Metaphors of Madness: Women and Mental Illness

by Donna E. Smyth

La littérature de toute société fournit certains points d'identification culturelle, poteaux indicateurs qui, si nous sommes familiers avec le langage utilisé, nous introduiront à l'univers mental de cette même société. Pour cette raison, j'ai choisi un caractère littéraire, la femme folle, dans le but d'explorer le changement de nos

Debbie Hunt, untitled, 1976, photograph
attitudes face au désordre mental. Prenons comme point de repère Bertha Mason, l'épouse folle de Monsieur Rochester dans Jane Eyre de Charlotte Brontë, et également, le roman de Jean Rhys, The Wide Sargasso Sea, qui revoit le personnage de Bertha Mason et tente de décrire l'expérience de son point de vue. Nous pouvons alors identifier deux cas extrêmes. Dans Jane Eyre, la folie est le fait de l'Autre, personnage mineur qui permet de nouer l'intrigue. Dans le roman de Rhys, la folie est explorée comme une expérience faite à la première personne, c'est-à-dire vécue de façon subjective. Entre ces deux extrêmes s'est produit un déplacement dans notre perception culturelle de la maladie mentale, déplacement étudié par l'artiste, non pas au moyen des catégories rationnelles formelles de la psychiatrie et de la psychologie, mais à travers la métaphore et l'image. Par rapport aux perceptions médicales et scientifiques de notre monde mental, l'approche de l'artiste vers l'irrationnel constitue un contrepoint nécessaire et valable. C'est ce que nous voulons démontrer dans cet exposé. L'art agit comme un médiateur entre le rationnel et l'irrationnel et, dans le cas de la littérature fournit des ponts verbaux entre le rationnel et l'objectif, entre l'irrationnel et le subjectif. De récentes critiques, en provenance de l'intérieur de la profession médicale, tels les travaux de Thomas Szasz sur le mythe de l'aliénation mentale, et en provenance du mouvement féministe, comme dans Women and Madness de Phyllis Chesler et dans Women Look at Psychiatry de Dorothy E. Smith, démontrent l'incompétence de notre société à manier l'irrationnel tel qu'il se manifeste dans la maladie mentale.

The literature of a society provides cultural identification points where overt and covert values of that society are reflected and distilled in language, image and literary type. Changing attitudes to mental illness, for example, can be observed in the type of the Mad Woman, particularly the Mad Wife. Elaine Showalter, in A Literature of Their Own, refers to this type as a "feminine archetype"(1) but, as we shall see, it is at times difficult to distinguish archetype and stereotype in either literary or cultural terms.

Take the case of Jane Eyre (1847) where madness is objectively manifested in a minor character fulfilling a plot function.(2) Bertha Mason is Rochester's secret burden and Jane's secret rival. The reader sees her from Jane's point of view and is not expected to identify with this Mad Wife. Here the cultural and literary conventions meet. It is a mark of Rochester's potential good character and his social class that he has his wife privately cared for instead of abandoning her or committing
her to a public asylum. Unable to obtain a divorce, he is the noble victim of the marriage. Brontë must also have been familiar with a popular literary stereotype of her time—the Deranged Woman who appears in numerous melodramas. This type, instantly recognizable by her dishevelled hair, was a minor character whose derangement was the result of being seduced and abandoned. She evoked moments of sentimental pity and moral enlightenment but was not intended to provoke the audience to any consideration of madness or its causes.

In Brontë's novel, Bertha's madness is vaguely described by Rochester as a result of her Creole inheritance, a certain taint in the blood as it were, not unconnected with her sexuality. It is suggested that Rochester was tricked into marrying her and our sympathy is directed towards him. The fire is the coincidence of fiction, melodramatic but also symbolic; it not only frees Rochester but also purges him through physical loss and injury so that he meets Jane afterwards as an equal both materially and spiritually. Bertha has set the fire and there is an unforgettable image of her final stand on the balcony with her hair streaming out against the flames. The fiery furnace destroys her, purges him.

If Bertha represents female passion, both sexual and otherwise, then she may be viewed as symbolic; in fact, she is Jane's alter ego, her demonic, dark side. What we then have is an interesting triadic relationship between Jane, Rochester and Bertha. Rochester, being white, male and wealthy, represents the power invested in this particular patriarchal society. He has no hesitation about trying to exploit Jane sexually because she initially appears to him as the perfect victim in that society—a young woman without male protectors and without money. On this level, Jane's situation resembles Bertha's as Bertha is a foreigner in England and has had to give up, by law, all properties and money to Rochester when she married him.

The attitudes of the nineteenth century English middle class toward sexuality have been well-documented. Being Creole and coming from a different culture places Bertha outside these attitudes. As a passionate and desiring woman, she is closer to Rochester's experiences with mistresses and whores than to his ideal of a wife. It is here too that Jane has to watch her step. Her refusal to become Rochester's mistress is a shrewd one. If she, loving him and desiring him, were to give in to her desires, she would lose his respect as well as her own. Rochester, for example, says, "Hiring a mistress is the next worst thing to buying a slave: both are often by nature, and always by position, in-
ferior: and to live familiarly with inferiors is degrading." (p. 352) Jane hears the message clearly:

I felt the truth of these words; and I drew from them the certain inference, that if I were so far to forget myself and all the teaching that had ever been instilled into me, as—under any pretext—with any justification—through any temptation—to become successor of these poor girls, he would one day regard me with the same feeling which now in his mind desecrated their memory. (p. 352)

For her social survival, her sexual nature must be confined, locked up like Bertha in the attic.

The pattern continues with The Yellow Wallpaper written in the 1880s by Charlotte Perkins Gilman. (5) The narrator is locked in a room by her husband, John, a doctor who is forcing his wife to follow the "rest cure" of Dr. Weir Mitchell, (6) an American physician who treated neurotic patients in the fashion described by Gilman. Mitchell's "rest cure" allowed the patient to do nothing, secluded her from all human contact except the nurses and doctor attending her, and encouraged her to overeat until she experienced significant weight gains. (7) In the course of Gilman's story, it becomes evident that this treatment is contributing to her breakdown. In order to control her chaotic sense impressions, she attempts to write but is forbidden to do so by her husband. She is driven back upon her own mind at precisely the time when she is discovering that mind as a threatening place. Her husband treats her like a child. He is affectionate but insensitive to his wife's state of mind. Despite her pleas he refuses to take her out of the room or allow her to be active. He is the rational husband/doctor, a double authority figure who confines the irrational female.

At the end of the century, Virginia Woolf too suffered the Weir Mitchell treatment. Showalter refers to her as the "real-life epitome of that feminine archetype, the Mad Wife." (p. 276) Are we then to see Leonard Woolf as a Dr. John? In some ways the pattern appears to fit, as in the case of his decision not to have children. On the other hand, Virginia wrote nothing of importance until after her marriage, and Leonard's encouragement of her work is documented in her diary as well as the Bell biography. The dangers of the biographical fallacy are demonstrated in Showalter's chapter which is a curious attempt to prove that Virginia's concept of the androgynous vision was an avoidance of her sexuality. In order to prove this hypothesis, Showalter has to distort the "real-life" complexities of Virginia's illness, (8) her bisexual experiences, and her attempts to record faithfully her experience of that type of creativity which Keats called "negative capabil-
ity." Showalter's biographical
archetype thus distorts more than it
illuminates.

What is more interesting here is the
intimate relationship between
Virginia's madness and her creativity,
a relationship which she perceived,
at times, as a necessary stage of the
creative process:
If I could stay in bed another
fortnight (but there is no chance
of that) I believe I should see
the whole of THE WAVES.... I
believe these illnesses are in my
case--how shall I express it?--
partly mystical. Something hap­
pens in my mind. It refuses to go
on registering impressions. It
shuts itself up. It becomes
chrysalis. I lie quite torpid,
often with acute physical pain--
as last year; only discomfort this.
Then something springs.(9)

Regardless of the clinical pathology of
the illness, this is a revelation from
inside the experience itself. If
Woolf is to be regarded as a type of
the Mad Wife, the duality that makes
sense and gives dignity to her struggles
is not externalised in herself as
Leonard's wife but internalized in the
alternating patterns of clarity and
obscurity, rational and irrational,
which form the ontogenesis of her
works.

Such a view of Virginia Woolf's mad-
ness is only possible through our
changing perceptions of madness in
this century. The extent of these
changes is reflected, first of all, in
Jean Rhys' novel, Wide Sargasso Sea
(1966).(10) Here we return to the
literary type of the Mad Wife in the
character of Bertha Mason whom Rhys
borrows from Jane Eyre and makes the
central character of her own novel.
Rhys' Bertha, originally called
Antoinette Cosway, is a mad Creole
heiress of the 1830s. Her madness is
inherited but, in part, is also due to
shocking childhood experiences. When
Rochester arrives, he is, as in
Brontë's novel, the younger son of a
well-established English family who have
sent him out to the West Indies to find
himself a wealthy wife. He is tricked
into marrying Antoinette by her family
who are anxious to get rid of her but
he is also implicated in the act be­
cause he marries in haste for money.
Antoinette falls in love with him. He
is her saviour who will rescue her from
an abusive society and her own chaotic
mind.

Rochester, in the fine Biblical phrase,
lusts after Antoinette. For a short
honeymoon period it seems that he
might even come to love her. Then he
learns that she comes from a family
with "tainted blood;" i.e., madness.
At the same time he becomes disoriented
away from English, white culture and
in a tropical climate. He discovers
that the thing he mistrusts most about
Antoinette is that which drew him to her, her sexual beauty and responsiveness. As the relationship begins to break up, Antoinette begins to break down. The more she retreats into madness, the more Rochester keeps her at a distance, objectifying her as a "doll," an image to which he constantly refers. He also tries to give her an English name, to "englishfy" her as Bertha. Antoinette tells him, "Bertha is not my name. You are trying to make me into someone else, calling me by another name." (p. 147) She knows what he is doing but is powerless to stop him. The more white and rational and controlled he becomes, the more she is forced to be the Other. Rochester punishes her, not only for her sexuality, but for his own. The result is tragic.

Rhys' attitudes are expressed through her characters. Madness becomes metaphor, becomes a vision of the world which is beautiful and terrifying. Beautiful because it is sensuous, passionate and alive but terrifying because it is out of control; that is, things happen to Antoinette, she does not make them happen. The dualistic pattern becomes then: female, sexual, irrational, chaotic; male, puritanical, rational, ordered. On this level, Antoinette's personal madness allows her no bridges back to the rational. The potential mediating figure is her alternative mother and old nurse, Christophine, who is a native and a woman of "obeah," the West Indies folk magic and religion. Christophine attempts to reconcile the couple but Rochester, highly suspicious of native superstitions, rejects her wise advice. He insists upon taking Antoinette back to England and he insists that she become the Bertha Mason of _Jane Eyre_.

Rhys' treatment of Bertha indicates both a more modern perception of madness and modern literary conventions. It also indicates a developing awareness which, while not overtly feminist, directs our attention to the negative female image and presents that image from a sympathetic point of view. If we accept a projection hypothesis for Brontë's novel in which Jane's secret sexual self is projected onto Bertha, then we now have a writer claiming that secret, sexual self as her territory. There are these changes but also the pattern which remains the same: the male is still dominant and rational and, in a specific way, repressive of the female who is still socially and personally subordinate, inferior and irrational.

One of the most notable reversals of this pattern occurs in Doris Lessing's _The Four-Gated City_ (1969) where Lynda, the Mad Wife, lives in the basement of the house inhabited by her husband, her children and Martha Quest, the central female character.(11) Since the idea of descent is both literal and symbolic in Lessing's later fiction,
it is significant that Lynda is in the basement. The other members of the household have to descend to converse with her and eventually Martha descends in order to experience madness with her. In Lessing's terms, madness is no longer avoided or projected onto the Other, it is actively sought out as a means to vision. She challenges the conventional definition of madness:

The civilized human race knew that its primitive members (for instance, Bushmen) used all kinds of senses not used by itself, or not admitted: hunches, telepathy, 'visions', etc. It knew that past civilizations, some of them very highly developed, used these senses and capacities. It knew that members of its own kind claimed at certain times to experience these capacities. But it was apparently incapable of putting these facts together to suggest the possibility that they were calling people mad who merely possessed certain faculties in embryo.

This challenge to rational definition also extends to condemnation of treatment:

And just as we now say 'they burned and drowned witches for a couple of centuries out of a primitive and ignorant terror', soon we will be saying: 'When they stopped torturing and killing witches, they locked people with certain capacities into lunatic asylums and told them they were freaks, and forced them into conformity by varieties of torture which included electric shocks, solitary confinement, ice baths, and forcible feeding. They used every kind of degradation, moral and physical. As the methods of society for control and manipulation became more refined, it was discovered that the extremities of physical violence were less effective than drugs which deprived the victims of their moral stamina and ability to fight back; and more effective than the drugs, were techniques of persuasion and brainwashing. By these means these members of the population with capacities above normal... were systematically destroyed. . . .

Lessing thus locates herself within two traditions, one very old, the other relatively recent. The association of madness with vision, some kind of divine revelation, is ancient. Cassandra or the prophets of the Old Testament belong to this tradition. A more recent tradition has developed from critiques of the psychiatric profession by psychiatrists such as R.D. Laing and Thomas Szasz. Szasz' work on the myth of mental illness and the manufacture of madness closely parallels the cultural shift portrayed in Lessing's novel. Szasz claims that there is an analogy between the social phenomena and treatment of witchcraft in the Middle Ages and the social phenomena and treatment of madness in
modern times: "... the concept of mental illness has the same logical and empirical status as the concept of witchcraft; in short, ... witchcraft and mental illness are imprecise and all-embracing concepts, freely adaptable to whatever uses the priest or physician ... wishes to put them."(12) He further alleges that "... Institutional Psychiatry fulfills a basic human need—to validate the Self as good (normal) by invalidating the Other as evil (mentally ill)." (p. xxvii)

Of particular interest are Szasz' comments on language and its place in constructing a mythos. His comment on Freud is illustrative: "Although Freud's 'therapeutic' methods differed from those of his colleagues, his enthusiastic endorsement and use of a psychiatric vocabulary for denigrating people place him in the mainstream of psychiatric thought: by reclassifying witches as neurotics, he helped to replace theological by psychiatric methods of invalidating human beings. The result—which is contemporary history—is a justificatory rhetoric legitimizing man's inhumanity to man not by Appeals to God but by appeals to Health."(p. 69) This kind of rhetoric contributes to the mythos of madness and Szasz warns us: "Myths are not artistic embellishments, fairy stories men make up to amuse themselves and their fellows; they are the very heart and brain, as it were, of the social organism, necessary for its survival—as that particular society." (p. 121) Mythos and Logos become inseparable and condition our perceptions because we live within them.

Much of the linguistic work of the recent past has been concerned with this very problem. Edward Sapir, a pioneer in this field, describes the relationship between language and thought:

Language is a guide to "social reality"... Human beings do not live in the objective world alone, nor alone in the world of social activity as ordinarily understood, but are very much at the mercy of expression for their society.... The fact of the matter is that the "real world" is to a large extent unconsciously built up on the language habits of the group.... We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation.(13)

Now as language conditions our perception of reality, so particular uses of language, such as psychiatric jargon, define a particular reality instead of describing it. Rosenhan's famous experiment with pseudopatients, eight of whom were admitted to twelve different mental hospitals, diagnosed as mentally ill and discharged as "in remission," caused him to comment:

Once a person is designated abnormal, all of his other behaviors and characteristics are coloured by that label. Indeed, that label is so powerful that many of the
pseudopatients' normal behaviors were overlooked entirely or profoundly misinterpreted. (14)

He concludes that "a psychiatric label has a life and an influence of its own." (p. 50) In the same vein, Szasz claims that Freud's "psychoanalytic description of hysteria is but a semantic revision of the demonological one." (p. 73)

Such semantic revision is charged with cultural assumptions. Rosenhan points to the need to understand the pervasive and corrosive influence of language when dealing with the irrational as manifested in so-called madness. On a larger and theoretical scale, Szasz points to the popular and medical revision of witchcraft as the aberrant behaviour of disturbed personalities who, in our enlightened twentieth century, would be cared for in mental hospitals; that is, the psychiatric shift focusses on witch as potential patient and therefore avoids having to deal with the witch persecutor. The moral issue is clarified when Szasz quotes Henry Sigerist, an eminent medical historian: "No doubt many women who ended their lives at the stake were psychopathic personalities, not so the men who persecuted them." (p. 81)

The association of women with the type of behaviour defined as witchcraft is yet another example of cultural patterning whereby women bear the burden of the irrational when it is seen as sexual, chaotic and evil. In reality these women were frequently local healers for the common people, many of them midwives with a certain herbal knowledge and a store of folk medicine passed on orally from generation to generation. (15) These "wise women" or "good" witches were especially represented by the Church as "an affront to the supremacy of the Cleric." (Szasz, p. 86)

What we have then is a patriarchal Church jealously guarding its authority over the irrational dimensions of life. Faith in the dogma and teachings of the Church is the irrational Good; lack of faith or faith projected through other channels is the irrational Evil. Thus a dualistic morality is transposed upon entire categories of experience.

If we accept Szasz' hypothesis, then we have a continuation of this pattern into the twentieth century with the psychiatrist replacing the priest and the irrational Evil being replaced by Mental Illness. One point is demonstrable: the authority to define the irrational is still largely in the hands of a patriarchal institution. Therefore, while men as well as women are subject to certain abuses in the name of therapy, we can expect that women, as a class if not a caste, will suffer more, precisely because they are women.

Feminist analysis of the psychiatric
profession sustains such a conclusion. Phyllis Chesler's *Women and Madness* (1972) was a breakthrough in this field. Her inclusion of interviews and statements by patients was significant in that it interjected the personal and subjective experience back into the abstract and so-called objective framework of much psychiatric theory and practice. In this way the patient's experience of reality is not automatically invalidated by being confined to a definitive category such as manic depressive. Instead, Chesler questions the validity of those categories. Dorothy E. Smith and Sara David's *Women Look At Psychiatry* is a more balanced attempt at the same end. Smith bluntly states: "Psychiatry becomes for women a mechanism of control which deals with problems of fit between the terms they are given to think and become conscious of their world, and the actualities of their experience." (16) Smith and David attempt to view psychiatry within a political and cultural context. If we are in a society where the norm is patriarchal and middle class, then the behaviour of females and lower class males is most likely to deviate from that norm. If psychiatry does function as a mechanism of control for that society, then its categories of rational/irrational are relative and directed towards certain cultural ends. Such ends may be implicit or explicit. For example, Broverman and Broverman's experiments with clinicians confirm that "a double standard of health exists for men and women. . . ." (17) They explain this double standard as stemming from: . . . the clinician's acceptance of an "adjustment" notion of health, for example, health consists of a good adjustment to one's environment. . . . Thus, for a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are less socially desirable and considered to be less healthy for the generalized competent, mature adult. (p. 324) If women try to step outside their cultural conditioning, they are liable to be labelled insane and locked up, not in the attic, but an asylum. Or, if they can afford it, they are liable to be treated by psychiatrists who attempt to "adjust" them back to a sex-role stereotype. The assumption is that the woman is personally responsible for her problems and that it is irrational not to want to function within the stereotype.

Again we are confronted with linguistic/psychiatric categories which mask the irrational with the pseudo-rational and so confuse genuine madness and suffering with all forms of eccentric and deviant behaviour. It becomes necessary to find a method of describing the irrational which will not invalidate it by defining it as outside the cultural norm. Faced with a similar dilemma in regard to traditional philosophy, the
Existentialists turned to Art in order to more closely approach Being, the flux and flow of life itself. So Art, like myth, becomes neither embellishment nor luxury but at the heart's core of a society. Metaphor and image give us the possibility of shaping a new language which will allow our experience and our communication of it a possibility of closer fit.

In Lessing's novel, for example, Martha and Lynda are imaged as "working" together towards another kind of knowledge:

Sometimes they talked, trying not to talk too rationally or logically, merely letting talk flow, since in the spaces between words, sentences, something else might come in. They did not really know what they were doing, or how, really, they did it. Yet out of all this material gathered, they began to get glimpses of a new sort of understanding.

They had no word for that either. Talking about it, or around it, they tended to slip back into talking about Lynda's being mad.

(p. 388)

Yet another new direction is indicated by Marge Piery's novel, *Woman on the Edge of Time*. Borrowing from science fiction, Piery creates a major character, Connie Ramos, who is not only female but a chicana, poor and suffering. At the heart of her suffering her breakdown becomes a literal breakthrough into another world existing in a fourth dimension of reality. In fact Piery offers us a range of worlds to demonstrate the consequences of certain choices about how to run this planet Earth. She also tries out a new vocabulary, including words such as Perself for her/him self. As a writer Piery is in struggle with what Adrienne Rich has defined as "the oppressor's language." Piery also elaborates upon Lessing's suggestion that our society has so little tolerance for experiences of the irrational that certain people are forced into madness as the only acceptable way of coping. After living through Connie's experiences with her, it is a shock for the reader to come to the last chapter which is written in the jargon of a medical report and which refers to her as "this socially disorganized individual" (p. 377), "this 35 year-old Mexican-American woman" (p. 379), and this "socially maladjusted individual." (p. 380)

Such language projects Connie as the Other and clinical detachment becomes moral judgment. We then come full circle back to Bertha Mason with Dr. Rochester in a white coat.
Yet there are indications of a new type of woman. Connie Ramos learns not to be a victim either of her own mind or the culture which gives her a passport of alleged identity. She resembles the narrator of Margaret Atwood's *Surfacing* who returns to sanity with the resolve, "This above all, not to be a victim." (19) In this novel Atwood also demonstrates the connection between language and rational categories. Her narrator has to "lose" language during her descent into madness and re-surface to claim it as a bridge between herself and others rather than as the linguistic expression of a dualistic perception. The urge towards synthesis of rational/irrational categories is the vital thrust of this book.

In the work of contemporary women writers a new map of our mental landscape is being charted. The Mad Wife/Woman is no longer the Other but ourselves and the subjective experience of that madness is declared as valid as any area of our experience of being female. The articulation of that experience in our own language is important.

It is also necessary to be aware of our culture's deep distrust of the Irrational. Recent clinical work on the development of brain hemispheres is being hailed by some as a scientific breakthrough which has direct bearing on our knowledge of female/maleness. It is our impulse, especially when we feel ourselves pressed by economic and political conditions, to define ourselves biologically and have done with it. Right hemisphere, left hemisphere. Male, female. The idea has a powerful but familiar simplicity. Is it reality we are describing or our perception of it? We should not reject new research out of hand but history should teach us caution in our embracing of new categories which fit so neatly into the dualistic mythos of our culture.

NOTES
4. For example, Martha Vicinus (ed.), *Suffer and Be Still: Women in the Victorian Age* (Bloomington: Indiana University Press, 1972). Also, of course, Stephen Marcus' *The Other Victorians*.
7. The overeating anticipates current drug control practices whereby a patient is rendered physically docile through induced somnolence.


18. Marge Piercy, *Woman on the Edge of Time* (Greenwich, Conn.: Fawcett Paperback, 1976). Further references to this edition will be given in the body of the text.