

# Hysteria, Thy Name is Woman: Pathologizing Femininity in Margaret Atwood's *Alias Grace*

Anshul Dhankar<sup>1</sup>, Devendra Kumar Sharma<sup>2</sup>

<sup>1</sup>Research Scholar, Department of English and MELs, Banasthali Vidyapith

<sup>2</sup>Assistant Professor, Department of English and MELs, Banasthali Vidyapith

## Abstract:

Within the framework of Phallogocentric discourse, women have historically been associated with illness and pathology. Hysteria, metaphorically and symbolically, has been constructed as a distinctly feminine condition and it continues to be gendered even into the modern epoch. Contextualizing the hindsight, Margaret Atwood's *Alias Grace* addresses hysteria as a predominantly female malady, shedding light on its cultural and medical framework within societal constraints. The present paper critically examines the conceptualization of femininity and hysteria concerning culture, gender, and medicine. Through the lens of feminism, it explores hysteria as the subset of the broader cultural narrative that correlates women with madness focusing on the central character, Grace Marks, as an embodiment of Victorian female hysterical archetype.

**Keywords:** Phallogocentric discourse, Hysteria, Femininity, Invalidism, Madness.

## Introduction

Is it merely coincidental that hysteria was originally classified as a condition unique to women framing it as their burden as well as a defining characteristic? And is it by chance that sociological studies continue to reinforce a strong correlation between women and madness? Elaine Showalter in *The Female Malady* (1987) examines this deeply enduring association between women and madness asserting that “by the end of the [nineteenth] century, ‘hysterical’ had become almost interchangeable with ‘feminine’ in literature, where it stood for all extremes of emotionality” (Showalter 129). She argues that women's presumed susceptibility to madness is not merely biological but is deeply tied to their disenfranchised and enslaved status in society. Moreover, she highlights that within our dichotomous systems of language and representation, women “are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind, [...] madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady” (Showalter 3). This centuries-old link had contributed to women's vulnerability to conditions such as hysteria, melancholy, and insanity.

The term hysteria originates from the Greek word *hysterikos*, meaning “of the womb” or “suffering in the womb,” reflecting the age-old belief that the uterus was responsible for nerve disorders (Gilbert & Gubar 53). First accentuated by Hippocrates, this idea was later on reinforced by other ancient philosophers and physicians such as Plato, Aristotle, and Melampus. Plato, for instance, posits that:

“The womb is an animal which longs to generate children. When it remains barren too long after puberty it is distressed and sorely disturbed and straying about in the body and cutting off the passages of the

breath, it impedes respiration and brings the sufferer into the extremist anguish, and provokes all manner of diseases besides. The disturbance continues until the womb is appeased by passion and love. Such is the nature of women and all that is female.” (Plato qt. in Chodoff 546)

Thus, being classified as “uterine furors” reinforced that women, perceived as being ruled by their wombs were inherently prone to madness (Duby 361). This construction of hysteria by the medical and cultural discourses subjected the female body to relentless pathological examination reducing them to objects of scrutiny. Michel Foucault in his magnum opus *History of Sexuality, Volume 1: An Introduction* (1978) further conceptualizes the systemization of the female body illustrating how hysteria was not merely a medical diagnosis but a powerful tool for regulating and defining femininity:

“[It was] a three-fold process whereby the feminine body was analyzed qualified and disqualified- as being thoroughly saturated with sexuality, whereby it was integrated into the sphere of medical practices, because of a pathology intrinsic to it; whereby; finally, it was placed in organic communication with the social body, the family space, and the life of children”. (Foucault 166)

## Discussion

Margaret Atwood’s *Alias Grace* (1996) can be analyzed within this framework as it delves into the complex interplay of gender, mental illness, and societal control. Before her imprisonment at the Penitentiary, Grace is deemed insane by the authorities and confined to an asylum, where she is subjected to the treatment of 19th-century psychiatrists who interpret her condition through the lens of prevailing medical discourses of that time. However, Atwood does not present Grace as an unequivocal ‘lunatic’. Instead, she deliberately resists categorizing her as mentally unstable, highlighting the subjective definition of ‘madnesses’. In the Afterword section of the novel, she underscores this ambiguity:

“That the field of mental illness has always been debatable ground. Who is sane, who isn’t, and who is qualified to judge? Standards have fluctuated wildly, and abuses have been numerous. In the last century, in the United States, a wife could be committed to an asylum on the say-so of her husband and two easy doctors alone, and there are cases on record of wives who were “put away” for holding theological opinions that differed from those of the husband, or for refusing to have as much sex as he would like. That old standby of melodrama, the rich uncle shoved into the bin so the greedy relatives could get their hands on his estate, had a sound basis. The Victorians cleaned up the straw and the chains of the Bedlam-like institutions of the eighteenth century, but they didn’t always clean up the practices. Patients were drugged, starved, drained of vast quantities of blood, beaten up, swung from ropes, immersed in cold water, and whirled around in the air upside-down, all in the belief that it would improve their mental states. Ask yourself whether this is likely to have been true.” (Atwood 464)

Coming forward with a radical stance she exposes the constructed nature of both genders and of the discourses surrounding sanity and insanity particularly concerning women. *Alias Grace* can be understood not as an attempt to investigate the life of an assumed ‘madwoman’, but to understand the possible reasons why Grace could have been assumed to be so. The novel challenges the 19<sup>th</sup>-century notion that hysteria was an unavoidable outcome of female physiology, revealing it as a socially constructed that emerges as a psychological response to systemic oppression due to their inability to meet the socially constructed ideals of femininity. When Grace is placed in solitary confinement, she describes the staff and doctors as: “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 autumn, as she had no house and it was warm in the Asylum, and if she didn't do a fair job of running mad, she would freeze to death. 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 autumn, as she had no house and it was warm in the Asylum, and if she didn't do a fair job of running mad, she would freeze to death". (Atwood 223)

Atwood explicitly connects the concept of 'powerlessness' to madness through Grace's observation of the woman who is beaten by her husband and the woman who feigns insanity to find shelter for the winter. This aligns with Shoshana Felman's argument in "Women and Madness: The Critical Phallacy" (1975) which asserts that mental illness in women is often not an organic disorder but a cry for help. She claims, "Mental illness' is a request for help, a manifestation both of cultural impotence and political castration. This socially defined help-needing and help-seeking behavior is itself part of female conditioning, ideologically inherent in the behavioral pattern and in the dependent and helpless role assigned to the woman as such" (119). This perspective challenges conventional and moral medical interpretations of mental illness reframing hysteria as a form of resistance rather than pathology. It suggests that institutionalizing women under the pretext of mental illness is less about medical necessity and more about enforcing societal control over female behavior. Similarly, Carroll Smith-Rosenberg in "The Hysterical Woman: Sex Roles and Role Conflict in 19th Century America" (1972) argues that hysteria was not a biological illness but rather a psychological response to the rigid gender roles imposed on women. Therefore, women confined to domestic spaces denied intellectual or professional pursuits, and subjected to strict social expectations often exhibited symptoms of hysteria as an unconscious means of escaping from these oppressive conditions. Therefore, Showalter (1987) claims:

"Instead of asking if rebellion was mental pathology, we must ask whether mental pathology was suppressed rebellion. Were the hysterical women a feminist heroine, fighting back against confinement in the bourgeois home? Was hysteria - the "daughter's disease" - a mode of protest for women deprived of other social or intellectual outlets or expressive options?" (Showalter 74)

This perspective challenges the conventional understanding of hysteria as a mental disorder, instead reinterpreting it as a form of suppressed rebellion. Therefore, unlike the predominantly negative portrayals of hysterical women in most fin de siècle medical discourse, Sigmund Freud and Josef Breuer in *Studies on Hysteria* (1895) offered a more sympathetic and even admiring perspective of these women. They accentuated that women suffering from hysteria were neither weak nor mentally deficient but often "people of the clearest intellect, strong will, greatest character, and highest critical power" (48). They further suggested that it could stem from repressed emotions as well as the monotonous repetitious domestic routines including needlework, knitting, and tending to the sick, to which women were frequently confined. These mundane and uninteresting occupations, they argued, were a form of psychological torture, forcing women to seek escape through fantasizing. Therefore, in this context, Grace Marks' institutionalization and imprisonment reflect a broader misogynist discourse that frames female defiance as an inherent consequence of women's nature while disregarding the oppressive hardships of women's lives. As Showalter (1980) explains, "While physicians might pay attention to the contexts of the female complaint, such as poverty, the death of a relative, or physical complications, they were indifferent to content" (169). This failure to acknowledge the deeper social causes reveals the patriarchal tendency to

not pay attention to the root cause of the disease, if any. Similarly, Phyllis Chesler in *Women and Madness* (1972) argues that:

“Male power, which is based on the oppression of some men and all women, belongs to older men in patriarchal culture. Faced with these circumstances, “good” women destroy themselves gracefully, i.e., they get depressed and stay at home, or go “mad” and stay in asylums”. (Chesler 274-275)

However, while Grace discusses women feigning madness, she does not dismiss the reality that some of the women in the Asylum were truly suffering from mental illness. She acknowledges their genuine symptoms of severe psychosis, offering a vivid account of her experiences with them:

“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 their names. I am glad I left Ireland before that time, as the sufferings she told of were dreadful, and the corpses piled everywhere with none to bury them. Another woman killed her child, and it followed her around everywhere, tugging at her skirt; sometimes she would pick it up and hug and kiss it, and at other times she would shriek at it and hit it away with her hands. I was afraid of that one.” (Atwood 227)

The woman’s instability, rooted in profound loss, serves as a powerful symbol of the destructive potential of suppressed emotions and unprocessed trauma. Like many other women, she is trapped, both physically as well as psychologically, enclosed within her mind yet seething with fury at the world in which she is bound to the traditional female role both through her internalized allegiance to femininity and its enforcement upon her. Therefore, building on this idea, Chesler (1972) introduces a new genre- feminist psycho-socio-historico-literary criticism that studies the experiences of women in the mental health care system, critiquing the inherent sexism in modern psychology and psychoanalytic theory. Chesler suggests that women are labeled mad or driven to madness because they conflict with their expected gender roles as wives, mothers, or social losers. She further maintains that the women chained in American mental institutions are often “failed but heroic rebels” who defy the narrow constraints of femininity. Their mental illness is not truly a reflection of their condition, but rather a punitive measure for “being female and for desiring or daring not to be confined to traditional roles” (31). Similarly, Charlotte Perkins Gilman in *Women and Economics: A Study of the Economic Relation Between Men and Women as a Factor in Social Evolution* (1898) criticizes the societal structures that stifle women’s development. She posits, “It is not that women are smaller-minded, weaker-minded, timider and vacillating, but that whosoever, man or woman, lives always in a small, dark place, is always guarded, protected, directed and restrained, will become inevitably narrowed and weakened by it” (Gilman 34). Under this perspective, mental diagnoses function less as tools for recovery and finding happiness in life, and more as mechanisms for policing deviant behaviors. Atwood highlights this through the imagined discussion among the ladies of the house about Grace, depicting how society aimed at suppressing behavior that challenged the social norms rather than promoting rehabilitation:

“Although naturally she can be here only during the day, I would not have her in the house at night. You are aware that she spent time in the Lunatic Asylum in Toronto, seven or eight years ago it was, and although she appears to be perfectly recovered you never know when they may get carried away again, sometimes she talks to herself and sings out loud in a most peculiar manner. One cannot take chances, the keepers conduct her back in the evenings and lock her up properly, otherwise I wouldn’t be able to sleep a wink. Oh, I don’t blame you, there is only so far one can go in Christian charity, a leopard cannot change its spots and no one could say you have not done your duty and shown a proper feeling”. (Atwood 24-25)

It is not just Grace’s past action that makes the Governor’s wife fearful of her but rather the label of ‘mad’

that has been imposed upon her after her time spent at the Toronto Lunatic Asylum. The wife's skepticism regarding the psychiatric treatment reflected a deep-rooted belief that a person's madness is not an ailment that can be cured but an immutable and inherent state of being, an idea rooted in earlier centuries. This reflects the view that a 'mad' person is fundamentally immoral, and their mental state is seen as an inherent and irreversible condition that cannot be fully healed. Consequently, medical practitioners in this context function less as healers and more as rule enforcers, containing and regulating behavioral norms. Atwood further exposes the power dynamics within the asylum, particularly through the warders who manipulate the inmates to reinforce their powerful control over them. As Grace recounts, "The matrons at the Asylum were all fat and strong [...] Sometimes they would provoke us, especially right before the visitors were to come. They wanted to show how dangerous we were, but also how well they could control us, as it made them appear more valuable and skilled" (Atwood 35). This kind of calculated violent attitude reflects the reality of the lunatic asylum, an issue which is elucidated by Michel Foucault in his *Madness and Civilization: A History of Insanity in the Age of Reason* (1988) where he maintains that "asylums were instituted under the disguise of offering appropriate medical attention to those individuals categorized by humanity as mad but in reality, to contain them" (5). This again points to the crux that madness was a condition arbitrarily determined by the ruling power. Grace's experience within the asylum reflects this dynamic, as she does not have the power to narrate her own story. Instead, her experiences are filtered through the eyes of Dr. Jordan who has the power to determine which aspects of her narrative are worthy of attention and which are to be dismissed. Her voice is not truly her own, as it is altered to fit the dominant narrative. She states:

"And that is how we go on. He asks a question, and I say an answer and he writes it down. In the courtroom, every word that came out of my mouth was as if burnt into the paper they were writing it on, and once I said a thing I knew I could never get the words back; only they were the wrong words because whatever I said would be twisted around, even if it was the plain truth in the first place. And it was the same with Dr. Bannerling at the Asylum". (Atwood 257)

Ultimately, Atwood's description of the asylum highlights the insidious ways in which women's narratives are co-authored and co-opted. Whether in the legal proceedings, the asylum, or with her interactions with Dr. Jordan, she recognizes that her testimony is never truly her own- it is perpetually mediated by men who distort or appropriate her truth. This systematic rewriting and erasure of the female narrative aligns with Gilbert and Gubar's (1979) provocative question, "Is a pen a metaphorical penis?" as it draws attention to the connection between the power of language and the dominance of the male body (258). The pen, a symbol of both language and ownership, becomes a metaphor for the phallus, strengthening that power over discourse is a uniquely masculine privilege. As a result, women like Grace are not only stripped of their voices but also subjected to the narrative that is in favor of those in control.

## Conclusion

The paper concludes that the novel critically examines the pathologization as well as medicalization of femininity by exposing how hysteria was manufactured as an innately female disorder, a narrative aimed to constrain women within domesticity. It challenges the biological stance of the hysteria, presenting it as a cultural construction imposed on women who dare to defy the socially dictated expectations of femininity.

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