selena over, he starts to see Mary Jo again and they eventually marry and have a son. Selena and Richard meet again in 1970 when Richard is a Ph.D. student and unhappily married to Mary Jo. He never seemed to forget Selena and still reads her poetry that is published in weekly magazines. Their final meeting takes place in 1980. By this time Richard is divorced, has lost his job and is sick of his life. Selena also is only a mere shadow of who she once was. Soon after their meeting Richard learns from a newspaper that Selena died. Richard has been in love with Selena his whole life and decides after her death that he will write a book about her. In the end, however he realises that he will never be the Osiris to her Isis but merely the archeologist, not part of the main story, but the one remembering her by digging up her past (cf. Margaret Atwood 1995).

6.2 Narrative Techniques in the Selected Works

6.2.1 Alias Grace

Margaret Atwood based her novel Alias Grace on a murder case that took place in the mid-nineteenth century in Toronto, Canada. In the Afterword of the novel Atwood illustrates the research she did on the ‘celebrated murderess’ Grace Marks, as she cites newspaper articles, court records and other sources in order to find an answer whether Grace Marks was guilty or not.

Alias Grace ist kein Kriminalroman im historisch-dokumentarischen Gewand, sondern ein Roman, der den Kriminalfall zum Anlaß nimmt, um weiterführende Fragen nach der
The novel takes the historical event of the murders as a starting point to further question the fictional character of historical facts as well as exploring the problem of identity that is shaped by the public sphere – or rather questions identity in general, as Grace functions with her role as ‘murderess’ as a projection of the prejudices of her time. Already the title *Alias Grace* – someone who uses the name Grace – addresses the central theme of finding one’s identity (cf. Löschnigg and Löschnigg 1999: 443).

In *Alias Grace* this telling of stories and their relation to truth is the dominant issue right from the beginning, and the title already refers to this problem. Who is Grace Marks, and what has she done? There are instantly very different constructions or stores of her life, which depend on the people who make them and on the media or genres employed. In Susanna Moodie’s autobiography, Grace is “the celebrated murderess” (3), the mad woman providing “the potential for literary melodrama” (528); in the ballad (11-15), she is involved in a crime of passion; […] Her lawyer mad “an idiot” (23) of her. (Müller 2000: 241-242)

These different presentations of Grace raise questions about who the woman confined to the Kingston penitentiary really is, if she is a murderess, an innocent victim that is falsely accused or a madwoman. After the murders when Grace and McDermott flee to the United States of America, Grace uses the name Mary Whitney, the name of her former friend who died a tragic death, to check into a hotel. The novel suggests that Grace’s body actually inhabits two personas, which is discussed in the analysis part in more detail (cf. Löschnigg and Löschnigg 1999: 443).

The novel *Alias Grace* is partly presented by a first-person narrator, Grace Marks, who is convicted for her part in the murders of her former employer Thomas Kinnear and his housekeeper/mistress Nancy Montgomery. Atwood uses an array of narrative techniques that create an identity for her female protagonist that is ambiguous and multifaceted (cf. Löschnigg and Löschnigg 1999: 441-442). The passages in the novel where Grace tells Dr. Jordan her life story, are narrated in form of an autobiographical first-person narration. “In diesen Abschnitten des Romans tritt ein häufiger Wechsel zurück zur extradietischen Ebene auf: Graces intradietisches Erzählen ist eingebettet in perspektivisch gebrochenen Dialog bzw. in den inneren Monolog der Protagonistin.“ (Löschnigg und Löschnigg 1999: 444)

A second form of first-person narration can be found in the instances where Grace addresses her speech/thoughts to no one in particular or to a hypothetical/intended audience.
This can be found in sentences such as “What should I tell him when he comes back? [...] I could say this:” (Atwood 2009: 410) There can be also found a first-person narration of Grace that is written in present tense and happens simultaneously to the narrated past events. In addition, during discourse passages Grace’s thoughts are rendered in the form of an interior monologue when she for instance thinks: “I should not speak to him so freely [...]” or “But I do not say any of this to Dr. Jordan” (Atwood 2009: 186). Löschnigg and Löschnigg suggest that Atwood uses the alternation between these different first-person narrative techniques in order to obscure the protagonist’s intentions (cf. Löschnigg and Löschnigg 1999: 446).

However, the novel is not only presented in first-person narration, but also turns to an heterodiegetic point of view in the passages, where Dr. Jordan becomes a focalising figure (cf. Löschnigg and Löschnigg 1999: 446). This is significant in respect to the reader, as the reader is cast in the role of an ‘expert’ as they are aware of Grace’s internal thoughts as well as what happens around Dr. Jordan, whereas Grace only knows what Dr. Jordan tells her during their sessions and respectively Dr. Jordan only knows what Grace chooses to tell him.

“Both the historian and the novelist arrange fragments to create a picture, much as Grace creates patterns out of scraps to sew her quilts [...]” (Buchan as cited in: Rieger 1997: 18) The mediasation of Graces story as well as the structure of the novel is reflected in the form of the quilt or quilting. The novel’s chapters are divided and named after famous nineteenth century quilt patterns. The respective pattern is graphically visualised and the name of the pattern correlates to the content of the chapter, as for instance, in Pandora’s Box Grace’s split personality is revealed through the mesmerism session (cf. Löschnigg and Löschnigg 1999: 455). The handcraft of quilting assembles different blocks that are made out of pieces of cloth that are sewed together. Quilting therefore works in the novel as a metaphor for the multiple layers of the text as well as for the fragmentation of identity and one’s life story (cf. Löschnigg and Löschnigg 1999: 456).

6.2.2 All My Puny Sorrows

Miriam Toews novel All My Puny Sorrows is narrated in first-person. The reader explores the novel through Yolandi von Riesen’s perspective, which creates a close connection between the reader and Yoli. The reader gets insights into Yoli’s emotional landscape as she is clearly desperate to save her sister, who suffers from a mental illness and attempts suicide more than once. Yoli navigates through the ups and down of her life while simultaneously trying to save her sister. A first-person narration is usually limited to the point of view of the character who renders the story. In contrast to an authorial narrator the first-person narrator does not
know the thoughts and feelings of other characters (cf. narrative situations according to Stanzel 2008: 69-76). The reader only knows what Yoli thinks, feels or sees. Maitzen, for example, argues that “because Yoli’s perspective necessarily dominates, we never understand Elf’s feelings as clearly as we do Yoli’s rage and grief and love and baffled desperation.” (Maitzen 2014, online) In this particular story, however, the reader gets glimpses of Elf’s thoughts and feelings as she tells them to Yoli, who narrates them to the reader. Often these passages are flashbacks as Yoli reminisces about their childhood or reflects on situations from the past.

6.2.3 “A Wilderness Station”

In her short story “A Wilderness Station” Alice Munro uses the technique of epistolary narrative, as the story consists of eleven letters and one journal article. These letters were collected by a historian in order to research the life of a politician from Huron County. Through this letter structure Munro omits “any additional narrational intrusion.” (Löschnigg 2014: 32) The letters unfold the story and experiences of the female protagonist Annie Herron and gradually give her ‘her voice’ in the course of the story. (cf. Duncan 2003: 100) “Letters in general figure prominently in Munro’s recent work, standing as materialized items of truth (mis)constructed language.” (Löschnigg 2014: 25) The letters in “A Wilderness Station” play a significant role in search of the truth (cf. Löschnigg 2014: 25). The writers of the respective letters vary and therefore provide the reader with different angles on the death of Annie’s husband Simon, which functions as the kernel of this epistolary narrative (cf. Duncan 2003: 98-99). “Those written by characters other than Annie are identified by provenance and named addressee, and the reader understand that all letters reach their intended destination. All those emanating from Annie, however, do not reach their designated addressee, Sadie Johnson” (Duncan 2004: 98-99). Although Sadie Johnson is mentioned in the story, as Annie confides in her through writing letters, thus, making her part of the textual world, but she never actually ‘materializes’ in it (cf. Duncan 2003: 99).

“A Wilderness Station” starts with a letter from Miss Cresswell, the matron of the House of Industry in Toronto that is addressed to Simon Herron in January 1852. The letter discusses the arrangement of a marriage between one of the girls from the orphanage and Simon Herron. In this letter the reader gets a first description of Annie as “of durable constitution though of leaner frame and not so good complexion” and with a “waywardness about one eye.” (Munro 1995: 191) This letter is followed by the “Recollection of Mr. George Herron” a letter that is part of the fiftieth anniversary edition of the Carstairs Argus dated 1907 (cf. Duncan 2003: 102). This part of the story tells about the pioneer experience of George and Simon
Herron, as they clear land in order to set up a house north of the Huron Tract. It also includes George’s version of his brother’s death and a characterisation of Annie, as she came to live with the two brothers after Simon had a marriage arranged. The next letter is written by the Reverend Walter MacBain and addressed to James Mullen informing him about “the probable arrival” of a young woman that had left his district and plans on going to Walley. The reader learns more about Annie through this correspondence. Then a letter from James Mullen, Clerk of the Peace, to Walter MacBain follows where he informs him about Annie’s arrival in Walley and her confession to the murder of her husband. Therefore, Duncan argues:

The voices the reader first hears are those legitimated by the state: they are represented by the matron of the state orphanage where Annie is procured, the patriarch of the family that is the subject of the historian’s research, the Free Church minister who considers Annie to be a soul in his charge, and the Clerk of Peace who grants the woman shelter in his jail.

(Duncan 2003: 100)

The correspondence between Mullen and MacBain continues as Mullen sends letters to inform MacBain about Annie’s circumstances. “Towards the end of Mullen’s second letter to MacBain, Munro begins to prepare the reader for the textual entry of the main character’s voice, using, firstly, free indirect, followed by free direct discourse” (Duncan 2003: 105). Munro uses indirect discourse which is evident in reporting phrases such as ‘she said’, or she ‘says’ which makes the reader aware that Annie – the main character in the story – is not telling her own story but that others write about as it is reflected through the use of third person pronouns (cf. Duncan 2003: 105). Only after hearing all of these varying accounts, Annie’s version of what happened on the day of Simon’s death, is presented to the reader in a letter she addresses to her friend Sadie Johnstone, who also lived at the House of Industry. “The protagonist’s full testimony is thus prefaced by these short poignant pleas for some contact with her friend.” (Duncan 2003: 105) In these letters she writes to Sadie, Annie is illustrated as “stoical, diligent, loyal and considerate.” (Duncan 2003: 105) Annie is not a fool, as she is aware that the letters she writes are monitored and examined by the goal. By including Annie’s letter in the story Munro evokes two things: firstly, she clearly differentiates between the public narration of the other writers and secondly, she creates a feeling of sympathy within the reader towards Annie (cf. Duncan 2003: 106). The final letter that is included in this short story ensures a happy ending for Annie. The epilogue is composed of a letter by Christena, Mullen’s granddaughter, who recalls her memories of Annie, who worked as a seamstress at the Mullen household.
The last letter is structurally crucial, since it provides the justification for the letters that precede it, it furnishes the reader yet another substantial piece of settler history, and it further illuminates the remarkable character of Annie Killop, whose imagination eccentricity and candour are all illustrated in Christena’s account. (Duncan 2003: 109)

6.2.4 “The Bear Came Over the Mountain”

Alice Munro tells her short story “The Bear Came Over the Mountain” in third-person, the perspective shifting to a specific character and reveals to the reader the events that particular character experiences. The characters work as reflector figures, which give them the function of a figural centre of orientation (cf. Stanzel 2008: 68-76). The short story opens with a flashback to Fiona’s and Grant’s younger years and is written from Fiona’s perspective. The rest of the story, however, is written from Grant’s perspective who struggles emotionally after Fiona moved to Meadowlake, an assisted living centre for mentally ill patients. “A lot of prolepses and analepses make the temporal order of the story chaotic, and the narration which shuttles past, present, and future makes the time sequence of story even more chaotic and fragmented.” (Su 2015: 536) Alice Munro plays with the narrative time within the story as she weaves together events that took place in Grant’s and Fiona’s youth, Fiona’s signs of gradual memory loss when they are older, and Grant’s experiences and his perception of Fiona after she enters Meadowlake (cf. Su 2015: 536). After Fiona leaves Grant to go to Meadowlake, flashbacks to their younger lives are inserted in the story, which, for instance, reveal his marital affairs when he was a college professor. “Concomitantly, they confront the mutually remembered but seldom discussed matter of Grant’s past adulteries. As a result, in the text there is a relationship between memory, fidelity, and adaptation, and it is a complex one.” (McGill 1999: 98)

6.2.5 “Gabriel”

Sharon Butala’s short story “Gabriel”, which appeared in her short story collection Fever, is written in third person. The main protagonist Gabriel functions as the figural centre of orientation. The focus lies on the character’s thoughts and feelings and their perceptions of their surroundings (cf. Stanzel 2008: 69-76). The reader follows Gabriel around in the disconcerting, eerie and apocalyptic landscape Butala creates for this story. As Gabriel functions as a reflector figure, the reader sees the events, and perceptions of other characters filtered through Gabriel’s viewpoint. The characterisation of his wife Frannie takes place through Gabriel’s perception of her. “She was a city girl, when he’d married her, she was the
one who’d taught him to go for walks, he’d thought walking over the farm he’d grown up on was only for children; […]” (Butala 19990: 128) The reader also learns about the dry, almost inhabitable environment, as Gabriel spends a significant amount of time in the surrounding area of the farm he and Frannie live. “He speeded up, striding down the once grassy road allowance next to a bare summerfallow field. At the opposite end of the field he paused for an instant, looking at the fine, dark soil that had drifted off the field and filled up the ditch.” (Butala 1990: 129) The setting of the story corresponds in a way with Sharon Butala’s personal life as she moved, after marrying her husband Peter Butala, to the ranch where her husband lived in the Great Plains area. She said that her daily walks out onto the prairie and her learning the details of ranch life lead to her transformation from alien to native (cf. Isle 1999: 89, 92).

6.2.6 “Isis in Darkness”

Margaret Atwood’s short story “Isis in Darkness” portrays a female poet whose story is told through the eyes of Richard who tries to put the pieces of her life together. The short story correlates to many of the features of autobiography. “It is a portrait of a unique woman poet, who died much too early from being too different and too uncompromising in her art, from social pressure and from inherited mental instability.” (Ljungberg 1999: 103)

“In the short story “Isis in Darkness,” Atwood chooses the path of Isis in instead of Set’s supposedly divine justice. Letting the myth endow her story with deeper insight into the life and person of the inspired yet very vulnerable poet Gwendolyn MacEwen (1941-1987), she shapes the story as a biographical gathering and reconstruction of the pieces of a “broken puzzle”. (Ljungberg 1999: 102)

The story is set between 1960-1980 in Toronto and Atwood creates a dowdy and provincial perception of the city throughout the narrative. Richard first encounters Selena in a coffee shop where she reads her poetry one night. Selena’s character is shaped by Richard’s befuddled opinion of her and her poetry. What is revealed about Selena’s past are scarce pieces that Richard had put together in the story. By linking the Isis myth to the poet MacEwen, Atwood draws on MacEwen’s fascination with Egypt (cf. Ljungberg 1999: 105-107). “The inconclusive ending of the story raises the question whether Richard will succeed or not. However, the project to recreate Selena’s forgotten life and work is the only thing left to Richard that can make him focus on “the thing being made” (Ljungberg 1999: 113). With this biography of Selena, Richard wants to save her from oblivion and to keep her alive.
7 Exploring Facets of Madness in Selected Canadian Fiction

‘Madness’ as the theoretical part of the thesis illustrates, can manifest and show itself in various different ways. It ranges from ‘madness’ as a mental illness or insanity over manipulation and empowerment to a survival strategy. Further elements of madness are portrayed in connection with the supernatural. These manifestations of madness in Canadian literature are discussed in the following chapters shedding light on the potential of fiction to employ forms of ‘madness’ to depict female agency.

7.1 Madness as a Survival Strategy

Alias Grace

In Margaret Atwood’s novel Alias Grace, the main protagonist Grace Marks has been sentenced to a life in prison due to her part in the murder of Thomas Kinnear and Nancy Montgomery. James McDermott, who also worked for Mr. Kinnear, was found guilty for murder and was hanged. Grace, who was only a sixteen-year old girl when the murder happened, claimed that she had no recollection of the day of the murder, which saved her from the gallows. The opinions about Grace’s innocence or guilt differ widely (cf. Müller 2000: 241). “It is thus obvious from the beginning of the novel that people’s versions of reality, what they call the truth, and how they see other people, are always constructions strongly influenced by the criteria applied and by the interests involved.” (Müller 2000: 242) People see Grace on one hand as “an inhuman female demon” and on the other as “an innocent victim” forced against her own will and in danger of her life. In addition, Grace is described as “cunning and devious” and that she is “soft in the head”, no better than an idiot (Atwood 2009: 25). This perception of Grace is articulated partly by her lawyer, Mr. Kenneth MacKenzie, who tells the court that Grace “was next door to an idiot” (Atwood 2009: 26) and advises her to appear not too intelligent in order to lessen her conviction. This strategy mixed with drawing on the fact that she was a mere child back then and did not know better, apparently works as Grace was not hanged for murder. Claiming to be ‘mad’ or as they put it “soft in the head” works for Grace as her strategy to survive; even though she must spend most of her life in prison she is spared her life.

Life in the Kingston penitentiary for Grace is dull, however, she is provided with food and clothes and has a cell on her own. The nutrition does not vary much and consists of simple
dishes. For breakfast the inmates get “a hunk of bread, a mug of weak tea, meat at dinner but not much of it, because overfeeding on rich foods stimulates the criminal organs of the brain, or so the doctors say.” (Atwood 2009: 73) Before her time in the penitentiary Grace was confined to the Lunatic Asylum in Toronto as she was labeled mad. Some women in the Asylum actually pretend to be ‘mad’ for different kinds of purposes. Surviving is the predominant ambition whether it is escaping a brutal and violent husband or the cold months of the year when food and shelter is crucial in order to survive (cf. Löschnigg 2014: 35).

They wouldn’t know mad when they saw it in any case, because a good portion of the women in the Asylum were no madder than the Queen of England. Many were sane enough when sober, as their madness came out of a bottle, which is a kind I knew very well. One of them was in there to get away from her husband, who beat her black and blue, he was the mad one but nobody would lock him up; and another said she went mad in the autumns, as she had no house and it was war, in the Asylum, and if she didn’t do a fair job of running mad she would freeze to death; but then in the sprig she would become sane again because it was good weather and she could go off and tramp in the woods and fish […] (Atwood 2009: 35)

Grace criticizes the inability of the authorities in charge to distinguish between whether someone was truly insane due to a ‘real’ mental illness or simply playing a role to manipulate them for their purposes. After some time in the Asylum, where she is treated miserably by being tied up in dark cells and exposed to dubious treatment at the hands of psychiatrists there, she is transferred to the penitentiary in Kingston.

As Grace worked as a servant from a young age on, first at Mrs. Alderman Parkinson’s and later at Mr. Kinnear’s, she has experience in that field of work and gets the privilege to work at the Governor’s household helping his wife with all sorts of work. However, as she is still a prisoner she gets escorted to and picked up by guards at the Governor’s house. As Grace is a wonderful seamstress she is allowed to work on quilts, but sharp objects such as knives or scissors are kept outside her reach, and she has to ask someone if she wants to use them. “So if I want to cut a thread or trim a seam I have to ask Dr. Jordan, who takes them out of his vest pocket and returns them to it when I have finished.” (Atwood 2009: 71) Even though Grace is usually allowed to walk freely around the Governor’s wife’s house and pursues different household tasks, she loses that permission after a screaming fit and is then put in solitary confinement. “I do not have the run of the house as before. The Governor’s wife is still frightened of me; she’s afraid I will have another fit […] So I do not dust these days, or carry in the tea tray or empty the chamber pots or make up the beds. Instead I am set to work in the back of the kitchen” (Atwood 2009: 74).
However, it is evident throughout the novel that not everyone believes Grace’s story that she lost her memory of the day in question. Dr. Bannerling, who treated Grace in the Asylum claims that “as a lunatic Grace Marks was a sham […] that she was not in fact insane, as she pretended” and that “her madness was a fraud and an imposture.” He further describes her as “an accomplished actress and a most practised liar”. (Atwood 2009: 81) Dr. Bannerling believes that she playacts to amuse herself, putting up feign fits and hallucinations, warblings and carperings in order to deceive people. Yet, if one believes she is only acting mad, she plays a convincing role, as a significant number of people truly believed in her insanity.

Grace is a “model prisoner” – disregarding a few minor fits – and a competent servant that gives no trouble. (Atwood 2009: 5-6) She is obliging to what is expected of her whether in regard to her work in the Governor’s household or concerning her sessions with Dr. Jordan. Keeping up an image is crucial in order to go through with her survival strategy (cf. Löschnigg and Löschnigg 1999: 449). Even though she has already spent over a decade in prison when she talks to Dr. Jordan and she claims that everybody has already made up their mind about her, she keeps the truth about what happened on the day of the murders to herself. Thus, it cannot be determined throughout the novel if Grace is actually guilty and keeps what truly took place to herself or if she has no recollection of it. Either way, what can be said is that she is very skilled in deceiving people as she has “a good stupid look” that she had practiced. (Atwood 2009: 43)

The life of Grace and the events that happen along the way remain a riddle to the readership. Whether Grace is guilty of murder or not is left for the reader to decide. No matter whether Grace is ‘mad’ or whether she just pretends to have lost her memory of the murder, it brings in both cases the intended outcome as she is released after twenty-eight years of imprisonment and thus her strategy of survival works out in the end. Grace is a “Scheherazade-like figure who tries to survive by telling stories, stories which counter official discourses, which puzzle doctors, and which undermined the whole concept of truth” (Löschnigg 2014: 35). Another line of argument is that if she indeed is innocent, she has made a huge sacrifice by spending such a long time in prison. However, the outcome is the same: she manages to survive even with everything life had thrown at her. This makes her an unbelievably strong-willed and resilient character. Consequently, whether or not the reader believes in her innocence or guilt it cannot be questioned that Grace Marks is a survivor.
“A Wilderness Station”

Pretending to be ‘mad’ or insane can be a smart move in order to survive. People are easily deceived and when it comes to questioning one’s mental health people are quick to judge and put a label on someone. In Alice Munro’s “A Wilderness Station” the main protagonist Annie Herron claims to have murdered her husband Simon Herron. Leaving the place where she lived with her husband and his brother George she goes to Walley where she confesses to a murder and wants to be locked up. However, Mullen, the Clerk of Peace, there does not believe a word:

I conclude she is lying, or self-deluded, But I see nothing for it at the moment but to admit her to the Goal. I asked her what she thought would happen to her now, and she said, well, you will try me and then you will hang me. But you do not hang people in the winter, she said, so I can stay here till spring. And if you let me work here, maybe you will want me to go on working and you will not want me hanged. (Munro 1995: 201-202)

The reader does not learn how Annie knows that people will not be hanged in winter, however, it is without a doubt a smart move. The winters in Canada get extremely cold and in order to survive, Annie confesses to killing her husband to have a roof over her head that will keep her warm and being provided with food. As Howells argues “storytelling is not about revealing secrets but rather about keeping them while managing to stay alive.” (Howells as cited in: Löschnigg 2014: 35)

Mullen is not easily deceived and has the suspicion that Annie came forth with the lie about the murder to be admitted to the Gaol for food and shelter. “I am in perplexity about her. As you know, we have a very fine new Gaol here where the inmates are kept warm and dry and are decently fed and treated with all humanity, and there has been complaint that some are not sorry – and at this time of the year, even happy – to get into it.” (Munro 1995: 202) As Annie refuses to live with her brother in law or with any other friends and is seemingly not capable of making a home for herself, Mullen decides that the only possible solution is to admit her to the Gaol. “The Gaol at present serves as a place of detention for the Insane as well as criminals, and if she is charged with Insanity, I could keep her here for the winter perhaps with removal to Toronto in the spring.” (Munro 1995: 2002)

Annie’s survival strategy works and during her time in the Gaol her appearance changes from one of a scarecrow to a well-fed, clean and tidy woman. As she is proficient in all kinds of household duties, she starts to mend the linen in the prison. Annie is observed by a doctor who is to decide whether she is insane or not. In order to prevent relying on the doctor’s
judgement of her degree of insanity, Annie claims that she is pregnant, which would save her from the gallows. This shows once more Annie’s intelligence and her will to survive.

However, similar to Atwood’s Alias Grace, it is unclear whether the protagonist actually is guilty of the crime or not. In this particular short story, the reliability of the character is questioned as the story Annie tells Mullen is in fact the third version we hear about what happened on the day Simon dies.

Also the suspicion that Annie is an unreliable narrator, which is indeed implied in the story in manifold ways [...] only reminds us to approach her account with caution, if maybe not to regard it as true or false. Annie may be eccentric or even mad, but one will agree with Carol Ann Howells “that there is method in her madness.” (Löschnigg 2014: 35)

The first time we hear about the incident is from George, Simon’s brother, who was there when it happened. This version is told in retrospective as it is a part of George’s memoir that appeared in the Carstairs Argus and was published in 1907. The second account that tells the reader about the incident is Walter McBain’s letter to James Mullen, the Clerk of Peace in Wallzy, which is followed by a third version of Simon’s death that Annie tells Mr. Mullen as part of her confession (cf. Duncan 2003: 100). Carrington argues that the different versions of what happen on the day Simon died do not only suggest a different murderer but also show a different perception of Annie (cf. Carrington 1996: 78).

Annie changes her story when Mullen does not believe her first version due to impossibility of the circumstances. Changing the story raises the suspicion about her part in the murder.

The most significant aspect of Mullen’s first letter is the disclosure of a second version of events surrounding the death of Simon Herron. This version, in which Annie strikes her husband dead with a rock, is, it is reported, delivered by her arrival at Walley Gaol. The account is discounted by Mullen for reasons that are well substantiated: he believes her physical incapable of the murder and doubts whether a convenient rock would be found in the snow. (Duncan 2003: 104)

Only later in the short story, Annie tells her ‘real’ story in her third letter to her friend Sadie. As already mentioned above, Annie is defined in the first letters through others, and “while her first two shot letters/notes are written with the suspicion of being spied on, it is in her long third letter to her friend Sadie – a letter which never reaches its destination – that she is given a voice of her own” (Löschnigg 2014: 36). In addition, Duncan and Carrington call attention to the fact that Annie’s last letter is especially significant: “Annie’s [third] letter never resurfaces intratextually. No-one ever seems to receive it, read it, or respond to it, except, of course, the
extratextual readers of *Open Secrets*, and the New Yorker, where the story was originally published in April 1992” (Carrington 1996: 81).

So now I had my punishment when I couldn’t find anything to help me however I looked. But something put it into my head to come here and I did, I had heard them talking about how warm it was and tramps would be wanting to come and get locked up, so I thought I will too, and it was put into my head to tell them what I did. I told them the very same lie that George told me so often in my dreams, trying to get me to believe it was me and not him. I am safe from George here is the main thing. If they think I am crazy and I know the difference I am safe. (Munro 1995: 215)

This passage illustrates that Annie, according to her third letter to Sadie, not only wants to have a warm place to survive the cold Canadian winter, but also to feel safe from her brother in law who, killed her husband. Annie was clearly afraid of George and wanted to escape so as not to end up dead like Simon. However, Annie feels guilty and is haunted in her dreams by the horrible deed that George committed. The quote also shows that Annie is willing to sacrifice her reputation as a sane woman just for the sake of being protected and in a safe place. As long as she knows herself that she is not crazy the opinion of other’s does not matter to her. Her survival instinct brings her as far as to confess to first degree murder.

To a certain degree there can be parallels found between Munro’s “A Wilderness Station” and Atwood’s *Alias Grace*, as both main characters give up their sanity to the outside world and play the role of the ‘madwoman’ in order to survive. In the case of *Alias Grace*, however, it remains open whether or not Grace is actually ‘mad’ or if it is just an act to deceive the court. Annie, in turn, makes her own decision to confess to the murder of her husband as she knows she will be safe in the Goal, whereas Grace gets cast in the role of the ‘idiot next door’ by her lawyer as well as by the public opinion about her. Both stories illustrate perfectly how easily people make up their mind about someone when it comes to madness and once it is made up it is hard to replace that image. In addition, both Grace and Annie try to survive by telling stories. Maria Löschnigg suggests that:

Grace Marks and Annie Herron, in fact, share many common features, among them their passion for needlework. Just as Grace’s quilts symbolically refer to the quality of ‘metaization’[…] Annie’s work as a seamstress who designs beautiful gowns for the Mullen family can also be regarded as an image of her creativity, as it is set in analogy to her habit of ‘designing’ weird and unbelievable, but intriguing stories. (Löschnigg 2014: 35-36)

It further can be argued that Annie’s role as a seamstress and story-teller for the Mullen family is similar to Munro’s function as an author, as “both attempt to sew and weave together
women’s lives: Annie, her own, and Munro her characters’. The result is a challenge to conventional narrative patterns and notions of identity.” (Weaver 1996: 185)

7.2 Madness as a Form of Manipulation and Female Empowerment

Female writers have started to explore literary madness especially from the nineteenth century onwards. These works have set new parameters for the literary history as previous works were predominately male-dominated (cf. Pauly 1999: 136). By focussing on this new theme female authors equally address the fear regarding mental diseases and the stigma that is clinging to the female sex. In the selected works of fiction exploited in this thesis, madness can work as a tool for female empowerment and manipulation in different ways. One technique where madness is used to manipulate as well as empower the characters is through the narrative style applied in the stories.

Alias Grace

Madness is a recurrent theme in Margaret Atwood’s literary works and challenges the reader’s idea of (in)sanity, insisting on their involvement as an interpreter of the story and questioning their perception of themselves (cf. Palumbo 2000: 73). Margaret Atwood’s novel Alias Grace illustrates the boundaries of madness by examining its different levels throughout the novel. Alias Grace focusses on “the relations between the present, the past and the functions of memory.” (Palumbo 2000: 73) It is classified as a historical novel that bases the story of the ‘celebrated murderess’ Grace Marks on actual historical events that happened in 1843, and interlinks them with fictional elements. A significant element that laces the structure of the novel and its language together is the metaphor of the quilt. “In this case, Atwood uses the traditional female folk activity of quilting, and illustrations of “metaquilts,” to comment on the novel’s metafiction and its questioning of master patterns.” (Wilson 2000: 225) Grace is a skilled seamstress and sews many quilts for other people throughout the story, but only at the end of the book she gets the chance to make one for herself. “Structure and language are comparable with embroidered and thoughtfully chosen patterns, which finally form a colorful and coherent patchwork piece of art, the quilt.” (Rieger 1997: 18) As already mentioned previously, the novel’s chapters are divided through different quilt patterns. Wilson argues that
“provided with a different quilt pattern block for each chapter, the reader must “quilt” the pieces together,” (Wilson 2000: 225).

The story is not told in a chronological order as Grace tells Dr. Jordan her life story in retrospect. The narrative perspective alternates between first person narration when Grace tells Dr. Jordan about her past and third person when the reader learns what happens with Dr. Jordan during his stay in Kingston. (cf. Löschnigg and Löschnigg 1999: 444-446)

In her interviews with Dr. Jordan Grace uses her knowledge of popular literature to shape an affection – and possibly liberating – tale for her one man audience. She combines the specificity of local color and the ideality of romance, the desperate economic conditions that create lifeboat survivors and the genteel stereotype of helpless womanhood. (LeClair as cited in: Rieger 1997: 19)

Another important feature Atwood uses in this novel is the technique of direct speech. Dialogues are written in direct speech which creates the feeling as if the conversation takes place in the present and not in the past (cf. Rieger 1997: 19). However, the significance that the narrative technique poses used in the story concerning the element of madness is the way Grace manipulates Dr. Jordan by withholding parts of her story, plays stupid when she is asked questions or tells something she thinks he wants to hear. Grace holds power over the information she may or may not reveal to Dr. Jordan. Thus, keeping information to herself and only unveiling what she wants Dr. Jordan to know makes this narrative perspective a powerful tool. The reader is allowed insight into Grace’s manipulative strategy by means of passages in interior monologue, which expose the discrepancy between what she tells Dr. Jordan and what she actually thinks (cf. Löschnigg and Löschnigg 1999: 444-445).

During the first time Dr. Jordan and Grace meet in her cell in the Kingston penitentiary he brings an apple, hands it to Grace and asks her if she can tell him what it is.

I give him my stupid look. Apple pie, I say. Ah, he says. Something you eat. [...] And is there any kind of apple you should not eat? he says. A rotten one, I suppose, I say. He’s playing a guessing game, like Dr. Bannerling at the Asylum. There is always a right answer, which is right because it is the one that they want, and you can tell by their faces whether you have guessed what it is; [...] The apple of the Tree of Knowledge, is what he means. Good and evil. Any child could guess it. But I will not oblige. I go back to my stupid look. (Atwood 2009: 45)

This passage illustrates two important features: for one it shows that Grace is smart and not easily tricked into doing what is expected of her as she can detect the intentions of the doctor; secondly the way she refuses to oblige to say what the doctor wishes to hear displays a form of
empowerment. Grace has the power to guide a conversation in the desired direction and to decide over the amount of details she is willing to expose.

And he says, If you could make a quilt all for yourself, which pattern would you make? Well there is no doubt about that, I know the answer. It would be a Tree of Paradise like the one in the quilt chest at Mrs. Alderman Parkinson’s, […] only on mine I would make the border different. […] But what I say to him is different. I say, I don’t know, Sir. (Atwood 2009: 112-113)

Here Grace again withholds what she is actually thinking and rather deliberately tells Dr. Jordan something else in order to keep her thoughts private. Only the reader is allowed access to her thoughts but not the intertextual characters (cf. Löschnigg and Löschnigg 1999: 445). At one point in the novel Grace says that her thoughts are the only thing that solely belongs to her as she has no real belongings due to her being an inmate in a penitentiary. Privacy is something prisoners are lacking, as they are often treated as objects with no rights. Therefore, the urge for Grace to keep something to herself only seems logical. The topic of which pattern Grace would sew on a quilt for herself especially bears significance as sewing presents a consistency throughout her life and she want to keep that information private.

Furthermore, the fact that Dr. Jordan is interested in Grace’s case and her history of mental health issues provides also a form of power. The fascination of studying the causes of madness of a ‘celebrated murderess’ and the possibility to reveal what actually happened on the day of the murder of Mr. Kinnear and Nancy Montgomery lure Dr. Jordan in to take the challenge of solving the mysterious circumstances revolving around the event. Dr. Jordan plans on opening a private asylum, but before he can go through with his plan he needs to gather more information and experience on detection and treatment of mental diseases. He is hopeful that by studying Grace’s case he will achieve a break-through in that matter.

In addition, he wants to help Grace by bringing back her memory. However, he is willing to listen to her story and is aware of the possibility that Grace will tell lies. “Perhaps I will tell you lies, I say. […] He says, Perhaps you will. Perhaps you will tell lies without meaning to, and perhaps you will also tell them deliberately. Perhaps you are a liar.” (Atwood 2009: 46) Dr. Jordan practically puts the idea in Grace’s head when he says that. Here the possibility of lying and misleading is stated explicitly and Grace knows what power she actually has. It is entirely up to her whether she tells her true story or not. However, it can be argued that whether or not Dr. Jordan believes everything Grace states, she still has the means to manipulate and control which way the story goes.
Dreams in connection with madness have fascinated ‘doctors of the minds’ throughout history. Interpreting dreams and their possible meanings can reveal underlying processes of a person’s unconscious (cf. Gerrig and Zimbardo 2008: 602). Grace is aware of the fact that dreams bear a certain significance to doctors and therefore decides to keep hers to herself, especially due to the fact that her dreams are often related to the murder of Mr. Kinnear and Nancy.

What I am asking is, do you have dreams when you are asleep at night? [...] Everybody does, Sir, or I suppose they do. Yes, Grace, but do you? [...] I can say anything to him and he would not be put out or shocked, or even very surprised, he would only write it down. I suppose he is interested in my dreams because a dream can mean something [...] (Atwood 2009: 114).

The alternation between two forms of first-person narration and third person narrative creates a gap in the knowledge about the events. The novel features a simultaneous first-person narration, instances where Grace’s thoughts are rendered in form of interior monologue and an autobiographical first-person narration. The former mentioned narrative modes are applied in the parts where the reader has access to Grace’s thoughts and feelings and the latter when Grace tells Dr. Jordan her life story (cf. Löschnigg and Löschnigg 1999: 444-445). Thus, it leads to Dr. Jordan only knowing about things Grace chooses to tell him whereas the reader is additionally presented with the innermost thoughts and feelings of Grace. By creating this rift Atwood actively draws on the possibilities that these two narrative perspectives have to offer. Not only are Dr. Jordan and the other characters in the story are faced with the possibility that Grace’s story is unreliable but also the reader faces this problem, as even though they know more than the characters within the story, Grace shows inconsistencies in her story when her thoughts are rendered in interior monologue (cf. Löschnigg and Löschnigg 1999: 449).

Atwood does not hide the fact that Grace is in total control of the conversation as throughout the novel Grace thinks to herself that she could reveal what other people want to hear but she actively holds that information back. “I should not speak to him so freely, and decide I will not, if that is the tone he is going to take.” (Atwood 2009: 186) At one point in the novel Grace even overtly tells the implied reader the person who tells the story has the control over the outcome. “When you are in the middle of a story it isn’t a story at all, but only a confusion; a dark roaring, a blindness, a wreckage of shattered glass and splintered wood [...] It’s only afterwards that it becomes anything like a story at all. When you are telling it to yourself or to someone else.” (Atwood 2009: 346) However, what is interesting about these presentations of Grace’s internal thoughts is that they are, most of the time, written in form of
an interior monologue, yet sometimes it feels as if she addresses her thoughts to someone, as shown in the quoted passage above (cf. Löschnigg and Löschnigg 1999: 444-445).

The narrative style not only toy around with the presentation and revelation of information necessary for the story, but also contributes to the portrayal of the characters. The reader’s perception of Grace’s personality is not only shaped by her own characterisation, but also through other important characters in the novel. At the beginning of the story Grace is looking at herself in the mirror thinking about all the things other people said about her. Palumbo argues that “the figure of Grace Marks herself is, in a way “alias” Grace, since all who see her project their own needs, and narratives, upon her.” (Palumbo 2000: 84) She is described as “celebrated murderess”, “inhuman female demon”, smart but also dumb as well as “a good girl” and as “cunning and devious”. These inconsistent opinions of the public perception of Grace’s character display the dichotomy that is prevalent throughout the novel.

Whereas Dr. Jordan is intrigued, drawn to Grace and wants to prove her innocence, others such as Dr. Bannerling believe that Grace is only pretending to be mad. Grace is a dynamic character that changes in the course of the novel. The reader encounters Grace for the first time as a mature woman, when she has already had been in prison for over a decade. During her sessions with Dr. Jordan, the story of Grace’s life is narrated piece by piece, starting with her childhood and her immigration to Canada from Ireland. The reader is taken on a journey that on the one hand unfolds all the actions, incidents and experiences leading up to the moment Grace tells the story and on the other displays her character development from an innocent and naïve child to a smart grown-up woman. Even though the reader knows more about Grace’s interior landscape, one still cannot be entirely sure if what is revealed is the absolute truth. Wilson argues that not only does Grace play a trickster in the novel but also that “Atwood, too, plays trickster as she throws in a few embroidered snakes in her pretty pattern. Whether guilt spells guilt is left entirely to the reader.” (Wilson 2000: 225)

Moreover, another factor that intrigues people about Grace is her beauty and demeanor. Dr. Jordan is so infatuated with Grace to the point that he fantasises about her. One might want to argue that his longing for Grace clouds his judgement and shapes his opinion about her in a positive way. In the depth of his mind, however, he knows how insane it is to think about Grace in a romantic way as she is a convicted murderess. In fact, while Grace seems more and more sane, it is Dr. Jordan who becomes increasingly ‘mad’ (cf. Löschnigg and Löschnigg 1999: 446).

Madness of course; a perverse fantasy, to marry a suspected murderess. But what if he’d met her before the murders? He considers this, rejects it. Before the murders Grace would
have been entirely different from the woman he now knows. A young girl, scarcely formed; tepid, bland, and tasteless. A flat landscape. (Atwood 2009: 453)

This shows not only Dr. Jordan’s desire for Grace, but also reflects how her character had changed over the years through everything she had been through. The once so plain little girl grew to a mysterious and fascinating woman (cf. Rieger 1997: 24-25). However, it can also be argued that the beauty and appearance of a woman can be used as a weapon against men to manipulate them in their favor. “[…] when a handsome woman walks in through the door, good judgement flies out through the window. […] Many older and wiser heads have been enmeshed in her toils, and you would do well to stop your ears with wax, […] (Atwood 2009: 81). Dr. Bannerling warns Dr. Jordan about Grace and compares her to a siren that lures people in with her voice.

“A Wilderness Station”

Another story that draws heavily on madness as a form of manipulation and female empowerment is Alice Munro’s “A Wilderness Station”. For one, this is not only evoked through Annie’s claim of murdering her husband in order to be confined into the Gaol in Walley, but also through the narrative structure of the story. The story is told from various angles providing different versions of Simon Herron’s death (cf. Duncan 2003: 98-99). The reader is enabled to interpret the narrative from different perspectives through the letter structure that characterises the story. In her stories Munro applies one technique that makes her writing so unique: “instead of seeing a plot structure which links events along a horizontal, syntagmatic line of logical combination, the ‘short story way of seeing’ reality favours a view of reality along the vertical paradigmatic line of selection” (Löschnnigg 2014: 20). The letters included in the story draw exactly on this technique as different characters in the story provide the reader with information about Annie and the event of Simon’s death. A number of contrasting versions of Simon’s demise are told throughout the story and not until the end does the reader learn Annie’s ‘real’ story (cf. Löschnnigg 2014: 36). If this actually is what really happened is for the reader to decide as all the different stories about that day get entangled and the issue of Annie’s mental health gets also questioned. A ‘mad’ character is often deemed as unreliable. In addition, Mullen’s judgement of Annie as “lying or self-deluded” (Munro 1995: 201) makes the reader question her reliability. However, Duncan argues:

Munro elevates the authority to her central character’s testimony over other character’s accounts. She does so by selecting particular narrative strategies of arrangement and
transmission, and by creating an array of discourse styles that are reflective of ideologies current at the time. (Duncan 2003: 100)

As already mentioned before, the reader hears Annie’s first version of the day of Simons death after George and MacBain already recounted what – according to them – had happened. In addition, the letters at the beginning of the story from Miss Cresswell, the matron of the House of Industry, to Simon Herron about a suitable girl to marry and the correspondence between Mullen and MacBain provide information about Annie as well as give a portrayal of her character. However, those are biased and filtered perspectives from other characters in the story. “At the beginning of the epistolary narrative, Annie McKillop’s voice is muted, or articulated by various ventriloquists who claim the right to speak on her behalf. Eventually, however, she gets to tell her own story, and it is one that Munro encourages her reader to believe” (Duncan 2003: 101).

The significance of this short story in connection with madness, manipulation and female empowerment is that Annie deliberately confesses to the murder of her husband to Mullen in order to be put into jail. This may strike one as an odd thing to do, but the Gaol in Walley is known for the humane treatment of its inmates. Madness, in this case empowers Annie to go through with her plan. “But you do not hang people in the winter, she said, so I can stay here till spring. And if you let me work here, maybe you will want me to go on and you will not want me hanged.” (Munro 1995: 202) Annie seemingly plays her cards well in this scenario as she knows that people will not be hanged in the winter time and in combination with being judged as mad she expects to be safe until it gets warmer again. Knowing her worth as a proficient servant and seamstress Annie sees that as a chance to be spared from being hanged.

Even though Mullen believes Annie is lying about Simon’s death and is not in fact insane and just pretending to be, a doctor examines her to determine her degree of insanity and “his belief is that she is subject to a sort of delusion peculiar to females, for which the motive is a desire for self-importance, also a wish to escape the monotony of life or the drudgery they may have been born to.” (Munro 1995: 205) The doctor described Annie similar to the beliefs held in the nineteenth century about females being more prone to mental illness than men due to their feebler nature. A monotonous life without a real purpose was seen as one of the major factors that cause mental diseases such as hysteria in that period and is reflected in this short story (see also Chapter 6). However, the doctor shares Mullen’s skepticism that Annie is actually ‘mad’ (cf. Duncan 2003: 104).
Moreover, Annie uses being a woman to her advantage when she tells the doctor that she is with child. Using her pregnancy in order to escape the gallows is brilliant as nobody would hang a pregnant woman. However, the doctor discovers after further examination that in fact she does not expect a child. He argues that she deceived herself by misreading the signs her body gave her as they are a result of being undernourished and of hysteria. Whether she made that claim consciously or not is not revealed in the story, however, it can be argued that the pregnancy – pretended or not – provided her with an opportunity to delay or rather avoid being hanged.

Furthermore, Annie’s ‘madness’ gives her, for the first time in her life, the chance to take her life in her own hands. Through her confession she gains in a way control over her life as this is a decision she makes on her own. Before that other people such as the matron in the orphanage or her husband Simon held the reins over her (cf. Duncan 2003: 102). Annie’s marriage with Simon was arranged by Miss Cresswell as Annie was an orphan. The arrangement seems like a trade the matron conducts without Annie having a say in it. After being wed, Simon bosses her around and treats her rather as an object than a human being with feelings. In addition, after the accident in which Simon is killed his brother George gives Annie orders which results in her being afraid of him and shutting herself off. By leaving the house she lived in with the Herron brothers and going to Walley she takes matters into her own hands. Even though making the claim to have committed murder seems a drastic measure, it can be argued that it empowers Annie as it is her decision to do so. “[…] it does not come as a surprise that the young woman prefers to be locked up instead of being haunted by serious or imagined threats. Seen in this light, her confession to the murder is nothing but a strategy to be accepted as a prisoner.” (Löschnigg 2014: 34-35)

All My Puny Sorrows

The third literary work presented in this subchapter that uses madness as a form of manipulation is All My Puny Sorrows by Miriam Toews. Seeing madness in this novel as a way to manipulate people seems a daring assumption at first glance. However, if one looks at Elfrieda von Riesen’s behaviour this claim can be supported and justified. The lives of the characters in the novel are overshadowed by Elf’s mental illness and her several suicide attempts. Even though she is a wealthy world-famous concert pianist and deeply loved by her family and friends she has no will to live. She suffers from depression which plunges her into despair and evokes a strong desire to end her life.
The reader learns about the whole story from Yolandi, Elf’s sister. Yoli has always admired her sister from a young age on. Consequently, when Elf attempts suicide for the first time Yoli leaves her life in Toronto behind and rushes to her sister’s side. Yoli stays with Elf until she feels better but has eventually to go back to her own life. Even though Yoli is struggling to keep her own head above water with everything that goes on in her life, when Elf needs her she is always there. Elf’s mental illness allows her in a way to draw her family to her as everything revolves around her. People leave everything behind in order to help her get better. However, all the effort is in vain as she just does not want to live anymore. Even though it is not clear if she does it on purpose, it has a manipulative effect on the people closest to her.

For instance, the situation when Elf asks Yoli to help her get to Switzerland without anyone else noticing, shows clearly that she uses her illness to evoke pity and manipulates her sister to achieve her ultimate goal to finally die. This is an extremely selfish thought as her family and friends clearly love her and want Elf to feel better. In addition, even asking her sister is egoistical as Elf wants to die but she does not want to die alone. Dragging her sister into this on the ground of using her illness as leverage can be seen as a form of manipulation. Ever since Elf asked Yoli to help her, Yoli cannot stop thinking about it and the thoughts about helping her beloved sister never leaves her mind. Elf has sneaked into her thoughts knowingly by drawing on Yoli’s soft spot for her sister. After that Yoli is constantly debating the morality and ethics of euthanasia. As the novel is narrated from Yoli’s perspective, making it a first-person narrative, the reader learns that Elf’s illness has a huge impact on her sister. It takes up an enormous part of Yoli’s life as she tries to come up with money for the travel to Switzerland. However, for Elf it seemingly took too long to achieve her plan of going to Switzerland where it is legal to assist suicide.

Another occasion in the novel where Elf uses her illness in a manipulative way is when she pretends to feel strong and healthy enough to spend her birthday at home with her husband. She plays her role convincingly and the hospital staff grant her permission to leave for one day. When madness is seen as a disease it follows that when someone regains their sanity that they are ‘cured’. Elf uses these assumptions for her own purpose by showing/telling people what they want to hear even if it is not the truth. Mentally ill people can manipulate doctors as well as the people around them as their madness is a weapon due to the fact that nobody outside knows what actually happens inside their mind, which makes them both powerful and unpredictable.
“The Bear Came Over the Mountain”

A form of female empowerment is also evident in Alice Munro’s “The Bear Came Over the Mountain”. Throughout the marriage of Grant and Fiona, he had been unfaithful on more than one occasion during his career as a university professor, of which the reader learns about through various flashbacks (cf. Su 2015: 536). However, after Fiona moved to the Meadowlake rest home she starts to have romantic feelings for Aubrey, who is a temporary patient there as his wife, who normally looks after him, is on vacation. Evidently hurt by the fact that Fiona does not seem to remember who Grant is, he still cares about her feelings and wants to see her happy. The story questions the boundaries of loyalty within a marriage (cf. McGill 1999: 98). Despite the fact that Grant had his fair share of affairs and Fiona had fallen in love with someone else he puts her needs before his own. Even though, he had been unfaithful he made it up to Fiona in other ways. However, Fiona’s dementia can be seen as an act of being freed from relics of her past. “Without any memory of her relationship with Grant, Fiona has lost her faithfulness.” (McGill 1999: 100) Due to her mental illness Fiona ‘starts over’ in Meadowlake, as she has no recollection of her old life with Grant. During her first month in Meadowlake Grant is not permitted to visit and “Fiona adapts all too well for Grant’s comfort. She forgets her attachment to him and develops a fondness for another resident, Aubrey […]” (McGill 1999: 100). The life she starts in the rest home at Meadowlake is completely separated from the one she led with Grant. The only link between them is Grant who comes to visit her but whom she cannot remember.

7.3 Madness and Mental Illness

Mental diseases have been viewed as madness ever since the antiquity. Due to the lack of medical knowledge and experience assumptions were made that certain behavioural characteristics such as distractedness, delusion, unreason as well as melancholic and hot temper were indications for madness. Over centuries the field of psychiatry has undergone advances and developments that provided new insights as well as discoveries that led to its present state. However, the associations made with insanity and the stigmata that were given to ‘mad’ people centuries ago are still existent today (cf. Porter 2002: 62-63).

All My Puny Sorrows

A striking feature of the perception of mental illness in Toews’ novel All My Puny Sorrows is that even though it takes place in present day Canada, the doctors and nurses that
treat Elfrieda seem not to take her severe depression as a serious matter. The story heavily draws on the inadequacies of the mental health care system.

Although Elf attempts to commit suicide at least twice throughout the novel, the medical staff in the book are persistent in their claim that if she starts taking her prescriptive medicine and comes up with a will to live she will be fine. However, this is easier said than done as Elf refuses to take the pills. Depression and other mental diseases are still smiled upon today and not taken seriously, which is clearly reflected in the novel. Toews’ said in an interview to The Guardian that “I had so much anger towards the mental health system in Canada, the cruelty of it, the way patients are treated, infantilised, it almost seems criminalised. It was burning a hole in my heart and mind … I didn’t want this to be an ‘issue book’, but in a way it has become that, too.” (O’Keeffe 2015, online) Even though Toews’ further claims that there are good people that work in psychiatric care, the portrait illustrated in the novel, however, is a negative one. “I watched Elf sleep and I watched the nurses scurry around and laugh with each other behind their desk. I knew they couldn’t stand having Elf there, a failed suicide. A nutcase.” (Toews 2015: 173) Society is quick to label people and mental illness is looked upon as being ‘mad’, ‘crazy’ or as expressed in the novel ‘a nutcase’. The social perception of madness as something deviating from the Western standard of ‘normal’ leads to the exclusion and segregation of afflicted people (cf. Porter 2002: 62). In the novel, the reader gets the impression that neither the doctor who is responsible for Elf’s treatment nor the nurses actually care or treat her illness with the necessary attention.

He was the psychiatrist. I walked over to him and introduced myself and asked him if he had talked with Elfrieda lately. I tried to, he said, but she wouldn’t speak. Sometimes she doesn’t, that’s true. But she’s willing to write things down on paper. I don’t have time reading while I’m on the job, he said. […] Look he said I’m not interested in passing the notebook back and forth between us and waiting while she scribbles things down. It’s ridiculous. (Toews 2015: 173-174)

The passage clearly illustrates that the doctor does not show any interest in finding a way to communicate with Elf. As a psychiatrist, communication with mentally ill patients is crucial in order to detect or treat the cause of mentally inflicted issues. However, the doctor argues that he has not the time to write back and forth to see what Elf has to say. In addition, the doctor’s claim that it is ridiculous to communicate in that way questions his credibility as a doctor and his work ethic. The lack of interest in his patients clearly shows that the doctor is unfit for this job. Yoli points this out by saying “After one visit with her you’re refusing to help? […] You’re some kind of esteemed psychiatrist.” (Toews 2015: 174) The doctor’s refusal to help her sister
frustrates Yoli as she wants nothing more than someone who will treat her sister properly. The novel critically exposes attitudes towards madness and how society views it as a psychological lack, degenerate and idiotic. The doctor, whose responsibility it is to help and treat mentally ill patients, deplores this attitude, as he calls it “a silly game” as if it was an act that Elf puts on.

Moreover, Elf’s family and friends put their own lives in second place as their goal is to help Elf to get better. Yoli and Elf have a deep bond that goes beyond friendship and love for one’s family. Therefore, Yoli’s primary goal is to keep her sister alive. She would do anything and tries to convince Elf to hold onto life. In desperate pursuit of finding a magical solution to make her happy and lessen her hopelessness Yoli suggests and offers everything she has as the following examples show. “How about I sing? Or I could dance. Like a wave. I could whistle. I could do impersonations. I could stand on my head. I could read Heidegger’s Being and Time to her. In German. Anything!” (Toews 2015: 34) Here, Yoli’s desperation to save her sister becomes evident. Even though she knows her suggestions are absurd and ridiculous she offers them anyway.

At one point in the novel Yoli describes their sisterly relationship by saying: “She wanted to die and I wanted her to live and we were enemies who loved each other.” (Toews 2015: 37) This quote reflects the constant battle the two sisters fight until the end. As the novel is narrated by Yoli it is her inner landscape, her emotions and feelings concerning the whole situation with her sister that is revealed in the story. The novel sheds light on the dark places the human mind can wander and how the characters involved try to deal with it. Elf’s depression is evidently hard on everyone close to her and the story elaborates on the meaning of letting go and losing a person that has taken up an important place in one’s life. “Elf, I whisper again. How do you think Nic feels? Do you know what you’re doing? You’re killing people (Toews 2015: 148). Yoli reminds Elf that her suicide attempts have consequences and effects on the people around her. Even though Elf suffers from severe depression Yoli wants to make her aware what her behaviour does to the people who love her.

I asked Elf if she was thinking at all of reasons to stay alive or if she was only trying to figure out and exit. She didn’t answer the question. I asked her if those forces were constantly battling it out in her mind and she said if they were then it was a lopsided fight like Rodney King versus the LAPD. I asked her if she had any idea how much I would miss her. She looked at me. Her eyes filled up with tears. (Toews 2015: 92)

Elf clearly does not think about the consequences her actions would have on the people surrounding her. However, when Yoli asks her if she has an idea how much her death would
affect her sister she shows signs of remorse. Yet, her depressions are influencing Elf’s life to a degree where she sees death as the ‘final exit’.

Elf’s disease overshadows the life of the people around her – especially Yoli’s as she has never received much attention as everything revolved around Elf throughout their whole life. The constant worry and anxiety concerning her sister’s well-being has both a mental as well as a physical impact on Yoli.

I said well for god’s sake, Elfie, how do you think I should look? I need you to be okay she said. I need you to – Are you fucking kidding me? I said. You need me to be okay? Oh my god. Look at you! […] Have you ever thought about what I might need? I said. Has it occurred to you ever in your life that I’m the one that’s colossally fucked up and could use some sisterly support every once in a while? Have you ever got on an airplane every two weeks to rush to my side when I’m feeling like shit and wanting to die? (Toews 2015: 161).

A mental illness is without a doubt a serious issue and the people that suffer from it have to go through being mentally tormented, not being understood, and judged by society. However, not only does the afflicted person suffer from their illness, but also the ones close to them. The passage quoted above shows that Yoli’s problems always come second and that her sister’s are the ones which have priority. Yoli sacrifices so much for her sister as she loves her dearly. At one point, however, she has enough and tells her sister what her suicidal tendencies do to her. Clearly, Elf has no idea as she was never in Yoli’s position. Due to her mental illness Elf was always the sister whose problems got more attention.

Furthermore, Toews does not only illustrate the toll a mental illness takes on family members and friends, but also describes the medical condition and the mindset of the afflicted person in an understandable and detailed way. The novel is largely influenced by Miriam Toews’ personal life and certain elements, such as the fact that her own father had a bipolar disorder and committed suicide when she was in her thirties and that she has a sister who is also a pianist that suffers from depression, bear strong resemblance to the characters in the story (cf. Maitzen 2014, online). As already mentioned before, Toews depicts Elf’s chronic depression and her suicide attempts that came with it. Yoli recounts some of the signs that indicate that Elf has suffered from mental health issues from an early age on. “Sometimes my sister stops talking. Our father did it too, once for a whole year.” or “[…] stayed in bed and cried for hours at a time or stared at the wall. There were dark circles under her eyes and she was somber, listless and then strangely exuberant and then despondent again.” (Toews 2015: 25-26) Elf’s behaviour with the rapid mood swings and melancholic tendencies clearly indicate that she is afflicted with mental problems.
What is more, throughout the novel the reader gets glimpses of how Elf feels and what the depression does to her. Though mostly we get an external view of Elf’s illness, Yoli’s inclusion of Elf’s descriptions of her feelings allow glimpses into Elf’s state of mind. As Elf is a concert pianist, Toews uses a comparison of Elf’s fragile and tormented mind to a glass piano that is inside of her.

Then Elf tells me that she has a glass piano inside her. She’s terrified that it will break. She can’t let it break. She tells me that it’s squeezed right up against the lower right side of her stomach, that sometimes she can feel the hard edges of it pushing at her skin, that she is afraid it will push through and she’ll bleed to death. But mostly she’s terrified that it will break inside her. (Toews 2015: 31)

It seems as if her mind plays games with her by imagining things that are not there but her body gives her signs that tell her otherwise. Depression is often linked with anxiety, which clearly is the case in Elf’s situation. In addition, it can be argued that as Elf is a musician and artists are often perceived as embracing their emotions or feeling more deeply which would explain her comparison to a piano made of glass shattering inside her. The piano that shatters can also be seen as a metaphor for Elf’s mind, which due to her mental illness breaks her and her will to live. Even though Elf has been dearly loved and admired she has always felt lonely and compares her situation to a “sack of rocks she carried from one room to the next, city to city.” (Toews 2015: 45) The innermost feelings of mentally ill patients are often incomprehensible for an outsider and therefore, their decisions are something one can hardly grasp. Her eternal sadness accompanies her throughout her whole life and for her, the only way out is death. This sadness that harbours inside of her is mirrored in her music as well. The music was her mouthpiece to express the pain she feels.

And I am not surprised. Surprised by what? I asked him. By her suffering, he said. When I listened to her play I felt I should not be there in the same room with her. There were hundreds of people but nobody left. It was a private pain. By private I mean to say unknowable. Only the music knew and it held secrets so that her playing was a puzzle, a whisper, and people afterwards stood in the bar and drank and said nothing because they were complicit. There were no words. (Toews 2015: 63)

Elf’s mental illness leaves traces on her outside appearance as well. “Elfrieda is so thin, her face pale, that when she opens her eyes it is like a surprise attack, like one of those air raids that turns night to day.” (Toews 2015: 33) Pale skin and weight-loss indicate that her body reacts to the afflictions she experiences regarding her mind. If something is disturbing one mentally, it is quickly reflected in one’s physical composure.
The novel’s title “All My Puny Sorrows” was inspired by a poem by the Romantic poet Samuel Coleridge with the same name. The poem fittingly discusses the loss of Coleridge’s own sister.

I too a sister had, an only Sister—
She lov’d me dearly. And I doted on her!
To her I pour’d forth all my puny sorrows
(As a sick Patient in his Nurse’s arms)
And of the heart those hidden maladies
That shrink ashamed from even Friendship’s eye.
(Coleridge as cited in: Toews 2015: 237)

The worry and sorrow the condition of Elf causes for Yoli slowly leads her to question her own sanity. Even though she is not the one with the diagnosed medical condition of depression, Yoli feels as if she is going insane due to all the things that are going on in her life. The constant pressure to try and find a reason for Elf to live leaves a mark on Yoli and she starts to crumble. In the end, after Elf’s death, Yoli has a hard time to cope with the loss of her beloved sister. Her coping mechanism is to drink alcohol and call the mental hospital where Elf was institutionalised, blaming them for letting Elf go. With this novel Toews draws not only attention to the severity of mental diseases but also how society, family and friends cope with it. The story itself displays the heartbreaking reality of a mentally ill patient. By openly addressing a subject that is usually a massive taboo in our society she makes a step into the right direction, to get mental illness the recognition it deserves.

“The Bear Came Over the Mountain”

Alice Munro is famous for her work as a short story writer. (see also Chapter 5) Her stories are predominately set in small-town Canada and tell tales of ordinary people that navigate through everyday life. Nevertheless, her stories are remarkable due to their detailed observation of the characters and the didactic function they entail as the reader takes away a lesson about themselves most of the time (cf. Sustana 2019, online). Munro creates relatable as well as complex characters that carry the story. In “The Bear Came Over the Mountain” the narrative revolves around a married elderly couple. The female protagonist Fiona starts to show signs of dementia including forgetfulness and memory loss. Munro explores throughout the story the process of ageing in combination with suffering from dementia. The story takes the reader not only through the stages of Fiona’s illness, but also through her life through her husband Grant’s recollection (cf. Su 2015: 536). At the beginning, when Fiona gradually drifts
towards complete memory loss she says that “I don’t think it’s anything to worry about,” “I expect I’m just losing my mind.” (Munro 2001: 278) It seems as if she mitigates her condition by claiming that it is not as severe as it seems. This particular story draws attention to the fact that mental diseases can befall everyone and they are a sad reality of life. Fiona is a strong, healthy woman with a “spark of life”, however, she starts to show a decline in mental ability that interferes with her everyday routines and ends in almost complete memory loss. However, her memory becomes even worse and at a certain point Grant and her doctor decide to admit her to Meadowlake in January, as her condition makes living at home without special care dangerous (cf. Sonnleitner 2017: 73).

Here parallels between the seasonal cycle and the cycle of life can be drawn as winter is often associated with old age, sickness and death. Fiona is passed the prime of her life and floats into forgetfulness. After her arrival at Meadowlake her recollection about her marriage, and her husband as well as her sense of self start to blur (cf. McGill 1999: 100). The story deals not only with memory loss but also the loss of one’s identity. Losing the recollection who one is as a person and the memories that shaped their life raises the question if identity can still be preserved after forgetting one’s own history. Even though the story illustrates how Fiona falls victim to her disease and becomes a shadow of her former self, at the end of the story a glimpse of hope remains as Fiona seems not to have forgotten everything. This small piece of hope, however, does not last long as one of the nurses predicts that before a patient loses their memory completely they experience ‘one last good day’ before they fall into complete oblivion. Fiona clearly shows the signs all dementia or Alzheimer’s patients go through (cf. Sonnleitner 2017: 75).

Furthermore, the progress of Fiona’s dementia is compared to her outward appearance. Munro starts off by describing her as a “tall, narrow-shouldered woman, seventy years old but still upright and trim, with long legs and long feet, delicate wrists and ankles and tiny, almost comical-looking ears. […] She had a slightly crooked mouth which she emphasised now with red lipstick.” (Munro 2001: 276-277) Those features imply a healthy, resolute woman who had taken care of herself over the years. The fact that she applies lipstick before leaving the house suggests that Fiona cares about her appearance in public. The second time the reader gets a description of Fiona’s looks is when Grant visits her in Meadowlake for the first time. “She looked a little puffy in the face, the flab on one cheek hiding the corner of her mouth, in a way it hadn’t done before.” (Munro 2001: 289) From going from “upright” and “trim” to “puffy” indicates the change Fiona has gone through. Her appearance correlates with the stages of her
dementia. However, it can also be implied that the change in her appearance is caused by the medication she receives in Meadowlake as well as by carelessness on the part of the staff.

Alice Munro’s short story “The Bear Came Over the Mountain” also shares common properties with Toews’ *All My Puny Sorrows* as both stories display the effect mental diseases have on family and friends of a mentally ill patient. After being admitted at Meadowlake Fiona is not allowed to have visitors for the first 30 days. When Grant is permitted to visit, however, Fiona fails to recognise who he is and has fallen in love with another patient there (cf. McGill 1999: 100). In the beginning he thought Fiona is making fun of him by pretending to not know him. “‘Does she even know who I am?’ He could not decide. She could have been playing a joke. It would not be unlike her. She had given herself away by that little pretense at the end, talking to him as if she thought perhaps he was a new resident.” (Munro 2001: 292) It is hard on him that his wife has forgotten about their marriage, but he continues to visit her and bring her little gifts. He never gives up hope that she eventually regains some of their shared memories. “She treated him with a distracted, social sort of kindness […] He could not demand of her whether she did or did not remember him as her husband of nearly fifty years.” (Munro 2001: 293) People who suffer from dementia forget things, yet they do not realise it, thus, it makes it, in a way, more difficult for the people they leave behind. Grant knows that it would be in vain to force Fiona to remember their marriage as to her he is a friendly stranger. Even though he has difficulty accepting that Fiona fell in love with someone else he still cares for her. In addition, this passage reflects that people have to come to terms with the situation whether or not they like the outcome of it (cf. Sonnleiter 2017: 76-77; McGill 1999: 100).

Moreover, the short story addresses general perceptions about mentally ill people in Western society. Porter, for instance, argues that all societies judge people and/or view certain attributes as negative. He claims that it is part of a distinguishing process to point out differences and deviance from what is perceived as ‘normal’. Mental diseases often lead to a segregation and even among the afflicted there is a division according to one’s degree of madness (cf. Porter 2002: 62). “Whiskers on old women’s chins, somebody with a bulged-out eye like a rotted plum. Dribblers, head wagglers, mad chatterers. Now it looked as if there’d been some weeding out of the worst cases.” (Munro 2001: 289) This quote shows two essential aspects concerning madness. Firstly, the depiction of the patients used in this quote draws on the perception of “madness is as madness looks” (Porter 2002: 63). ‘Mad’ people are usually portrayed as strange, dishevelled with certain quirks that writers use to create an image of madness (cf. Porter 2002: 63). Secondly, the ‘us-them’ distinction is taken to another level as there is even a subdivision among mentally ill patients into ‘bad’ and ‘worst’ cases. There is also a distance created as
“some of them are pretty well off in the clouds.” (Munro 2001: 291) This suggests that some patients are somewhere else with their minds, a place of their own and disconnected from the world around them.

Nonetheless, this Munrovian short story like many others, stands out for its complexity and multiple themes addressed. By displaying the different levels of how dementia influences a person’s life, Munro makes the concept of mental illness and aging approachable. Aging is an inevitable part of the circle of life and the possibility of suffering from dementia or Alzheimer’s disease can affect everyone. The setting and the characters create a story that is relatable for the reader through taking off masks and showing the vulnerable and imperfect parts of human beings.

**Alias Grace**

_Gone mad_ is what they say, and sometimes _Run mad_, as if mad is a direction, like west; as if mad is a different house you could step into, or a separate country entirely. But when you go mad you don’t go any other place, you stay where you are. And somebody else comes in. (Atwood 2009: 37)

By making Grace Marks a character suffering from madness, Atwood expresses certain implications prone to a condition that is perceived as an illness, an escape, a deviation from what is ‘normal’, and a threat (cf. Trigg 2003: 332). Casting Grace in the role of the ‘mad’ woman by portraying her according to society’s view on mentally ill individuals sheds a light on the attitude towards madness. Grace’s character displays stereotypical features associated with madness such as loss of memory, hysterical fits involving screaming and committing murder out of jealousy. Madness is always seen as the opposite of sanity or the lack of reason, stigmatised as ‘other’ or ‘abnormal’ and therefore society frowns upon it and cannot understand it. _Alias Grace_ follows the “conflict into the individual psyche.” (Palumbo 2000: 83) Palumbo further suggests:

In her novels, Atwood has made constant use of the double voice, depicting characters at war with themselves and their environments. Through intertextual allusions, alterations in narrative point of view, and the use of the unconscious, Atwood shows the way in which the self is constructed through contradictory impulses, some more socially acceptable than others. (Palumbo 2000: 73)

In the quote at the beginning of this subchapter, Grace refers to madness as a direction and a separate country drawing on the notion of separation and distance. This is exactly how society views it: from the distance and segregating those who suffer from it. Further, she describes it
as if somebody else comes in – inhabiting one’s mind, losing a part of oneself and being taken over by another unknown entity. The unknown part and how deeply the mind can be affected by mental diseases is what frightens people. Grace embodies this social fear as madness causes her to lose parts of her memory and allegedly leads her to commit murder. By creating a protagonist that is a young average servant girl, Atwood shows that ‘madness’ can take on every face, shape or form, therefore, it draws on the possibility that it can lurk inside of everyone.

The social implications of madness of the nineteenth century are also reflected in the novel. During Victorian times depressive, hysterical and self-destructive behaviour became closely linked to the female sex (cf. Porter 2002: 88). All the aforementioned behavioural traits can be seen in the protagonist Grace. However, madness is, as a psychological condition, something that appears in the unconscious depths of the psyche outside of the realm of awareness and control of a human being. The nature of madness therefore gives Atwood the opportunity to explore the depths of the psyche without deviating from the norm that is anchored in Western society’s perception of sanity or normality (cf. Trigg 2003: 333).

As already mentioned in the chapter above, the narrative perspective enables Atwood to toy around with the degree of consciousness and awareness of the information revealed between the characters in the novel and the reader. Whereas Dr. Jordan is dependent solely on what Grace is willing to share, the reader gets a deeper insight into Grace’s mind, thus making the reader simultaneously a judge and an expert on the situation. The reader is cast in the role of an ‘expert’, as they receive more information from Grace as they have access to her thoughts and are not as limited as Dr. Jordan, who in contrast has to rely on what he is told. Grace’s part is told in two different forms of first-person narration. The autobiographical first-person narration opens up the possibility of an unreliable narrator, as she actually narrates her life story to Dr. Jordan and therefore to the reader. However, Grace is not in all passages a ‘narrator’ as in the parts where the reader has access to her thoughts and feelings, she functions more as a reflector figure. As the reader gets more information from Grace than Dr. Jordan, the reader functions as a judge in order to determine whether they believe her story or not (cf. Löschnigg and Löschnigg 1999: 444-446).

The sessions with Dr. Jordan where Grace tells her story, work as a frame for the novel. Dr. Jordan views those interviews as medical examination to determine Grace’s condition. He hopes that by telling the tale of her past the lost memories will float back into her mind. In addition, he works with guessing games in order to trigger her memories. Dr. Jordan, however, remains oblivious to the fact that the objects he uses for guessing have the desired effect on Grace and that she has dreams about the murder from time to time. The unconscious part of her
mind tries to bring back lost fragments of the events that are hidden somewhere in the depths of her psyche (cf. Palumbo 2000: 84). The fact that Grace has no recollection of the murders fosters the threat madness poses to society. Both of the implicated assumptions are frightening: whether she lost her memory or she still remembers what happened and chooses to keep it hidden draw on the fear of madness.

Moreover, madness as a mental illness is also reflected in the novel through the portrayal of other patients in the Asylum and the various medical measures applied for Grace’s treatment. Madness casts a shadow over the whole story and is evident in different degrees. During her time in the Asylum Grace does not only encounter women who pretend to be mad for the purpose of surviving, but also some who suffer from actual afflictions of the mind.

But some were not pretending. One poor Irishwoman had all her family dead, half of them starving in the great famine and the other half of the cholera on the boat coming over; and she would wander about calling names. [...] Another woman killed her child, and it followed her around everywhere tugging at her skirt; and sometimes she would pick it up and hug and kiss it, and other times she would shriek at it and hit it away with her hands. I was afraid of that one. Another was very religious, always praying and singing, and when she found out what they said I had done, she would plague me whenever she could. (Atwood 2009: 34-35)

In this passage Atwood puts forth examples of the diverse forms madness can adopt. Differing in the degree of severity all three women display certain characteristics that are linked to madness. The first woman suffers from intense loss as her entire family died and her mind copes with it by ignoring the fact that they are gone which leads to her searching for them and calling out their names. The mind of the second woman similarly plays tricks on her mind as she imagines that her child is still alive. Her hallucinations allow her to interact with her dead child. The last one demonstrates a form of religious madness as her goal is to convert all sinners into believing that there is still a chance of receiving God’s grace through repenting for one’s sins. Stereotypes of madness that have evolved over centuries such as talking to oneself, hallucinations and imagining things as well as religious fanaticism are reflected in the portrayal of these women (cf. Porter 2002: 19-21, 69, 88).

Madness is a deviation from the moral and social norms of society. Therefore, mental institutions are designed to ‘cure’ insanity (cf. Sedlmayr 2011: 47; Pauly 1999: 10). The treatments in the Asylum of mentally ill patients applied in the novel, however, are harsh and inhumane without the desirable outcome of curing the patients. Among those medical therapies were cold baths, using straight-waistcoats, tying up in dark places or solitary confinement (cf. Atwood 2009: 35-36). In addition to these inhumane forms of treatment, the medical staff
handles the inmates as showcases in order to evoke fear when visitors come to the Asylum. “Sometimes they would provoke us, especially right before the visitors were to come. They wanted to show how dangerous we were” (Atwood 2009: 35). Here parallels to the famous Bethlem Hospital in sixteenth century England can be drawn as people visited the institution to gawk at the patients there. ‘Mad’ people are considered as objects or case studies rather than people with emotions and feelings (cf. Porter 2002: 70; Ruggeri, 2016 online).

As already mentioned above, Grace’s treatment to regain her memory as applied by Dr. Jordan involves a method based on a combination of suggestion and association of ideas. He tries “gently and by degrees, to re-establish the chain of thought, which was broken, […] by the shock of violent event in which she was involved.” (Atwood 2009: 97) However, Dr. Jordan’s attempt to trigger the suppressed memories does not work out the way he had hoped for. As a last resort he agrees to try hypnosis to fill the gap in Grace’s memory. In the way Dr. Jordan reacts towards Dr. DuPont when he first mentions his “remarkable powers”, the reader learns which stance Dr. Jordan takes towards spiritualism and hypnotism. He explains his objection by arguing that he is “‘not a sceptic’ […] ‘only a medical doctor’” (Atwood 2009: 96). Therefore, it can be argued that Dr. Jordan must have been rather desperate to restore Grace’s memory when he agrees to using hypnosis. In the nineteenth century, Freud not yet having made his breakthrough with his theory of psychoanalysis and establishing hypnosis as a therapeutic method, people had their suspicions regarding aforementioned methods.

While being in the hypnotic state Grace leaves and Mary Whitney takes over, confessing to the murders and to possessing Grace after she died due to bleeding out after an abortion. As Grace has no memories of the murder or any other sleepwalking incidences but Mary can recall these events, three possible readings can be suggested. One is that Grace could be suffering from a dissociative identity disorder. The possibility of a ‘split’ persona or “multiple personalities”, where two or more personalities are trapped into one body could be applied to Grace’s case of memory loss (cf. Wilson 2000: 225). As one of the key features of that disorder is an inability to recall memories of the other personality, this could work as an explanation for Grace’s situation. While Mary Whitney takes over Grace’s body, the ‘real’ Grace disappears and comes back later without a recollection of the murders. Another interpretation could be that Mary is a projection of Grace’s anger and hostility (cf. Palumbo 2000: 84). “Grace is obviously

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12 Dissociative identity disorder is characterized by the presence of two or more distinct or split identities or personality states that continually have power over the person's behavior. With dissociative identity disorder, there's also an inability to recall key personal information that is too far-reaching to be explained as mere forgetfulness. With dissociative identity disorder, there are also highly distinct memory variations, which fluctuate with the person's split personality. (WebMD, 2019, online)
haunted by something, whether repressed memories or guilt, and Atwood leaves this, and Grace’s ultimate fate open.” (Palumbo 2000: 84) The third interpretation could be a supernatural one, however, this will be discussed in more detail in the next chapter.

Atwood’s Alias Grace does not only reflect society’s fears and opinions regarding madness, but also uses it to show that madness is evident in our society. Although society holds those who do not fit into the realm of what is socially accepted at a distance, inevitably creating a rift between ‘us and them’, Atwood closes that by drawing attention to the fact that madness is a potential condition that can harbour inside all of us (cf. Trigg 2003: 337). Madness is still perceived as something threatening due to its unpredictability and the different forms of its manifestations. The unknown and the implicated fear of it is represented as madness. Atwood leaves it to the reader to decide whether they charge Grace as guilty or not. Trigg brilliantly argues in her thesis that “Atwood confronts her reader in just these terms, for Alias Grace is a manifestation of an interstice between history (social, medical, psychological), the self, and madness which the reader must unravel” (Trigg 2003: 337).

“Gabriel”

Another story that is concerned with the fear of the unknown and the psychological impact of traumatic events is Sharon Butala’s “Gabriel”. In this short story Butala’s female protagonist suffers from the aftermath of a miscarriage. Both Frannie’s physical and mental constitution seem to be affected by the loss of her unborn child. Her behaviour shows signs of depression as she is excluding herself by staying in the house, feeling listless and lying down most of the time. “[…] he didn’t tell Frannie this, who wasn’t well, hadn’t been ever since the miscarriage in the early spring. Now she was lying down in the living room with the curtains pulled shut to keep the light out […]” (Butala 1990: 126). The miscarriage she experienced led to mental health issues as further indications such as irritable behaviour, a certain jumpiness and paranoia are displayed in her character.

I’m a little tired today dear,” she had said, almost timidly, so that he felt like a brute for asking her. He thought of saying again, it’ll do you good, but the doctor said he mustn’t pressure her […]. Just as the screen door was closing behind him she called, a note of panic in her voice, “Don’t stay out after dark!” (Butala 1990: 128)

Clearly, Frannie has been under medical treatment for her mental illness as her husband follows the advice the doctor has given him to not pressure her into doing something she does not feel comfortable with. The text also implies that her illness makes her vulnerable and fragile which is reflected in her husband’s behaviour towards her. He treats his wife with great concern and
his worry is evident in his thoughts and feelings. Further, the above quoted text passage hints towards that the dark harbours something threatening as Frannie’s voice clearly gives away that she is afraid of it.

The whole setting of the story correlates to the mental condition of Frannie. By setting the story in a dry and dying landscape and including haunting elements, the decline of her mental stability is reflected. The land around them changes and becomes hostile, almost uninhabitable. Living in such conditions wears down the characters and challenges to find means to survive. Similarly, Frannie’s mind turns into a liability for her as her mental issues are draining and exhausting. “What was that?” Frannie said […] “Oh, God knows probably the wind ripping off a few more shingles.” She stared at him her eyes big and dark in her white oval face.” (Butala 1990: 127) Her mentally inflicted problems are taking a toll on her physical condition as she looks unhealthy.

Frannie’s husband tries to hide the fact that the prospect of their future is not very bright due to the circumstances around them. However, the whole situation of the dying of the surrounding land, the possibility of losing his livelihood paired with the worry Gabriel feels concerning his wife’s condition enrages him. “He supposed Frannie knew it too, and that was why she wouldn’t get well. Sometimes he could hardly contain his rage at her, as if he didn’t have troubles enough without the worry of a wife who thought she was sick when there was nothing wrong with her.” (Butala 1990: 130) The hopelessness the couple faces, is reflected in Frannie as her worry about the future impacts her mentally as well as physically.

However, Gabriel believes that Frannie only imagines that she is sick. The fact that her illness is not ‘visible’ in the sense of, for example, an open wound, but rather hides away inside her mind and is therefore something that cannot be seen leads to her husband’s assumption that her sickness is not real. Madness in the context of the short story is seen as a way of coping with and escaping from traumatic experiences. Frannie’s mental illness starts to show only after the miscarriage, however, intensifies through the difficult circumstances her life throws at her and Gabriel. The distress her mind is plagued with affects her body and results in her lack of energy to leave the house.

The house functions as her safe haven, however, the disturbances she frequently notices and the invasion of outside forces into her home mirror her own condition. If a sound mind reflects security and safety, a ‘disturbance’ caused by a mental illness inflicts the feeling of fear and threat. “And Frannie was waiting at the kitchen door for him, clutching her arms across her chest, peering out, waiting for his form to emerge out of the dusk. “I was so scared,” she cried. […] “Why? Was there …” “Yes” she whispered, “creaks and more banging on the roof.”
The noises Frannie starts to hear after her miscarriage cause her to be scared. However, there is no rational explanation for the cause of these noises and the fact that Gabriel hears them as well suggest they are supernaturally inflicted. For further interpretation see also Chapter 8.4.

Butala uses a rich imagery in this short story to portray the correlation between inner and outer landscape. Frannie’s mind that is afflicted with illness is emblematic for the environment around her as both show signs of decline. Moreover, her illness works as a counterreaction as well as a coping mechanism for her traumatic experience of a miscarriage. The short story draws on the effects that loss can inflict on the mind and on the way the psyche deals with them. Further the perception of illness is questioned as Gabriel believes that Frannie’s problems are mere imagination rather than actual sickness. As already mentioned throughout the thesis, mental illnesses are still regarded in a negative light and often viewed as no ‘real’ illness due to the fact that those diseases can manifest in different ways and are predominately invisible at first glance.

“A Wilderness Station”

Munro’s “A Wilderness Station” has already displayed facets of madness with regard to survival, manipulation and empowerment, yet the aspect of a mental illness and madness also plays a role in the short story. Even though it has been argued above that the reader has to decide whether or not they believe Annie’s madness is the cause for the murder she claims to have committed or if it is only a charade she puts on to survive, it cannot be denied that when Annie reveals her ‘real’ story, she shows actual signs that can be interpreted as madness. Annie recounts the day of the murder/accident of Simon to the reader from her perspective in a letter she writes to her friend Sadie (cf. Duncan 2003: 105). George had injured Simon’s head with an axe that consequently lead to his death. As Simon displayed violent behaviour not only towards Annie but also George she helps him cover up the actual circumstances that caused Simon’s death in order to protect George.

You didn’t mean to do it. It was in anger, you didn’t mean what you were doing. I saw him other times what he would do to you. I saw he would knock you down for a little thing and you would just get up and never say a word. The same way he did to me. If you had not have done it, some day he would have done it to you. (Munro 1995: 210)

Annie justifies what happened to Simon by reasoning that he had a violent nature and it happened out of rage. She tries to convince George that Simon was a cruel man and that the death of one of the brothers was an inevitable outcome. However, at one point, Annie starts to
have dreams where she is haunted by the two brothers. “I dreamed nearly every night that one or other of them came and chased me with an axe. It was him or it was George, one or the other. Or sometimes not the axe, it was a big rock lifted in both hands and one of them waiting with it behind the door. Dreams are sent to warn us.“ (Munro 1995: 214)

This could not only be seen as a reaction of her brain to cope with the horrifying events she had witnessed but also be interpreted in a way that her guilt is driving her mad. Dreams reveal what is hidden in the human subconscious and try to bring it to the surface (cf. Gerrig and Zimbardo 2008: 602). The dreams Annie experiences, however, lead her to show signs of paranoia and fear in respect to George. As a consequence, Annie leaves the house she shared with the Herron brothers in order to be safe from George. Her dreams clearly evoke fear within her and she thinks that there is a possibility that her dreams want to tell her something. Therefore, she decides that it is best to bring some distance between her and George by going to Walley to be admitted to jail, where she hopes for safety and security (cf. Löschnigg 2014: 35). In addition, her dreams functions as the basis for the story she tells to Mullen as she claims that she had hit Simon on the head with a rock. The actual events surrounding Simon’s death start to blur in her dreams and her mind produces alternate versions.

7.4 Madness and the Supernatural

“Madness figures, usually as a fate or punishment in early religious myths and in heroic fables.” (Porter 2002: 11) Madness in the eyes of religion was caused by supernatural forces as either a punishment of the gods, caused by the devil to disturb the peace or was seen as a form of demonic possession ever since antiquity. This view changed when reason was foregrounded and men of science started to challenge these beliefs (cf. Alexander and Selesnick 1978: 78, 92-93). However, the belief that madness can be inflicted by supernatural causes is still picked upon in literature. The stories discussed in this chapter deal with madness in connection with the supernatural or elements of such.

“Isis in Darkness”

Margaret Atwood’s “Isis in Darkness” appeared in her short story collection Wilderness Tips. “Isis in Darkness”, as the name already suggests, links the story of Richard and Selena to Egyptian mythology. The Egyptian goddess Isis is associated with a variety of roles, however, primarily she is linked to the roles of mother and wife as well as healer and mourner. Among
her duties can be found curing the sick and participating in rites for the dead (cf. Encyclopedia Britannica 2019, online). Therefore it can be argued that “Isis in Darkness” draws on the notion of woman as a goddess. This is also reflected in Richard’s infatuation with Selena and his worship of her – as a woman as well as an inspiring poet (cf. Ljungberg 1999: 106).

What she read was a series of short connected lyrics. “Isis in Darkness.” The Egyptian Queen of Heaven and Earth was wandering in the Underworld, gathering up the pieces of the murdered and dismembered body of her lover Osiris. At the same time, it was her own body she was putting back together; and it was also the physical universe. She was creating the universe by an act of love. (Atwood 1995: 60)

The implications of Selena being a goddess is further portrayed by attributes she displays. Through her poetry she draws people towards her and evokes within them a certain fascination for her. The brilliance of Selena’s poetry leads to Richard’s identification of her as Isis. However, he realises that he is not Osiris – Isis’ counterpart – but rather the archaeologist who is piecing together the parts of the dead woman. “This is further emphasised by Atwood’s use of archeology as a metaphor for the writing process.” (Ljungberg 1999: 104) This is not the part he imagined to play in her story, but in the end, Richard accepts his fate. In a way Richard serves as the goddess’ servant by writing down her memoir. “Now that she is dead he wants to write a biography of her, to save her from oblivion.” (Ljungberg 1999: 103) Richard imagines himself as an archaeologist, scraping through the past and he feels as if he has found his “calling” (cf. Ljungberg 1999: 103).

He will exist for her at last, he will be created by her, he will have a place in her mythology after all. It will not be what he once wanted: not Osiris, not a blue-eyed god with burning wings. His are humbler metaphors. He will only be the archaeologist; not part of the main story, but the one who stumbles upon it afterwards, making his way for his own obscure and battered reasons through the jungle, over the mountains, across the desert, until he discovers at last the pillaged and abandoned temple. […] He is the one who will sift through the rubble, groping for the shape of the past. (Atwood 1995: 80)

The link to Egyptian goddess Isis is also given through her choice of style and clothing as she wears “blue-green earrings in the forms of scarabs” and has “darkly outlined eyes” (Atwood 1995: 61). In addition, right at the beginning of the story when Richard tries to answer how Selena got here, he imagines that “she wends her way through a long underground tunnel encrusted with blood-red jewels and with arcane inscriptions that glitter in the light of torches. For years she walks, her garments – garments, not clothes, trailing, her eyes hypnotic […]” (Atwood 1995: 53). Through this description Atwood sets the preliminaries for the whole story, casting Selena in the role of a mythical goddess. “Like Selene, or Semele, the moon goddess
and one of Isis’ avatars, Selena is dressed in the fringed shawl, which is one of Isis’ attributes, [...]” (Ljungberg 1999: 107).

At one point in the story, Richard decides to visit Selena, even though he does not know where she lives exactly and only has a vague idea from clues that he picked up from her poetry. He takes the ferry to the island where he assumes he will find her. Here parallels to the ferry to the Underworld can be drawn. However, the part that can be linked to the supernatural or divinity is that when Richard arrives at Selena’s house she already expects him. “The door was open. It was her house, because she was in it. She was not at all surprised to see him. “I was just making some peanut-butter sandwiches,” she said, “so we could have a picnic.” [...] She was talking as if she’d been expecting him” (Atwood 1995: 67). It seems as if Selena has the means to foresee events that lie in the future, as otherwise she could not have known that Richard would come by for a visit that day. In general, Selena’s whole appearance and demeanour is highly mysterious. The reader never learns much about her except through the glimpses and filtered perceptions Richard provides (cf. Ljungberg 1999: 102-103).

At the beginning of the story, however, Richard tells the reader that “Selena was not her real name. She had simply appropriated it, as she’d appropriated everything else that would help her construct her new, preferred identity.” (Atwood 1995: 54) The change of one’s name indicates a change of identity. This specific element can be connected to madness as Selena changes her ‘real’ name and origin to an invented identity she constructs for herself. Müller argues that “she creates a “mythology” of her own, but one without any connection to reality. In the end, however, reality catches up with her, reduces her to a nondescript person who hates poetry and sees only “decay in all around” (Müller 2000: 240). She tried to flee from reality through the construction of a new identity, however, life caught up with her and all that was left was a ‘weariness for life’.

The encounters of Richard and Selena are spread over several decades. Between their first and second encounter it seems as if Selena’s appearance did not alter significantly, whereas Richard already shows signs of ageing and the impact his life has had on him. The idealisation of Selena through Richard paired with the fact that she does not get older draw on the image of being a goddess. Usually deities are extraordinarily beautiful and are gifted with eternal youth. This image of Selena changes, however, when Richard encounters Selena for the last time as she is a mere shadow of her former self. “Selena,” he said, touching her arm. She turned up to him a blank face, the turquoise eyes dull. “No,” she said. “That’s not my name.” Then she peered more closely. “Richard. Is that you?” (Atwood 1995: 78).
This passage evokes a feeling as if Selena does not realise who Richard is at first. Her claim that ‘Selena’ is not her name also suggests that her memory is not as bright as it used to be. During this encounter it becomes clear that the harsh reality of life has caught up with her which is reflected in her appearance as well as her pessimistic attitude towards life. Selena seems depressed and worn down. She claims: “Change and decay in all around I see,” […] “I’m not prepared for eternity.” (Atwood 1995: 79) The decay she mentions is not only all around her, but also reflected in her character, as the once beautiful and talented poet seems to have completely disappeared, leaving only an empty shell. The distractedness and melancholic features Selena displays can be seen as a form of mental illness. The fact that she argues that she is “not prepared for eternity” in connection with her behaviour indicate that she has given up on life. A few lines later Richards recounts to the reader that Selena died soon after that meeting. However, the details about her death are vague which raises the question if it was naturally inflicted or if it was suicide. It can be argued that her death was a suicide due to the fact that the details remain unclear and that shortly before she died she seemed severely depressed and fed up with her life.

The frame of a ‘mythology’ that Atwood uses to tell Selena’s story connects it with supernatural elements by involving deities and abilities that deviate from what is perceived as ‘normal’ or ‘real’. By choosing mythological elements to describe Selena’s character and her actions, she is elevated to a ‘god-like’ existence (cf. Ljungberg 1999: 107). However, this image is shattered through the dull reality of life that sooner or later catches up with someone. It results in the realisation that her life and the identity she created to escape from the ordinary are not safe from decay or changes.

**Alias Grace**

*Alias Grace* is based on historical facts, however, the story Atwood created is fiction. “What Atwood attempts to do in *Alias Grace* is to dig out Grace’s story by approaching not only history, but also science, gender and historiography from a feminist perspective. In doing so, she gives voice to the dead to cast some light on these mysterious murders.” (Doblas 2005: 92) The novel leaves questions such as Grace’s guilt, her reliability and her sanity open. The reader has to answer those questions for themselves, which makes this particular novel so intriguing. One of these questionable parts, however, is the session where Grace gets hypnotised and her body is seemingly taken over by Mary Whitney. As already mentioned in the previous chapter, this could be a sign of Grace’s guilt or repressed anger that manifests in the form of her dead friend Mary (cf. Palumbo 2000: 83).
However, earlier in the novel Grace tells the reader that if a soul of a dead person is trapped and not freed by for instance, opening a window, this can have bad consequences. After Mary died, Grace and two other servant girls have to take care of the body, when Grace suddenly hears a voice saying “let me in”. Grace thinks she must have misheard and it said “let me out”. She therefore opens a window as she believes it was Mary’s soul that is trapped in the room and needs to be set free. However, after that Grace faints and does not wake up for two days, except for one time of which she has no recollection. The other girls who were present when she woke up claim that she was confused and had asked where Grace had gone (cf. Atwood 2009: 206-209). In addition to this incident, Grace also claims that she has no recollection of the day of the murder of Thomas Kinnear and Nancy Montgomery.

Taking these events where Grace seemingly lost her memory and the mesmerism session into account, it can be argued that Mary took possession over Grace. While she is in a hypnotic state, Grace or rather Mary confesses that she has killed Nancy. Atwood reminded at the beginning of her poem collection *True Stories* that the reader should never ask for a true story. “In her novel she reminds us that it is nearly impossible to expect one single “true story” to emerge in the wealth of alternatives: changes in perspective and context alter interpretations of facts and narratives.” (Palumbo 2000: 85) In the novel, Reverend Verringer, who believes in Grace’s innocence, “explains that the difficulty in interpreting Grace’s behaviour under hypnosis may be the result of being between times” (Palumbo 2000: 85).

‘Two hundred years ago, they would not have been at a loss,’ says Reverend Verringer. ‘It would have been a clear case of possession. Mary Whitney would have been found to have been inhabiting the body of Grace Marks, and thus to be responsible for inciting the crime, and for helping to strangle Nancy Montgomery. An exorcism would have been in order.’ (Atwood 2009: 470)

During the Middle Ages and in the early Renaissance the church still believed in demonic possessions (cf. Porter 2002: 17-20). This belief is reflected in Verringer’s attempt to explain what happened during Grace’s hypnosis. As already mentioned in a previous chapter Atwood leaves the fate of Grace open. Whether she was possessed by Mary Whitney or it was a manifestation of a mixture of suppressed trauma, anger and guilt remains open. In the Author’s Afterword, Atwood fittingly remarks that “the true character of the historical Grace Marks remains an enigma.” (Atwood 2009: 539)
“Gabriel”

Right from the beginning Sharon Butala creates a disconcerting, eerie and apocalyptic setting in her short story “Gabriel”. The environment surrounding the main characters shows “no sign of life”, making it hard for them to live in such conditions. Crops, weeds and other goods seem scarce, as nothing much is left. Intense heat causes the soil to dry out, thus, making it uninhabitable for insects and uncultivable for crops, or any other plants for that matter.

It was too dry, and of there was no crop to speak of, there sure as hell weren’t any weeds either. Besides, the ways things were going even if there were weeds, he couldn’t afford the fuel for his tractor to go over them. He rose reluctantly, stiffly, and trying to avoid stepping on the few patches of grass left, he went through the powdery dust of the yard to the house. (Butala 1990: 126)

There seems nothing much left, which evokes a certain hopelessness within the reader. The character in this passage is aware that he has to operate economically in order not to waste the goods they still have as supplies are short. As the characters in the story own a farm which does not make any profit due to the climatic conditions, Gabriel knows he needs to think of their budget.

Usually, there seems to be a wind that is constantly blowing which creates a ghastly atmosphere, however, at one point, Gabriel remarks:

The wind had still not started blowing, it had been more than twelve hours of this startling quiet and he still couldn’t get used to it. He felt as though the wind, a malevolent force if ever there was one, was only holding his breath, waiting to catch him when he least expected it, and then it would blow so hard it would blow them all – buildings, cars, animals, people – right off the face of the earth. (Butala 1990: 128)

This description of the wind as a malevolent force that could wipe everything off the earth evokes an apocalyptic feeling. The wind stills – holding its breath just to unleash its complete force on them. This passage draws on the notion “the quiet before the storm”, as everything seems to stop, waiting for something dreadful to happen. In a way, the world seems to prepare for its end.

However, not only does the setting suggest that there is a possibility that some supernatural forces are involved in what happens to the environment, but also the various strange occurrences that take place around town contribute to this assumption. One day Frannie and Gabriel visit the town center when they suddenly hear a “tremendous boom” (Butala 1990: 137) and feel the world around them tremble. Gabriel, Frannie and several other people then went to look and “there was a jagged, circular hole a couple of inches in diameter in the cement
sidewalk” (Butala 1990: 139). After that Gabriel also spots a “moving point of light” that “grew brighter, raised, lowered a little and remained still” in the night sky, he realises that there is a possibility that he just saw an UFO. Another factor that contributes to the line of argumentation that supernatural forces are the cause of all these occurrences, is that Frannie and Gabriel hear “footfalls” in their halls during the night and they link it to be the presence of ghosts. “The footsteps were muffled, but sounded like those of a large, heavy man. […] but despite his fear he had managed to reach for the bedside lamp and turn it on. There was no one there.” (Butala 1990: 132) These supernatural elements are weaved throughout the narrative and contribute to the disconcerting and eerie feeling that is created in this story.

As already mentioned in the previous chapter, Frannie suffers from a mental illness that was caused through the miscarriage she experienced. She hardly wants to leave the house and shows signs of depression. It can be argued that her ‘madness’ is responsible for the appearance of the ghosts that haunt them. Frannie draws the ghosts towards them through the sadness and weariness she feels of losing their unborn child. “He found himself wanting to wake Frannie and shake her, and realise for the first time that he blamed her for the ghosts, felt somehow that she, with her love of death, was bringing them around to plague them.” (Butala 1990: 132)

Furthermore, Gabriel feels desperation about his whole situation and decides to turn to an indigenous ritual for help. He walks to the medicine wheel that is located on a hill near their farm and prays to the sky for rain to stop the ongoing drought. When he does this “the earth dragged him down, he could feel it tugging at his heels, inexorably drawing him downward till he fell to his knees in the centre of the medicine wheel” (Butala 1990: 130). The tugging that causes him to fall down suggests that there is a supernatural force or magic involved. All this happened while he is standing in midst of the medicine wheel which is used for sacred ceremonies, healing of the body and the mind. Therefore, it can be argued that a scared spirit was present and was responsible for dragging Gabriel down on his knees.

Supernatural elements are evident throughout the story and are presented not only through the setting Butala choose for the story, but also through the events and circumstances that take place within the narrative. The story has a certain darkness and hopelessness to it that is especially reflected through the character of Frannie as she shows signs of depression, paranoia and seemingly draws dark forces, such as ghosts, towards her. Her mind is haunted by the aftermath of her miscarriage and this is portrayed not only through her irritable, melancholic

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13 The medicine wheel, originating from Native American traditions, is also referred to as Sacred Hoop. The medicine wheel represents the sacred circle of life, its basic four directions, and their associated elements. Each direction of the wheel offers its own lessons, color, and animal spirit guide. (Desy 2017, online)
behaviour, but also in the fear she displays. Her mental illness makes Frannie vulnerable and susceptible for ‘darkness’ to enter.
8 Conclusion

The concept of madness has been prevalent from antiquity onwards and has changed its face multiple times throughout history. Porter may be right when he claims that “madness may be as old as mankind.” (Porter 2002: 10) The perception and treatment of madness altered from century to century and scientific advancement in the field of psychiatry and psychology has been made up to the present. One aspect, however, that has not changed over time is the negative stigma that is clinging to madness or to mental diseases in general. ‘Mad’ people are labelled as the ‘other’ as their behaviour deviates from what is perceived as ‘normal’ in Western society (cf. Porter 2002: 62). Women especially suffer from this stigmatisation, as the female sex is often associated with mental illness due to the fact that it is more common within women than men. Women are portrayed as the feebler sex and therefore psychiatrists argue that they are more susceptible to ‘disturbances of the mind’ (cf. Showalter 1980: 3).

Literature has given madness a voice through which it could be heard and provides insights in the inner depths of the mind that neither psychiatrists nor psychologists could explore. Madness can in this context take on various faces, shapes or forms and can be modified to fit the author’s needs. For female authors the field of literature provides a tool to voice their thoughts and feelings for everyone to be heard. Similar to other fields, literature was male-centered and male-dominated over a long period of time, however, from the nineteenth century onwards female authors have gained more recognition and significance (cf. Pauly 1999: 136). Through their literary works female authors are empowered to break away from long-established values and beliefs. Gilbert and Gubar claim:

The madwoman in literature by women is not merely, as she might be in male literature, an antagonist or foil to the heroine. Rather, she is usually in some sense the author’s double, an image of her own anxiety and rage. Indeed, much of the poetry and fiction written by women conjures up this mad creature so that female authors can come to terms with their own uniquely female feelings of fragmentation, their own keen sense of the discrepancies between what they are and what they are supposed to be. (Gilbert and Gubar 1979: 78)

By casting their characters in the role of the madwoman, female authors acknowledge not only the significance of madness within the character and their fictional world, but also in respect to the contemporary society and the reader. The image of madness, however, is an ambiguous one as the reader is not only afraid of the mad figure per se, but also by the implied fear of the unknown and the fact that it can harbour within every individual. Madness is as a psychological condition – something that appears in the unconscious depths of the human psyche outside of
the realm of awareness, which simultaneously causes both fascination and fear. “Compact and compressed, madness is thus an image which seeks to many levels of meaning.” (Pauly 1999: 243) It can be presented as a survival strategy, escape, illness, means of manipulation, empowerment or in connection with the supernatural. All of these aspects of madness contribute to the writer’s creative outcome. Although, numerable literary works that deal with madness in any shape or form emerge, the thematization of madness in literature will continue, as new aspects and insights into the vast realm of the human psyche will fuel the imagination of writers in the centuries to come.
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