

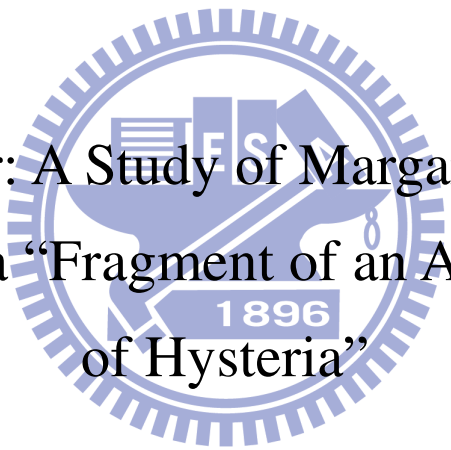
國立交通大學

外國語文學系外國文學與語言學碩士班

碩士論文

朵拉的妹妹：研究瑪格麗特·愛特伍的  
《雙面葛蕾斯》為“歇斯底里案例分析的片斷”

Dora's Sister: A Study of Margaret Atwood's  
*Alias Grace* as a “Fragment of an Analysis of a Case  
of Hysteria”



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中華民國九十九年一月

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碩士論文

A Thesis

Submitted to Graduate Institute of Foreign Literatures and Linguistics

College of Humanities and Social Science

National Chiao Tung University

in Partial Fulfillment of the Requirements

for the Degree of

Master of Arts

in

Literature

January 2010

Hsinchu, Taiwan, Republic of China

中華民國九十九年一月

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### 摘要

這篇論文是於精神分析的框架下研究《雙面葛蕾斯》。將此小說當一個歇斯底里的個案來分析的靈感主要是來自於 Ruth Parkin Gounelas 以互文方式閱讀文學與精神分析的文章“歇斯底里的主體”，收錄於《文學與精神分析:互文閱讀》。在精神分析的理論下（尤其是佛洛伊德和拉岡的理論），我認為小說主角葛蕾斯是歇斯底里的患者。將小說當歇斯底里個案來分析，此論文闡述葛蕾斯歇斯底里的病因及其發病徵狀、喬登醫生的前精神分析方法、和分析葛蕾斯及喬登的夢。

全文共分成五章。第一章簡述《雙面葛蕾斯》和評論家對小說的解讀。第二章剖析葛蕾斯歇斯底里的病因及其發病徵狀、維多利亞時代對歇斯底里病人的治療和喬登醫生的前精神分析方法。第三章包括佛洛伊德對夢和歇斯底里間關聯的闡述，以此為出發點分析葛蕾斯及喬登的夢。第四章是從佛洛伊德理論到拉岡理論來分析，包括拉岡四種話語的概念、佛洛伊德和拉岡對情感移轉/反移轉的觀點，希望從不同觀點分析葛蕾斯·馬克個案。最後，結尾以精神分析的觀點解釋葛蕾斯在喬登醫生離開後的心理狀態和婚後的“幸福生活”。證明了葛蕾斯個案是以失敗收場，亦即歇斯底里案例分析的片斷。

關鍵字: 歇斯底里、精神分析、情感轉移、認同、夢、《雙面葛蕾斯》。

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Abstract

In this thesis, I read *Alias Grace* within the framework of psychoanalysis, a reading inspired by the psychoanalytical approach adopted by Ruth Parkin Gounelas' "The Subject of Hysteria" in *Literature and Psychoanalysis: Intertextual Reading*, whose method inspires me to read the novel as a case of hysteria. Following her methodology of the intertextual reading of literature and psychoanalysis, I consider Grace as a hysteric in terms of psychoanalytical theories, especially those of Freud's and Lacan's. Reading *Alias Grace* as a fragment of an analysis of a case of hysteria, I illustrate the etiology of Grace's hysteria and symptoms, Dr. Jordan's proto-psychoanalytic techniques, Grace's and Dr. Jordan's dreams. Transferring from Freud to Lacan, I show how Lacan's concepts of four discourses and hysterical identification can be applied to Grace's case, and how transference and counter-transference occur in the analytic situation, which induces the termination of the treatment.

This thesis includes five chapters. Chapter one briefly reviews *Alias Grace* and its critics. Chapter two explicates the aetiology of Grace's hysteria and symptoms, the treatment of hysteria in the Victorian period, and Dr. Simon Jordan's proto-psychoanalytic techniques. Chapter three includes an elucidation of Freudian concepts of dream and its relation to hysterical analysis, and focuses on analyzing Grace's and Dr. Jordan's dreams. Chapter four is a shift from the Freudian theory to the Lacanian one in the hope of analyzing the case of Grace Marks from a different perspective, including the concepts of the four discourses, hysterical identification, transference and counter-transference. Finally, the conclusion ends with the psychoanalytical explanation of Grace's mental state after Dr. Jordan's leaving and "the happy life" of Grace after marriage. It proves that Grace's case is a failure, and that my study is a fragment of an analysis of a case of hysteria.

Keywords: hysteria, psychoanalysis, transference, identification, dreams, *Alias Grace*.

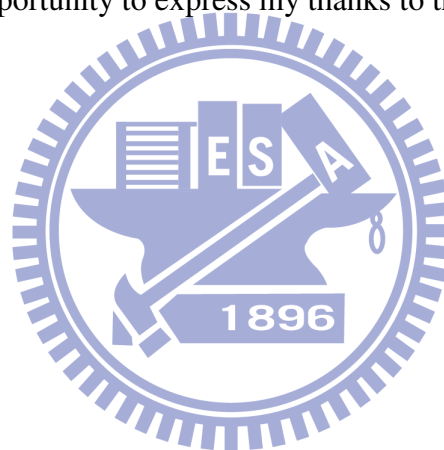
## Acknowledgement

This thesis would not have been completed without the support and inspiration of my thesis advisor, my family and my friends. First of all, I dedicate my sincere gratitude to my thesis advisor, Prof. Kien Ket Lim. Without his scrutinizing reading, patient guidance and encouragement, I could not have finished my thesis. I benefit a lot from the course I took in Prof. Lim's "Hysteria from Freud to Lacan," from which I have learned a great deal about hysteria and got my inspiration for this thesis topic.

Moreover, let my deepest appreciation go on to my family ,including my parents, my brother and sister, and my sworn brother, Wen Hong. Special thanks go to my boyfriend, Dadai, who always gives me encouragement and eases my anxiety.

For my friends, Bonnie, Cagy, Ann, Becky, 010 and other friends, I always owe my heartfelt gratitude for their lasting friendship and immense encouragement. Bonnie is my best partner in the process of thesis writing, our brainstorming and oral defense practices have helped me a lot.

The completion of this thesis is never the result of individual effort. Thanks to this acknowledgement, I have the opportunity to express my thanks to them.



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## Chapter One

### Introduction

*Alias Grace* is written by Margaret Atwood in 1996, nearly one century after Sigmund Freud's publication of "Fragment of an Analysis of a Case of Hysteria" in 1905. Employing the writing strategy characterizing Grace as a hysteric, Atwood's *Alias Grace* is a response to Freud's famous failure: his incomplete analysis of "Dora" in "Fragment of an Analysis of a Case of Hysteria." This project uses the methodology of psychoanalytic studies to explore the question Freud asks: "What does a woman want?" (Jones 421). Reading *Alias Grace* as a psychological study of hysteria, my thesis examines the question of femininity in *Alias Grace* by considering hysteria as a strategy that is employed by Grace Marks in her struggle for her desired aim. In addition, analyzing *Alias Grace* as a fragment of an analysis of a case of hysteria beyond Freudian theories, I provide other possible theoretical suggestions for Dr. Jordan, the doctor who analyzes Grace, whom I consider as Dora's sister. Most importantly, by re-examining Grace's case, I take an overview of the development of hysterical studies of hysteria from the pre-Freudian period to the late- 20<sup>th</sup> century, hoping to contribute a new insight to the discussion of the novel.

This thesis consists of five chapters. The first chapter contains a summary of the novel, my motive for studying *Alias Grace* as a "fragment of an analysis of a case of hysteria," and the novel's critical backgrounds.

#### I. Chapter I: The Introduction

##### A. *Alias Grace*'s Summary and Background

*Alias Grace* is based on a true story of the celebrated convicted murderess, Grace Marks, who has fits of hysteria while she is imprisoned in the Toronto Lunatic Asylum and the Provincial Penitentiary at Kingston. Grace is a sixteen-year-old Irish

girl who is accused with the fellow servant James MacDermott of murdering their Scottish employer, Thomas Kinnear, and his housekeeper and mistress, Nancy Montgomery, on Kinnear's farm outside Toronto on 23 July, 1843. Grace is not hanged for the murder, though MacDermott is. Instead she is imprisoned for almost thirty years in the Provincial Penitentiary at Kingston and a short period in the Toronto Lunatic Asylum. In Atwood's novel, Grace tells her story in "the talking cure" to a young American doctor named Simon Jordan, who is interested in the fashionable new theories about nervous and mental disorders and has met many hysterics at the Salpêtrière in Paris. Despite Dr. Jordan's effort in trying to plumb her so that she remembers the day of the murders, she seems to suffer from traumatic memory loss and manages to elude Dr. Jordan's insistent probing for the truth. Grace always maintains that she has no memory of the murders and manages not to tell him about her role in the murder. The rapid advancement in new theories of mental illnesses and the creation of clinics and asylums are characteristic of the mid-19<sup>th</sup> century. Therefore, new discoveries of memory, amnesia, hysteria and nervous diseases, which constitute the background of the novel, are seriously debated in the novel (AG 464)<sup>1</sup>.

#### B. My Motive for Studying *Alias Grace* as a "Fragment of an Analysis of a Case of Hysteria"

Published in 1996, the hundredth anniversary of the publication of Breuer and Freud's *Studies on Hysteria* in 1895, Atwood re-examines the "disappeared hysteria" in *Alias Grace* in the late-20<sup>th</sup> century. For Juliet Mitchell, who works in the modern psychiatric profession, thinks the claim that hysteria has disappeared is "nonsensical" (4). She remarks that hysteria has apparently disappeared "only as a medical diagnosis

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<sup>1</sup> AG is the abbreviation of *Alias Grace*.



or pathological entity” (109). “Hysteria ‘disappeared’ into its psychoanalytic ‘cure’ and reemerged as the trauma theories (Recovered Memory syndrome) of contemporary therapist” (Mitchell 110). In the late-20<sup>th</sup> century, the *American Diagnostic and Statistical Manuals* (DSM) introduces the concept of a “historionic personality disorder” to replace “hysteria” (Mitchell 14). These quasi-hysterical disorders such as Dissociative Identity Disorder (DID, formerly Multiple Personality Disorder), eating disorders, and borderline personality disorder, all of which Judith Mitchell regards as aspects of modern day Western hysteria, are labeled as “mimetic hysteria” by Mitchell. From the above-mentioned, I argue that the replacement of hysteria with these “new” disorders that are stereotypical female qualities shows that hysteria has now only been characterized as “new traits” or “mimetic hysteria” rather than symptoms, and thus hysteria has not disappeared. Hysteria is a universal phenomenon that can arise at anytime or anywhere. Atwood sets the background of *Alias Grace* in the pre-Freudian period before psychoanalysis comes into being, about the time of Charcot. Her anachronistic juxtaposition of these various interpretations and treatments of Grace’s illnesses such as “Recovered Memory syndrome” and “dissociation of personality” or “hypnotism” and “association” in the novel can be read as an attempt to locate the entire history of hysteria at one temporal moment in order to re-examine the treatment of hysteria. Through its anachronistic transposing of the early-20<sup>th</sup> century Freudian methods to the mid-19<sup>th</sup> century context, *Alias Grace* is a commentary on Freud’s treatment of hysterical women. *Alias Grace* plumbs the psyche and the dreams, and it can be seen as a psychoanalytic intertext of Sigmund Freud’s “Fragment of an Analysis of a Case of Hysteria” or “Hysteria and Dream.” Also, the maid working at Dr. Jordan’s lodging is named “Dora,” and this can be seen as Atwood’s allusion to Freud’s failure with his Dora. In terms of hysteria and the hysteric’s mystery, Richard Wajeman has said that “the authors have sought

explanations rather than a true answer” (78). Both Grace and hysteria are mysterious riddles that Atwood does not intend to solve. Therefore, I will read *Alias Grace* as a “fragment of an analysis of a case of hysteria” because, as Dora’s sister, Grace resembles Dora in that both cases are fragmentary treatments of the hysterics that are terminated suddenly either by the analyst or by the analysand. Furthermore, reading *Alias Grace* as a case of hysteria, I have the opportunity to take an overview of the history of hysteria within the psychoanalytic framework.

### C. *Alias Grace*’s Critical Background and Its Critical Reviews

Set in the mid-19<sup>th</sup> century, as Barbara Hill Rigney points out, Grace’s “very own hysteria becomes a revelation about the medical treatment of madness in the period and how people must have suffered from such inhumane practices” (164). In her essay “Ophelia Has a Lot to Answer for,” Atwood focuses on recreating Grace Marks in the Toronto Lunatic Asylum in order to explore the ways in which the society constructs and represents women as hysterical, mad, nervous, and explores the contemporary scientific and pseudo-scientific explanations for such constructions of madness, too. Atwood’s attraction to the portrayal of hysteria can be understood in light of the disorder’s paradoxical status both as “a source of power for victimized women who use hysteria’s florid physical symptoms to act out their socially conditioned distress and as a hopeless retreat from reality, consigning women to illness and silence” (Darroch 104). Resulting from “a given network of medical, supernatural, religious, and aesthetic discourses” (Bronfen 102), Grace is enmeshed in the discourse of psychiatric systems, which defines her as a “madwoman” and a patient. In order to explore the ways in which the Victorians treat the hysteric and the ways in which Victorian understanding of hysteria and its pathological diagnosis, in Chapter One, the Introduction, I will briefly sketch the history of hysteria from the ancient time to the

Freudian period.

Since its publication in 1996, *Alias Grace* has received a great deal of critical attention. Two main areas of discussion recur in the critical comments. One is concerned with the novel's historical constructions and representations of women as either virgins or whores, being either pure or demonic, while others focus on its Gothic qualities. They take a feminist approach, analyzing the structure of the novel in terms of the intertextuality of Victorian medical perspectives on female hysteria which exposes the phallogentric fallacy and demonization of female sexuality. And they notice the misogynistic society in the 19<sup>th</sup> century in which Grace is constructed and mired, criticizing psychoanalysis, which is eager to dig knowledge and truth out of hysteria. Others are aware of the novel's effort in representing "a Canadian consciousness, Canadian issues, locations and history" and "false memory syndrome," amnesia, faked amnesia, and they deal with the constructedness and artifice of historical records, the potential deception of testimony and memory (Wisker 66-67). Both approaches recognize "quilting as the novel's central metaphor for making patterns and versions, for women's creativity, and the construction of identity" (Wisker 66). Several critics have commented on Grace's skill at quilt making and on the quilt patterns, in which Atwood explores a private feminine language, characterized by embroidery and multiplicity. Many of them argue that quilting represents a unique discourse between women. In "Quilting as Narrative Art: Metafictional Construction in *Alias Grace*," Sharon R. Wilson analyzes the novel's structure and meanings according to the quilt patterns that name each chapter's title. Margaret Rogerson argues that "quilting, as a form of female discourse, empowers Grace to speak in a language that is not universally accessible" (6). She points out that this form of female discourse enables Grace to withhold her secrets from her male inquisitor, her aspiring psychiatrist. Gillian Siddall sees quilting as a

“private discursive mode” available only to women. Only in the quilt does Grace repossess her traumatic memories. As quilting is a narrative art, the metafictional construction of women’s private discourses is beyond the grasp of the public discourses. Along with the quilt patterns, the “double-voiced” or even “multi-voiced” narrative indicates the dual personalities in Grace by showing her subconscious mind. Atwood states that Grace is “a storyteller, with strong motives to narrative but also strong motives to withhold ... What is told by her to her audience of one, Dr. Simon Jordan... is selective” (“In Search” 1515). Darroch suggests that in her reading of *Alias Grace*, Atwood finds a rich source of inspiration for her re-creation of Grace Marks “in the discourses of hysteria” (119). Based on these arguments, I will analyze Grace’s first-person selective narrative as the hysteric discourse within the framework of psychoanalytic discourse.

In discussing the motive for writing this novel, Margaret Atwood expresses her own view on writing the historical novel and on *Alias Grace* as an example of the genre in her lecture, “In Search of *Alias Grace*: On Writing Canadian Historical Fiction,” with responses by three professional historians. Atwood remarks, “the nineteenth century could be said to have revolved around memory” (1056). She doubts the reliability of “memory” and of historical interpretations, and shows her doubts by using a multi-voiced narrative which refuses a universal truth in the novel. “For history, as for the individual, forgetting can be just as convenient as remembering, and remembering what was once forgotten can be distinctly uncomfortable” (“In Search” 1505). Atwood’s 20<sup>th</sup>-century rewriting of *Alias Grace* focuses on the phenomenon of amnesia within the individual psyche. Grace claims that she suffers from “amnesia” and cannot remember what happens to the murder of Nancy and Thomas. Forgetting, whether for history or for the individual, is “a willed act” (1506), as Grace Marks realizes that “there are some things that should be

forgotten by everyone, and never spoken of again” (AG 26). Coral Ann Howells thinks that Grace’s amnesia makes her 19<sup>th</sup> -century story familiar to our time because, in Atwood’s words, Freud “taught us that we were not so much the sum of what we could remember, as the sum of what we had forgotten” (qtd. in Howells, *Transgressing* 155). In *Studies on Hysteria*, Freud and Breuer state that “*Hysterics suffer mainly from reminiscences*” (1893a [1892]), and it is reminiscences that are the unconscious traces, as what Freud calls “mnemic symbols” (symbols of the repressed memory). Memory is the focal point from now on. In my study, I will argue that, as a hysteric, Grace’s denial of “the *memory* of it (the murder)” is in fact a “not wanting to know” rather than a “not knowing” and her amnesia is a hysterical form of “resistance”.

For many critics, the novel is classified as what Linda Hutcheon has termed “historiographic metafiction” (106). It is the historical novel in a postmodern context. As a “metafictional or postmodern text,” Grace’s story ultimately refuses a closure (Ingersoll 386). Such a technique as “generic hybridization” shows Atwood’s writing of history in the postmodern context, caught in the “paradox of complicity and critique” that Hutcheon describes as a characteristic of Atwood’s fiction (Howells, “Don’t Ever” 28). I will investigate Atwood’s response to the modern medical history of hysteria studies by employing the perspective of intertextuality within the hysterical discourse. Reviews have detected the Victorian qualities of the novel, and its interest in the psychological, as Howells points out, “a psychological reading opens up questions of split personality, female madness, and the bizarre episode of the neuro-hypnotism scene later in the novel” (30). Because Atwood’s preference for an explanation of Grace’s guilt or innocence may be characterized as “both-and” rather than “either-or,” and is therefore postmodern (Darroch 119), I intend to explore the novel’s postmodernism as a response to hysteria’s “high postmodern interpretability”

(Gounelas 133). Atwood has noted that *Alias Grace* is not a Victorian novel in terms of its narrative style. In addressing the historical novel, Atwood declares that “we cannot help but be contemporary, and *Alias Grace*, although set in the mid-nineteenth century, is, of course, a very contemporary work” (“In Search” 36). Heidi Darroch mentions what Judith Knelman suggests in terms of *Alias Grace*’s “contemporary” elements: “an analytic inquiry into her (Grace Marks) state of mind that reveals repressed memories, confused and fragmented flashbacks, and multiple personality disorder, all the more ‘contemporary’ than historical” (118). The novel is “a hybridized text that combines historical documentary” with genres like woman’s fictive autobiography and Gothic novel, combined with 19<sup>th</sup> century elements like spiritualism, mesmerism, hysteria, and woman’s quilt making (Howells 150). In the novel, Atwood’s afterword cites some of the textbooks on unconscious and dreams, on hypnotism, spiritualism, and the occult, which constitutes her frame of reference. Quoting many documents relevant to the novel, Atwood reminds her readers that no writer can escape being contemporary, “*Alias Grace* is very much a novel rather than a documentary,” and thus she is “free to invent” “the gaps left unfulfilled” (“In Search” 1151). Knelman’s accusation of the novel as simply the product of “imaginative mind,” because of Atwood’s anachronistic depictions of the hysterical treatment of Grace Marks in the novel, is dismissed, for she misses this point mentioned by Atwood. That is, writing a “novel” rather than a “document,” Atwood is free to use such 19<sup>th</sup>-century terms as *double consciousness* or such 20<sup>th</sup>-century ones as *multiple* or *alter personality* in the same novel. Although such diagnoses as split personality disorder and hysteria are popular within the context of mid-19<sup>th</sup> century psychiatric literature, Atwood also writes within a post-Freudian frame of reference as well. I regard that the novel, published in 1996, is a re-representation of the real-life Grace Marks and a re-examination of the medical treatment of hysteria or madness in

the mid-19<sup>th</sup> century from the late-20<sup>th</sup> century perspective.

## II. Chapter II: Hysteria and Its Treatment

### A. The Aetiology of Grace's Hysteria and Symptoms

To study the case of Grace as a “fragment of an analysis of a case of hysteria,” I will first illustrate Grace's hysterical symptoms and traumatic past with reference to Breuer and Freud's analytical experiences. From psychoanalytic perspective, I will also discuss Grace's resistance to Dr. Jordan's therapeutic methods in Chapter Two. In “History of the Psycho-Analytic Movement,” Freud declares that “the theory of repression is the corner-stone on which the whole structure of psycho-analysis rests” (1914d: 16). I will apply Freudian theories to explore the aetiology of Grace's hysteria and her somatic conversion by tracing back to her traumatic experiences in earlier day and the inhuman treatments she receives in the Asylum in order to show that Grace's hysterical symptoms are “overdetermined.” According to Freud, resistance is the analysand's unwillingness to recollect the repressed memories or say everything that comes into her mind. I will interpret Grace's amnesia using Freud's opinion on the hysteric's resistance to recollection, and thus prove that Grace's amnesia is a means of defense. The protagonist, Grace Marks, is heavily traumatized by horrible experiences. Grace's mind and memory are profoundly affected by these traumatic experiences she has experienced. According to Freud's “The Psychotherapy of Hysteria,” the unpleasant memory can be likened to “the incompatible idea,” which has been “intentionally” repressed from the patient's conscious thought (285). It is inhibited and repressed because of the *resistance* and repulsion of the patient's ego. Likewise, the aversion of Grace's ego has driven the details of the murder, the pathogenic idea, out of association and memory. Freud defines somatic conversion as a physical symptom through which the repressed ideas caused by traumatic experiences are

expressed. As a result of repression, Grace, incarcerated in Toronto Lunatic Asylum, develops conversion symptoms such as hysterical fits, amnesia, possession, hearing voices, hallucination in her long sexual abstinence.

## B. The Treatment

Set in the mid-19<sup>th</sup> century, as Rigney points out, Grace's "hysteria becomes a revelation about the medical treatment of madness in the period and how people must have suffered from such inhumane practices" (164). Before discussing Dr. Jordan's treatment of Grace, I want to briefly illustrate the pre-Freudian medical milieu and the inhumane treatment of hysterics illustrated in the novel in order to show how Atwood portrays these hysterics who suffer from inhuman practices and how the medical perspectives are debated, all of which show the Victorian understanding of hysteria and pathological diagnosis as well as the fact that hysteria is resulted from "a given network of medical, supernatural, religious, and aesthetic discourses" (Bronfen 102).

## C. Dr. Simon Jordan's Proto-Psychoanalytic Techniques

Even though Dr. Simon Jordan, an American psychologist, whose therapeutic approaches to reconstruct Grace Mark's traumatic past experiences are pre-Freudian, his method is modeled after Freud's hysterical treatment of Dora. As Atwood writes in her lecture "Ophelia Has a Lot to Answer For," the fictive figure, Dr. Simon Jordan, is a character who could "represent the other side of the Victorian attitude toward madness [...], the body of medical and scientific opinion on the subject" ("Ophelia" 6). Dr. Jordan is in many ways like Freud: a doctor of the mind who talks to his patient on a regular basis, records his own dreams, takes an interest in his patient's dreams and associations, and aims to overcome Grace's amnesia in order to unearth what he believes will be the true traumatic memories buried in her unconscious. He



uses the traditional method of suggestion by association to recover Grace's lost memories of the crime (Howells 6). I will explore how Dr. Jordan employs proto-psychoanalytic techniques like association and dream analysis in order to overcome Grace's amnesia and unearth the suppressed memory in Grace's mind. In "Remembering, Repeating and Working Through," Freud thinks that the "working through" of resistances is a fundamental part of the analytic process (1914g:145-56). Considering the issue of overcoming resistance, I will offer my view in the fourth chapter.

### III. Chapter III: Dream and Hysteria

Chapter Three is an elucidation of Freudian concepts of dream and its relation to hysterical analysis. In his "Prefatory Remark," Freud remarks that the original title for Dora's case is "Dream and Hysteria," which indicates that "dream-interpretation" is "an indispensable prerequisite for any comprehension of the mental process in hysteria," for it "can become the means of filling in amnesias and elucidating symptoms" (1905e [1901]: 10-1). In *The Interpretation of Dreams*, Freud writes, "*The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind*" (1900a: 608). As Atwood remarks, "the twentieth century's most prominent theories of the psyche—those that evolved from Freud" shows that "we were controlled by the Unconscious, where unsavory repressed memories were stored in our head" ("In Search" 1506). Through analyzing Dr. Jordan's erotic dreams and Grace's anxious dreams respectively, I will look into the patient's and the doctor's unconsciousness and hidden psyche.

#### A. Grace Mark's Anxious Dreams

First, I will interpret the dreams Grace chooses to tell Dr. Jordan and those others

she withholds. Since the relations between dreams and mental diseases are intimate, Grace's anxious dreams of her dead mother, her dead friend Mary, the murdered Nancy, and the unknown man can, "be traced backwards in the memory from a pathological idea" (1900a: 101). Through interpreting Grace's dreams, I get a better understanding of Grace's unconscious and "dream-thoughts" in her dreams, which might help us to analyze the other aspect of Grace that is beyond Dr. Jordan's grasp.

#### B. Dr. Jordan's Erotic Dreams

I want to explore the reasons for reducing Dr. Jordan to nervous breakdown and terminating Grace's treatment subsequently. Jonathan Lear stresses that "Freudian dream interpretation is context dependent: to understand a dream one must look to the life-circumstances of the dreamer" (Freud 115). Therefore, before discussing Dr. Jordan's erotic dreams, I will first discuss Freud's theory of the psychology of love in men in the choice of the love object, which shows Dr. Jordan's unconscious obsession with sexuality and his frustrating relations with women. His erotic fantasy for Grace can be traced back to his long time frustrating relation with his dominative mother and his aloofness from his father. Then, I will analyze Dr. Jordan's dreams of the orchard, the attic passageway of his house, the maids in the sea, and the waves in which he is drowned, all of which are allusions to his repressed sexuality. Also, his dream of his father coming back to life in the nightmare alludes to his ambivalent emotions to his dead father. Through interpreting his dreams and tracing them back to his life, I will show that Dr. Jordan transposes his desire during the analytical process to Grace, and this counter-transference is the result of "his salacious and repressed past, dreams and thoughts catching up with him" (Wisker 56).

#### IV. Chapter IV: Hysteria from Freud to Lacan

## A. The Four Discourses

Chapter Four is a shift from the Freudian theory to the Lacanian one in the hope of analyzing the case of Grace Marks from a different perspective. As a hysteric, Grace adopts the “hysteric’s discourse” to challenge “the analyst’s discourse” and “the master’s discourse.” In this chapter, I will first briefly explain the four discourses Lacan proposes. Like Dora, Grace, a gifted hysteric, is eager to explore *the mystery of femininity* and to frustrate others through the discourse of hysteria. Here I will link the quilting patterns to the discourse of hysteria. While Dr. Jordan tries to make sense of Grace’s narrative through the analyst discourse, Grace uses her own hysteric’s discourse and quilt patterns to construct her own story. Grace’s discourse is so different from the master’s discourse that Dr. Jordan is bewildered. Because Dr. Jordan lacks an understanding of the discourses of quilting and hysteric, he is unable to detect any meaning in Grace’s remarks. Since “the hysteric maintains the primacy of subjective division, the contradiction between conscious and unconscious” (Fink 133), there are multiple versions of Grace’s story, including both stream of consciousness and selective narration. Lacan says that “the hysteric’s discourse demands that the master prove his knowledge. Living in the Victorian age, Grace challenges the modern science or the authority of the discourse of the master. As a hysteric, Grace enjoys manipulating others but refuses to be questioned by the analyst’s discourse by demanding that Dr. Jordan prove his mettle by way of knowledge. I will analyze Grace’s narrative as the hysteric’s discourse through which she frustrates and pushes the master (Dr. Jordan) to the point where she finds “the master’s knowledge lacking” (Fink 134). Grace lets Dr. Jordan prove his psychoanalytic theory while proving to him the inadequacy of his knowledge at the same time. Also, I will explore how Grace, as a hysteric, uses her discourse to incite Dr. Jordan to know what causes his desire that he has tried so hard not to face it,

inciting him to “acknowledge her as the inaccessible knowledge of his desire” (Wajeman 87). Most importantly, I will study how Grace makes use of the discourse of the hysteric to “spin out her yarn” to Dr. Jordan and others who listen to her stories in order not only to keep from being returned to the Kingston Penitentiary but also to achieve what she ultimately wants: love and freedom.

## B. Hysterical Identification

Heidi Darroch mentions that “Atwood’s preoccupation with splintered identities and childhood traumas” is manifested in her novels since the 1990s. Here, she deals with “violent duality” in *Alias Grace* (Darroch 119). I will approach Grace’s “violent duality” as the hysterical identification from psychoanalytical perspective. In this part, I will focus on how Grace makes use of “hysterical identification” to explore the question of femininity and how Dr. Jordan, in his intrusion into the sexuality in the hypnotic scene triggers off Grace’s defensive mechanism. I will first explain Freudian definition of hysterical identification, and then discuss Lacan’s concept of it. A hysteric is interested in what a man desires in a woman by means of hysterical identification but is afraid of becoming the object of that desire that will provoke her anguish. Hysterical identification enables the hysteric to identify with the signifier of the desire, the phallus. I argue that Grace’s identification with Mary is not merely a way of keeping “her dead friend alive, to continue their dialogue, to retain her as an interlocutor” (Lovelady 40). As a hysteric, Grace is in quest for love and the public attention under the cover of her identifications with different roles. As “alias Grace,” Grace regards herself as an object of desire of the Other by assuming different identities, a murderess, a victim, Mary under the pretense of false memory, and any split personality, on the condition that she is not involved in it. It is also her strategy to implicate that she is not involved in the murder. I will point out that what Grace

desires is “an unsatisfied desire” by keeping the identifications with the object of Other’s desire without satisfying one’s desire either in sex or in the truth of the murder. In this part, I will also discuss how Atwood parodies Charcot’s images of the hypnotized hysterical women through the hysterical trance conducted by Dr. Jerome Dupont, who is actually Grace’s old trickster friend, Jeremiah the peddler. I will discuss why the hypnotic scene is the turning point in which Dr. Jordan is forced to face the fact that Grace is the inaccessible object of his desire, and how Grace’s angry outburst in the hypnotic scene is her “passage to the act” that is provoked by “the ‘anguish’ of vanishing on the face of the certainty of the jouissance attributed to the Other” (Vorus 166).

### C. Transference and Counter-Transference

In this part, I will briefly introduce different concepts of transference and counter-transference in order to explore the doctor-patient relationship in *Alias Grace* beyond the Freudian concepts. Applying different definitions of transference to my study, I provide an alternative way to re-examine Dr. Jordan’s therapeutic flaws.

Transference, for Freud, is a “false connection” in which “the patient transfers unconscious idea onto the doctor and makes the doctor play the role of loved or feared parental figures” (Laplanche and Pontalis 458). I will first analyze Grace’s transference and Dr. Jordan’s counter-transference from the Freudian paradigm.

Then, I will explore the protagonists’ transference from Jonathan Lear’s perspective, as he regards “transference as an idiosyncratic world coming into view” (129).

Juan-David Nasio studies the shift from the concepts of Freud to those of Lacan. For him, transference means the conditions that lead to the patient’s ordeal of anxiety.

Different from Freud’s early essays that regard transference as a resistance to treatment, for Lacan, the analyst’s role is primarily to set in motion the dialectical

process of transference and counter-transference, and transference is not an end in itself but a means of breaking the analytic deadlock (“Interventions” 71). From Nasio’s and Lacan’s views, I will provide an alternative explanation for Grace’s and Dr. Jordan’s transference. In this chapter, I will also disclose some of Dr. Jordan’s flaws by referring to Freud’s “Recommendations to Physician Practicing Psychoanalysis” (1912e: 109-20). As Freud remarks that “resistance” and “transference” are central to the psychoanalytical process, the failure to take account of them has no right to call himself or herself a psychoanalyst (1914d: 16); therefore, I will try to put in some of the theoretical advice Dr. Jordan could not have known by recourse to Lear’s reading of Freud’s “Dora” in “Transference,” Lacan’s “Intervention on Transference,” and Nasio’s *Hysteria from Freud to Lacan*. Through these discussions, I will illustrate how transference shifts from what Freud has called the resistance to treatment of psychoanalysis, to what is known in Lacan as an assistance.

## V. Chapter V: Conclusion

In the last chapter, I will conclude with the psychoanalytical explanation of “the happy life” of Grace after marriage and the tragic life of Dr. Jordan after suffering from amnesia from the shell shock in the battlefield. As a hysteric, Grace’s hysterical illness is not so much her strategy to get freedom as the manifestation of her desire to re-enact her thwarted love in the analysis and in her marriage. It is obvious that even after her marriage, Grace is still a hysteric who blames others and enjoys telling ambiguous stories; what is worse, she has developed the habit of talking to “Dr. Jordan,” who has disappeared from Grace’s life since he terminated the treatment decades ago. To sum up, my study of *Alias Grace* as “a fragment of an analysis of a case of hysteria” will explore how the protagonist, Grace Marks, like Dora, “whose motives of illness or madness are the attainment of some external aim” (1905e [1901]:

46), makes use of the discourses of hysteria to achieve her aim and how Dr. Simon Jordan, an American psychologist resembling Sigmund Freud, fails the treatment of his patient because of his insufficient psychoanalytical technique. Rather than reading the novel as “an attack on psychoanalysis” because of the failure of the analyst (Niederhoff 86), I will try to tease out from the novel some psychoanalytic insights by reading beyond Freud. Finally, my purpose in this study is not only to explore “what Grace, as a hysterical woman, desires” but also to utilize Margaret Atwood’s novel *Alias Grace* to examine the hysteria studies.



## Chapter Two Hysteria and Its Treatment

Among these raving maniacs I recognized the singular face of Grace Marks — no longer sad and despairing, but lighted up with the fire of insanity.... It appears that even in the wildest bursts of her horrible malady, she is continually haunted by a memory of the past.... Let us hope that all her previous guilt may be attributed to the incipient workings of this frightful malady.<sup>2</sup>

— Susanna Moodie

*Life in the Clearings*, 1853.

According to Margaret Atwood, the historical Grace Marks' story in Susanna Moodie's chronicler of mid-19<sup>th</sup> century Canadian life in *Life in the Clearings* inspires her to write *Alias Grace*. She uses the quotations from Moodie's work as epigraphs, and both Grace and Dr. Jordan read her account and refer to it. In her *Life in the Clearings*, Moodie describes her meeting with Grace in the Kingston Penitentiary in 1851 and afterwards in Provincial Lunatic Asylum in Toronto. As Atwood notices, Moodie describes Grace as a madwoman who "no longer sad and despairing, but lighted up with the fire of insanity, and glowing with hideous and fiend-like despairing," (Atwood, "Ophelia" 4) shrieking and running about, and is confined to the violent ward (AG 350). Sandra Gilbert and Susan Gubar have noted in their famous *The Madwoman in the Attic* that Victorian women writers "almost obsessively create characters who enact their own, covert authorial anger" (77), often in the figure of the madwoman. For Atwood, she doesn't agree with Moodie's portrayal of Grace as merely a madwoman. She returns to this topic of the 19<sup>th</sup> century female anger by reintroducing "the madwoman" topic and by studying it in the familiar forms of

<sup>2</sup> The epigraph is extracted from the epigraph of the chapter "Young Man's Fancy" in *Alias Grace*. Atwood notices in "Ophelia Has a Lot to Answer For," Moodie speaks of madness as a "malady", which is "coming to be seen as an illness....but by the nineteenth century the nerves and brain were coming to the fore" (6). Obviously, "this frightful malady" refers to "hysteria".



mental illnesses or spiritual possession from psychical perspectives.<sup>3</sup> In the novel version, sixteen years later after Grace's confinement, a young American doctor, Dr. Jordan, who is interested in the new theories about nervous and mental disorders and an expert on amnesia, is asked by a group of social reformers in Kingston to examine Grace and to recover her memory. The psychic damages and somatic conversions caused by the repression of emotions in individual psyche is the main issue explored in *Alias Grace*. Since I regard Grace as Dora's sister, I would like to study the novel in the framework of a case of failure in treating hysteria. To study the issue of hysteria (or madness) in the context of 19<sup>th</sup> century psychology, I will first explain the aetiology of Grace's hysterical symptoms and Dr. Simon Jordan's proto-psychoanalytic techniques.

#### A. The Aetiology of Grace's Hysteria and Symptoms

In "Hysteria and Traumatic Testimony: Margaret Atwood's *Alias Grace*," Heidi Harroch points out that the novel is written "in the context of a heated debate about the truth or falsity of traumatic memories and amnesia," as the novel's title has suggested Grace's "state of partial (or feigned?) amnesia" (103). I want to explore the question of Grace's "amnesia" from the theories on hysteria developed by Freud. In *Studies on Hysteria*, Freud and Josef Breuer states that "*Hysterics suffer mainly from reminiscences*" (1893a [1892]: 7); it is reminiscences that are the unconscious traces, as what Freud calls "mnemic symbols" (of the repressed memory). The affects

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<sup>3</sup> In 1970, Atwood publishes *The Journal of Susanna Moodie* in the form of prose poetry that contains "words Moodie did not find." In 1974, Atwood writes a television script, *The Servant Girl*, which is based on a story about the celebrated murderess Grace Marks in Moodie's *Life in the Cleaning versus the Bush*. The true story is actually less dramatic than Moodie's accounts. For Atwood, Moodie merely projects her own view onto Grace ("In Search"). Atwood claims in "In Search of *Alias Grace*" that, to be fair, she has "to represent all points of view" in her novel *Alias Grace* (1515).

attached to traumatic experiences have not been discharged (abreacted) but remain “strangled” and the memory of the experience to which it is attached is cut off from consciousness. Hysterics suffers from not being able to consciously recall and work through the trauma of their past. Freud eventually learns from his and Breuer’s experiments with their patients that unpleasant and traumatic recollections inevitably return to haunt the memory of the patient, and these unpleasant memories are then repressed from the patient’s conscious knowledge. Freud believes that the repressed unpleasant memory always contains sexual contents, which leads to hysterical illness. I will illustrate how Grace is continually haunted by a memory of the past, which becomes pathogenic by “deferred action”.

“Traumatic Hysteria” is characterized by “somatic symptoms, particularly paralyses, which follow a physical trauma— though often after a phase of latency” (Laplanche and Pontalis 469). To study Grace as a patient of “traumatic hysteria,” I will first go back to Grace’s childhood in order to explore the traumatic experiences she has suffered, and how the affects are strangled. “The trauma,” Laplanche and Pontalis define, “is characterized by an influx of excitations that is excessive by the standard of the subject’s tolerance and capacity to master such excitations and work them out psychically” (465). Born in a family with nine living children and three stillborn babies, as the third child of John Marks, Grace often sees her mother’s pregnancy and cannot figure out “the problem of the origin of babies” (1908c: 220), the deaths and births of her brothers and sisters are the first important memories that are retained from the childhood. While seeing her mother’s pregnancy, Grace adopts the “sadistic view on coition” in that “an unhappy event (the pregnancy) followed by the event (sexual intercourse) which is by no mean always happy” (AG 107). When her mother complains of her stomachache on the boat, Grace immediately links it to another pregnancy. Grace’s father is a poor stone mason and Englishman whose last

name may not even be his real name. In Grace's unhappy childhood, the drunken and abusive father often beats her mother and her furiously. As a child, Grace probably is abused sexually by her father, too. At the young age, she still tries to please her father. According to Joan Reviere, the daughter's resentment against the father arises because "her father's vengeance for the death and destruction of the mother was expected," so he must be placated and appeased (Reviere 41). Grace does this "by masquerading in a feminine guise for him, thus showing him her 'love' and guiltlessness toward him [her father]" (Reviere 41). Gradually, however, her masochistic character turns into a sadistic one. She not only loses a child's natural faith in a parent but also hates her father so much that she even has an intention of killing her him. Elaine Showalter mentions that "children dealt with pain, fear, and shock of sexual abuse through splitting or dissociation" (*Hystories* 159). Grace's dissociation is caused partly by the abuse from her drunken father in the childhood. The memory of her father's abuse is always there "but contain in another personality or many personality fragments — alters" who come into being to contend with the trauma (*Hystories* 159). The issue of "multiple personality disorder" will be further discussed in the fourth chapter.

Besides her father's abuse, Grace has experienced sexual harassment at the hand of one of her masters, Mr. Haraghy (*AG* 199). Because of these miserably poor childhood experiences, in her confinement, Grace has the visual hallucination that a man in the dark approaches her with a candle in the hand with the cellar wall all around her, from which she cannot escape. The hallucination indicates that Grace is afraid of being abused either sexually or physically, but paradoxically she is also being haunted by an unconscious sexual desire, overpowered by the image of a dark man (*AG* 6). These traumatic experiences that happened to Grace's beloveds have great traumatic effects on Grace's inhibition of genital intercourse later on, as she always avoids having sexual intercourse with men. Besides "sexual affects," hysteria

is also caused by experiences of “sick-nursing.” Grace’s traumatizing experience of nursing her sick mother who dies suddenly in the boat and of the possibility of being sexually abused by her drunken father, which may have given rise to the affects that are not abreacted. Grace takes care of her mother’s sudden sickness on the boat by herself as her father is too sick to care about her wife’s sickness. After the sudden death of her mother, Grace has no time to mourn for her, because she has to concentrate on the practical matters. She recalls after her mother’s death, “I did not cry. I felt as if it was not my mother that had died; and I sat as if paralyzed, and did not know what to do next” (AG 120). As she watches her mother’s body being thrown into the sea among all the starving fish, she feels dreadful about it. It shows that Grace’s grief of losing her mother hasn’t been expressed immediately. Afterwards, Grace experiences another traumatic loss of her best friend, Mary Whitney. Mary succumbs to the seduction of her employer’s son, Mr. George, is repudiated by him when she becomes pregnant, and dies of an illegal abortion. It is very hard for Grace to believe that Mary is truly dead (AG 198). Obviously, Grace has not passed through “the pain of mourning.” As Juan-David Nasio points out, “the pain of mourning is not the pain of loss, but the pain of finding what one has lost when one knows it is irretrievable” (*Hysteria* 94). After suffering from the trauma of her friend Mary’s death, Grace still cannot pass through the pain of mourning, which is like that of her mother’s death. Thus, during the talking session with Dr. Jordan when recalling the loss of Mary and her mother, what hurts Grace the most is not the fact of the loss, but rather the *refinding* of what she has already lost when she knows that she has lost them forever (Nasio 94). Moreover, the reasons for Grace’s fear and doubts for the doctor can be traced back to the traumatic memory of the doctor who takes a knife to cut the baby inside Mary, which makes her bleed to death (AG 176). “Doctors” who are supposed to save patients turn out to be a heartless murderer, and thus Mary’s

miserable death has taught Grace the lesson that “appearances can be deceptive” (AG 268). She is not only frightened of doctors but also cannot trust doctors anymore. I will further discuss this point in the fourth chapter.

In “On the History of the Psycho-Analytic Movement,” Freud declares that “the theory of repression is the corner-stone on which the whole structure of psycho-analysis rests” (1914d: 16). For Freud, repression occurs when the unconscious desire or wish cannot be satisfied or fulfilled in reality because of inhibiting factors, and “the ‘returned of the repressed’ acts in the disguise of symptoms, dreams, parapraxes, etc.” (Laplanche and Pontalis 393) When the repressed returned, it acts out on the subject’s body, as hysterical symptoms or somatic conversions. Freud regards the symptom as a form of symbolization, the expression on the body of repressed psychological experiences (Gounelas 135), as the Freudian definition of hysteria is the suffering from “reminiscences,” ending up the conversion of psychical conflicts into somatic symptoms. Freud defines somatic conversion as the physical symptoms through which the repressed ideas caused by traumatic experiences are expressed. As a result of many traumatic experiences, Grace’s strangulated affects are transferred to the somatic symptoms. Grace, incarcerated in Toronto Lunatic Asylum, has conversion symptoms such as hysterical fits, amnesia, possession, hearing voices, and hallucinations. Her repeating hysterical symptoms can be seen as “the nature of the suppressed thoughts which are struggling for expression” (Freud, 1905e [1901]: 41). Dr. Jordan has seen many hysterics and their hysterical symptoms at the Salpêtrière in Paris, and he explains, “this was followed by an episode of fainting, and then by hysterics, mixed with what would appear to have been somnambulism; after which there was a deep and prolonged sleep, and subsequent amnesia” (AG 189). As one of the doctors who treats Grace describing her in a letter to Dr. Jordan, “she amused herself with a number of supposed fits,

hallucinations, caperings, warbling and the like, nothing being lacking to the impersonation but Ophelia's wildflowers entwined in her hair" (AG 71). On the one hand, Grace's symptoms can be seen as the "mnemonic symbols" of the illnesses and deaths of her mother and her best friend. Mary's death from an abortion causes Grace's first amnesiac attack, which, like Dora's "first attack of loss of consciousness," is "accompanied by convulsions and delirious states" (1905e [1901]: 23). From then on, she not only suffers from auditory hallucination after Mary's death but also admits that the voice she hears is not God's but Mary Whitney's (AG 222), and subsequently emerges as a split personality or "dissociation of personality." On the other hand, as Freud equates the hysterical fits with orgasm, in her long sexual abstinence, Grace is experiencing orgasm through fainting-fits in her confinement. The libido is manifested itself in hysterical symptoms.

Breuer sees the hypnoid state, which results in a splitting of mental life in such cases as dual personality, as the basic condition of hysteria. In his essay "Theoretical," Breuer writes:

This hysterical splitting of the mind stands in the same relation to the "double ego" of a healthy person as does the hypnoid state to a normal reverie. In this latter contrast what determines the pathological quality is amnesia, and in the former what determines it is the inadmissibility of the ideas to consciousness. (1895d: 234)

Coral Ann Howells has noticed that "Atwood's representation of the split self both corresponds to and refigures Victorian theories of double consciousness" ("Don't Ever" 33). Obviously, Grace suffers from amnesia and inadmissibility of the ideas to consciousness at the same time. After years of confinement in the Provincial Penitentiary and Toronto Lunatic Asylum, Grace has led a monotonous prison life and has been in a state of sexual abstinence for a long time. Hysteria occurs in the middle

class women who are expected to act as “an Angel in the House,” whereas for those who are kept in the monotonous lifestyle has the tendency to become a hysteric. As a servant working in the house of the Kinnears, Grace leads a boring life without friends and family. Thus she develops the habit of talking to herself. Nancy Montgomery tells Thomas Kinnear that she has several times heard Grace talking out loud to herself. In prison, Grace says, “there has a lot of time to think, but no one to tell your thoughts to, and so to tell them to yourself” (AG 116). Similar to Anna O. who has “the gap in her train of conscious thoughts” (1895d: 24), Grace has the tendency to fall into the “auto-hypnotic *absences*” with her total amnesia, which is showed in her complaining of having no memory of anything she said or did during the time she is awake, between the two long sleeps (1895d: 180). She has a habit of day-dreaming, her hysterical fits and contractures set in only during the short *absences* in her *condition seconde*. When Grace is at the attack of the hysterical fits, all the stimuli which arise from Grace’s secondary state are forced into consciousness. Freud mentions that a hysteric likes to use “a string of reproaches against other people” (1905e [1901]: 35). During the attack, she denies her guilt and claims consciously that “I did nothing, I did nothing! It was her, it was her fault,” (AG 32) which means Mary was to blame for the murder. On the one hand, Freud says in his treatment of Dora, the hysteric likes to use the “method of defending oneself against a self-reproach by making the same reproach against some one else” (1905e [1901]: 35). Grace’s reproaches against Nancy and Mary for the murders and their death indicate that Grace has made herself an accomplice in the murders and Mary’s death from abortion, and has tried to dismiss from her mind every possibility which shows only the truth. On the other hand, Grace is tricky on this point, for Mary is the only witness who can corroborate Grace’s testimony, but she has already died. She is certainly haunted by not merely the ghost of her best friend Mary, but also that of Nancy

Montgomery. Moreover, she has become a somnambulist and wakes up in the middle of the night. According to her testimony, on the day of the murder, she is frightened to faint by MacDermott's gunshot, and thus has no *memory* of the murder, which means there are gaps in her memory. Grace is sent to a lunatic asylum in Toronto after "several fits of hysteria" or "madness," and is then sentenced to life in prison. Grace seems to suffer from a traumatic memory loss, because she gives a detailed account of her immigration, her own poverty and her servitude but always refuses to tell him about her role in the murders. To be specific, Grace claims that she is suffering from amnesia and cannot remember what happened to Nancy and Thomas. Does Grace really suffer from amnesia as she has claimed? Is her amnesia or cognitive "gaps" (AG 432), which take the form of silence and evasion, merely a means of defense against the oppressive regulatory systems and the accusation? The answers to these questions are what Dr. Jordan is eager to explore.

## B. The Treatment

In her lecture "Ophelia Has a Lot to Answer For," Atwood discusses the subject of "madness" by tracing back to the portrayals of madness in literature from Shakespeare's play to the real-life Susanna Moodie's view of the real life in Toronto Lunatic Asylum in 1851, all of which have "a bearing on Grace's later appearance as a character," (2) "who was thought, for a couple of years at least, to be mad" (1). Atwood mentions "the interest in aberrant states of mind, and in the workings of the psyche, was intense during the whole of the nineteenth century" and Freud's works are based "on a huge body of theory and knowledge which had accumulated before his time" ("Ophelia" 6). Therefore, it is necessary to briefly examine the studies of hysteric before Freud. As the extract from Moodie's *Life in Clearing* in this chapter's epigraph suggests, the mental illness of hysteria is viewed



as the “frightful disease”. The word “hysteria” reaches back to the ancient time, “which attributes the disease either to ‘imagination’ or to an irritation of the womb or uterus (the Greek *hystera* = womb)” (Wollheim 22), and it is believed that only women suffer from hysteria. References to hysterical illness date as far way back to an Egyptian medical papyrus from 1900 B.C. Female anatomy is considered an important factor in hysteria until Freud’s work refines hysteria as a psychological disease (Thurschwell 16). The Victorian understanding of hysteria is grounded on the ancient theories, and the discourse that hysterical women are sexually abnormal and insane is taken for granted. Since the female insanity is regarded as an unknown darkness of humanity which might have the destructive power, the hysterics are confined to lunatic asylum, as Grace is put in solitary confinement, and sometimes in the dark (AG 34). Heidi Darroch mentions that “Atwood’s attraction to the portrayal of hysteria” shows

the disorder’s paradoxical status both as a source of power for victimized women who use hysteria’s florid physical symptoms to act out their socially conditioned distress and as a hopeless retreat from reality, consigning women to illness and silence. (“Hysteria”104)

In the lunatic asylum, Grace protests, “I told them I wasn’t mad, that I wasn’t the one, but they wouldn’t believe” (AG 31). Whenever Grace screams or explains something, she will be punished. She denies the accusation of madness but no one believes, for nobody will listen to what she says, and thus she has decided to stop telling them anything. Therefore, she has no choice but to make use of the hysterical illness to achieve her desired aim. On the surface, the aim could be none other than to get freedom and to get attention. As she has been unable to achieve her aim by arguments, she hopes thus to succeed by arousing others’ pity, as in her fainting-fits. Grace’s illnesses, as Freud would call them, are “the result of intention” (1905e [1901]: 45).

Grace has this experience of lunatic asylums, “*Gone mad* is what they say, and sometimes *Run mad*, as if mad is a direction....But when you go mad you don’t go any other place, you stay where you are. And somebody comes in” (AG 37). In the Lunatic Asylum, Grace sees some of women who pretend to be mad in order to escape the abuse of their husband. Others are not pretending, but are real mad (31). Set in the mid-19<sup>th</sup> century, Grace is enmeshed in the discourse of psychiatric systems, which defines her as a “madwoman” and a patient, as Atwood mentions how Moodie describes the horrible scene she has seen in her visit to Grace Marks in the Toronto Asylum. Moodie describes Grace by using the metaphor of Charles Dickens’s *Oliver Twist*, as Dr. Jordan tells Grace that Moodie “describes you as shrieking and running about.... confined on the violent ward” (AG 359). Moodie “portrays Grace as a gibbering madwoman, shrieking like a phantom and running about like a singed monkey” (AG 190), and the asylum warden views Grace as an object lesion in human evil. Atwood expresses her comment on Moodie’s portrayal of Grace as a madwoman through Dr. Jordan and Reverend Verrings, both thinking Moodie is “a literary lady” who “is inclined to ‘embroider’”(AG 191).<sup>4</sup>

As Barbara Hill Rigney points out, Grace’s “every own hysteria becomes a revelation about the medical treatment of madness in the period and how people must have suffered from such inhumane practices” (164). Grace is not only stigmatized as a murderess but also categorized as a madwoman, and suffers from inhuman treatment

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<sup>4</sup> Before the television play *The Servant Girl*, Atwood’s first return to the character, Grace Marks, is in her poem “Visit to Toronto with Companions” in *The Journals of Susanna Moodie*: “The streets are new, the harbour/ is new also; /the lunatic asylum is yellow. /On the first there were/ women sitting, sewing; /they looked at us sadly, gently, /answered questions. /On the second floor there were women screaming” (*Journals* 50).

at the Lunatic Asylum. In the novel, Atwood describes the “inhuman practices” to deal with the hysterical fits at that time, including dashing a glass of water on the patient’s face, slapping across the face, being fixed to the chair, and locking the patient’s into a dark room (AG 30).<sup>5</sup> “It’s only way with the hysterics,” says the Matron of the lunatic asylum, “we have had a great of experience with that kind of a fit” (AG 30). The newspaper describes Grace as “a monster.” Grace describes her fright from such a treatment, “when they come with my dinner I will put the slop bucket over my head and hide behind the door, and that gives me a fright” (AG 33). “Remain quiet, I am here to examine your cerebral configuration,” says Dr. Bannerling (AG 34). The measurement of the lunatic’s head by Dr. Bannerling in the novel is an allusion to the widely believed “pathological anatomy.” In view of the Victorian medical perspectives and interpretations of Grace’s hysterical symptoms, the diagnosis of hysterical women shows the patriarchal dogmatic tendency. Dr. Bannerling represents those who believe madness is incurable for “the taint of insanity is in the blood” and cannot be removed (AG 70). Thus, he defines Grace’s character in a letter to Dr. Jordan saying, “She is an accomplished actress and a most practiced liar [...T]he vicious acts which she has committed were inspired by her degenerate charcter and morbid imagination”(AG 71-71). Besides, Dr. Reverend Verringer’s occult point of view and Dr. DuPont’s theatrical show of hypnotic trance show the mid-19<sup>th</sup> century’s obsession with spiritualism in the face of “the frightful malady.” Spiritualism is the craze of the middle-classes, among the women especially (AG 83). The misogyny is popular among the males; for example, as a medical student, Dr. Jordan has dissected many women, and found their spines and musculature no feebler than those of men on average (AG 73). “Curse the woman,” Dr.

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<sup>5</sup> In “Ophelia Has a Lot to Answer For,” Atwood also describes the Victorians’ inhuman treatment of the hysteric and enumerates all the possible etiologies that might have caused the mental illnesses.

Jordan thinks, “sullen, brutish, vengeful; a mind that exists at a sub-rational level, yet cunning, slippery and evasive” (AG 60-61).

Atwood parodies the images Charcot hypnotizing hysterical women through her depiction of the hysterical trance conducted by Dr. DuPont, who is actually Grace’s old trickster friend, Jeremiah the peddler. Dr. DuPont claims to be a trained neuro-hypnotist, a medical practitioner or an investigative scientist like Jordan (AG 83). Actually, his real name is Jeremiah Pontelli (alias Dr. DuPont, Signor Geraldo, Mr. Gerald Bridge), who has once invited Grace to go away with him on a touring show as a medical clairvoyant. DuPont cites the medical authority of the Manchester physician James Braid, who develops his new theory of neuro-hypnotism in the 1850s and is an important influence on Dr. Jean-Martin Charcot’s work with female hysterics at the Salpêtrière Hospital (the asylum for women) in Paris from the 1860s. Charcot rejects the traditional diagnosis of hysteria; instead, he defines hysteria as a physical illness caused by a hereditary defect or traumatic wound in the central nervous system that gives rise to hysterical attacks. He brings an artist’s eye for the study of hysterical bodies, and is a showman with great theatrical flair (Showalter 31). In 1878, Charcot reintroduces hypnosis, which has been discredited since the vogue for mesmerism and animal magnetism. At the Salpêtrière in Paris, two-thirds of his hysterical patients are “working-class women.” Coincidentally, Dr. Jordan’s patient Grace is also a working-class woman. Charcot insists that “hysteria was neither a sexual disorder nor one limited to women,” and argues that “the capacity to be hypnotized was itself a sign of hysteria” (Showalter, *Hystories* 34). He is remembered mainly for his demonstrations of dramatic effects of hysteria on the female body at his Tuesday lectures attended by crowd of spectators (Showalter, *Female Malady* 148). When the patients are anaesthetized by hypnotic suggestion, they show the symptoms of their disease. Through his hypnotic experiment, Charcot shows that hysterics aren’t

faking their illness. He maps out the “hysterical zones” of the body and the reproduction and relief of hysterical symptoms through the use of hypnosis (Gounelas 135). In Charcot’s days, these theatrical poses teach people how hysterics look. Obviously, Atwood intends to parody Charcot’s hypnotic experiments using Dr. DuPont’s (Jeremiah the peddler) theories of “neuro-hypnotism” and theatrical show of hypnotic trance, with the attempt to prove Grace’s illness and innocence. I will further discuss this important scene in chapter four.

Whereas the mysterious Dr. Jerome DuPont investigates the unconscious through hypnotic trances, Dr. Simon Jordan uses the “association of ideas” method. Dr. Jordan mentions the courageous Dr. Charcot of Paris, who has recently dedicated himself to the study of hysterics, but his theories are in an early stage of their development, as “the intellectual turmoil” (AG 299) is the characteristic of the study of hysterics at that time. Charcot depends upon “looking,” whereas Breuer and Freud shift the emphasis to “listening”. It becomes obvious that Dr. Jordan represents Breuer and Freud while Dr. DuPont stands for Charcot in terms of hypnotism. In spite of these differences, both Dr. DuPont and Dr. Jordan are concerned with therapeutic methods used for recollecting traumatic memories so to heal the sickness in the psyche.

### C. Dr. Simon Jordan’s Proto-Psychoanalytic Techniques

Atwood writes in her lecture “Ophelia Has a Lot to Answer For” that the fictive figure, Dr. Jordan, is a character “who could represent the other side of the Victorian attitude toward madness [...], the body of medical and scientific opinion on the subject” (6). As Dr. Jordan mentions it, “[t]he nineteenth century, he concluded, would be the study of the Mind” (AG 348). Dr. Jordan, a young American psychologist who has studied in London and Paris, is engaged in the study of nervous diseases and traumatic mental disorders. Thus, he has “access to the most advanced

thinking of his time” (“Ophelia” 6). In one conference, he asks the participants the question such as “how to diagnose amnesias with no discernible physical manifestation, or certain inexplicable... and radical alternation of personality?” (AG 299), and he wants to find out “how to measure the effects of shock” and “how to diagnose amnesias with no discernible manifestations” (AG 347). He is ambitious for his career, and pleads for the reform of mental asylums. Similar to Freud, who regards the patient’s heredity as a convergent one (1905e [1901]: 20), Dr. Jordan doesn’t agree with those who believe in the hereditary nature of insanity after tracing back to Grace’s family history, “I am far from being convinced that such tendencies are necessarily inherited” (AG 133). For Dr. Jordan, Grace’s mind is like a “secret drawer” to which he tries hard to find the right key in order to explore and reveal mysteries that lie in the unconsciousness. He admits to his friend in one letter that his object is to probe down below Grace’s consciousness, and to discover the memories that are buried there. The process of Dr. Jordan’s exploration for the answers to the truth of the murders by plumbing into Grace’ mind can be compared to the archaeologist restoration of the fragments and objects of buried civilization mentioned by Freud: “I had no choice but to follow the example of those discoverers whose good fortune it is to bring to light of day after their long burial the priceless, though mutilated relics of antiquity” (1905e [1901]: 12). As the eminent French philosopher and scientist Maine de Biran had said, there was an inner New World to be discovered, for which one must “plunge into the subterranean caverns of the soul” (AG 141).<sup>6</sup> Dr.

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<sup>6</sup> François-Pierre-Gonthier Maine de Biran (November 29, 1766 - July 20?, 1824), usually known simply as Maine de Biran, was a French philosopher. Biran's work presents a very remarkable specimen of deep metaphysical thinking directed by preference to the psychological aspect of experience.  
<[http://en.wikipedia.org/wiki/Maine\\_de\\_Biran](http://en.wikipedia.org/wiki/Maine_de_Biran)>

Jordan recalls de Biran say, “[l]ost memories lie down there like sunken treasure, to be retrieved piecemeal, if at all; and amnesia itself may be in effect a sort of dreaming in reverse; a drowning of recollection, a plunging under....” (AG 141). Although Dr. Jordan refers to Thomas Brown’s work on association and suggestion, and Herbart’s theory of the threshold of consciousness,<sup>7</sup> the psychotherapeutic procedure which Dr. Jordan applies is that of Freudian, which intends to

bring an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated affect to find a way out through speech; and it subjects it to associative correction by introducing it into normal consciousness (under light hypnosis) or by introducing it through the physician’s suggestion, as is done in somnambulism accompanied by amnesia. (1893a [1892]: 17)

Freud shifts from the hypnotic technique to the technique of free association. Like Freud, Dr. Jordan let Grace tell what she wants to say during “the talking cure” sessions. Dr. Jordan knows that his object is to “wake the part of her [Grace’s] mind that lies dormant” (AG 132). Even though Dr. Jordan’s therapeutic approaches to reconstruct Grace’s traumatic past experiences are pre-Freudian, his psychoanalytic model follows that of Freud’s treatment of Dora. Thus, Dr Jordan’s perspectives and diagnosis should be scrutinized by the carefully studying Freud and Breuer’s psychoanalytical methods. They not only believe that their patient’s hysterical illness

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<sup>7</sup> Thomas Brown (January 9, 1778- April 2, 1820) was a Scottish metaphysician. His works includes *The Physiology of the Human Mind*, and his *Lectures on the Philosophy of the Human Mind*.

<[http://en.wikipedia.org/wiki/Thomas\\_Brown\\_\(philosopher\)](http://en.wikipedia.org/wiki/Thomas_Brown_(philosopher))> ; Johann Friedrich Herbart (May 4, 1776 – August 11, 1841) was a German philosopher, psychologist, and founder of pedagogy as an academic discipline.

<<http://en.wikipedia.org/wiki/Herbart>>

is real, but they also listen to their stories, believing that it is in those stories that a cure can be found. Freud begins Dora's treatment by asking the whole story of her life and illnesses, but even so "the information I receive is never enough to let me see my way about the case" (1905e [1901]: 16). Similarly, Dr. Jordan is interested in everything Grace tells him, as "the small details of life often hide a great significance" (AG 162), but he is confused by Grace's narrative. Freud and Breuer take Charcot's discoveries on hysteria out of the medical theater into their consulting room. Likewise, Dr. Jordan doesn't adopt the "abreaction" or "hypnotism"; instead, his psychoanalytical methods emulate Freud's.

Dr. Jordan uses an early form of "talking cure,"<sup>8</sup> which plays an important part in Grace's treatment. Because Grace's lawyer, Kenneth MacKenzie, often teaches her to keep silent and tells her how to act, Grace is used to remaining silent, and her lawyer nicknames her "Our Lady of Silence" (AG 373). So it is difficult for Grace to start talking, for she has not talked very much for the past fifteen years and is not used to having her opinion asked (AG 67). In her first meeting with Dr. Jordan, Grace withholds her suppressed memory through silence, and she plays the part expected of her, thinking "I have a good stupid look I have practiced" (AG 38). However, Dr. Jordan wishes her to tell what she really wants to say regardless of others' opinions, which makes Grace feel she is taken seriously for the first time. She thinks, "now I feel as if everything I say is right. As long as I say something. Anything at all" (AG 69). Dr. Jordan is trying to lead Grace into remembering the event on the day of the murders in order to solve the riddle of her guilt or innocence and establish his own medical reputation.

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<sup>8</sup> "Talking cure" is a term originally offered by Josef Breuer's patient Bertha Pappenheim, also known as Anna O., along with "chimney sweeping," to describe the talking therapy that has relieved her of her hysterical symptoms. See: Breuer, Josef, and Sigmund Freud. (1893a[1892]). "On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication." Freud, *Standard Edition* 2: 30.



Dr. Jordan explains to Dr. DuPont that he has begun with the method based on “suggestion” and association of ideas in order to restore Grace’s vanished memory (AG 84). Since “there is an inner World to be discovered” in the study of the mind, Dr. Jordan hopes that he might in time “make a modest contribution” in the field (AG 300). To plumb the secret he believes buried in Grace’s mind, “I have begun,” writes Dr. Jordan to Dr. DuPont,

with a method based on suggestion, and the association of ideas. I am attempting, gently and by degrees, to re-establish the chain of thought, which was broken, perhaps, by the shock of the violent events in which she was involved. (AG 85)

According to *The Language of Psycho-analysis*, “association” influences the thinking of “young Freud,” and “it was integrated and transformed by Freudian discovery of laws of the unconscious” (Laplanche and Pontalis 41). Added also is this finding:

Associations...correspond in Freud’s view to a complex organization of memory....set up according to various methods of classifications....the idea (*Vorstellung*) or the memory-trace (*Erinnerungsspur*) of a single event may be found in several of those groups which Freud still referring to as “mnemic systems.” (Laplanche and Pontalis 41)

As a representative of young Freud, Dr. Jordan is eager to prove his theory by obtaining the vegetables with which he has been hoping to prod Grace’s memories and find Grace’s memory-trace of the murders (AG 144). In one of Dr. Jordan’s theories, the right object ought to evoke a chain of disturbing associations in her (AG 90), for the vegetables that are dug out from the earth and saved in the cellar can be compared to the memory buried in Grace’s mind, which is what Dr. Jordan wants to dig into. Everyday he brings a fruit and a small object in front of Grace and asks her to tell him what it causes her to imagine in an attempt to “evoke a chain of disturbing

associations in her” about the deaths in the cellar where Nancy’s body is discovered. For example, he brings many root vegetables, hoping to secure a connection that will lead downwards: Beet-Root Cellar—Corpses, or even Turnip—Underground—Grave (AG 90). Applying “free association,” Dr. Jordan encourages Grace to say what she wants to say rather than what he wants to hear. Like Dora, Grace is also uncooperative and has intentionally treated his offerings simply at their face value. The apple Dr. Jordan gives Grace on the first day of meetings is supposed to be associated with the Tree of Knowledge and the sin Eve commits. When Dr. Jordan asks what an apple makes her think of, she thinks: “He’s playing a guessing game, like Dr. Bannerling at the Asylum....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” (AG 40). Dr. Jordan tries to make sense of Grace’s narrative through his medical theories, so does Grace smartly use those same concepts to construct her own narrative. She triumphantly sees through Dr. Jordan’s purpose: “he thinks all he has to do is give me an apple, and then he can collect me” (AG 41). From the beginning, Grace not merely suspects that Dr. Jordan is just another doctor who views her as “a sight that must be seen” (AG 244) but also smartly knows that he “is a collector” (AG 41) whose intention is to collect her fragmented memories in a scientific manner. When Dr. Jordan asks her to tell her story, she thinks that “perhaps I will tell lies” (AG 41). When Dr. Jordan asks what she thinks about the things he has brought, Grace only says things to keep him happy (AG 66). Although failing the association of various kinds of root vegetables, Dr. Jordan doesn’t give up the method of free association, and thus brings a silver candlestick in order to remind Grace of the cellar into which Nancy’s body is thrown. Seeing through his purpose, Grace still claims that she has no recollection of giving the kerchief that strangles Nancy to McDermott. At least, Dr. Jordan feels frustrated and gives up the method of giving Grace various vegetables in

order to incite Grace's association, and he decides to let Grace tell what she'd like to talk (AG 242). On the day their talking comes at last to the murders, Dr. Jordan openly reminds Grace that he simply wishes to know what she actually remembers. While he turns to the subject that the butcher testifies that he has spoken with Grace on the murder day, Grace begins to say "but I cannot remember it" again (AG 317). He tries in vain to open her up because Grace manages to tell him as little as possible of what he wants to learn (AG 133). Since the root fruit and the candlestick fail to help Grace associate them with the corpses, Dr. Jordan begins to try to ask about Grace's dream in order to trace something. Uncooperatively, Grace knows immediately that Dr. Jordan is interested in her dreams "because a dream can mean something" (AG 100). She has seen through Dr. Jordan's mechanism and has decided to keep her secret. "I can't remember," she lies to him, "I cannot remember what I dreamt last night as it is something confusing (AG 101). Without doubt, Dr. Jordan writes that down. For the hysterics, the psychical trauma is "intentionally" repressed from her conscious thought and cannot be disposed of by means of association (1893a [1892]: 11). The "free association" turns out to be a total failure, for Grace is too smart to be plumbed.

We have to bear in the mind that "Grace's reconstruction of her life story is not only governed by her own interpretation of events, but forecast by her repression of certain traumatic events of the past" (Staels 431). According to the idea mentioned in Freud's "The Psychotherapy of Hysteria," in fact, the unpleasant memory of the murders can be likened to "the incompatible idea," which has been "intentionally" repressed from the patient's conscious thought. It is inhibited and repressed because of the *resistance* and repulsion of the patient's ego (1895d: 269). In her interior monologue, Grace feels that she is shut inside the doll of herself and her true voice cannot get out (AG 295). Grace has left Ireland without much sense of a homeland because of her poor miserable childhood memories which always make her feel

uncomfortable, as she tells Dr. Jordan, “I don’t recall the place very well...; only in scraps, like a plate that’s been broken....; and there are the empty spaces, where you cannot fit anything in” (AG 103). It implies that she prefers to leave the unpleasant memories behind, and lets the gaps in her memory empty rather than to recall them, including the memory about the murders. According to Mrs. Moodie’s accounts of Grace’s confession, she denies the *memory* of it (AG 78). As a pre-Freudian American psychoanalyst with an incomplete knowledge of psychoanalysis that would later make right, Dr. Jordan is completely lost in Grace’s design of seductive labyrinthine quilted from her fragmentary pieces of memory and is fascinated by Grace. Although Dr. Jordan feels frustrated because “she’d told him only what’s chosen to tell. What he wants is what she refuses to tell; what she chooses perhaps not even to know” (AG 322), he has no ability to overcome Grace’s resistance. Dr. Jordan is amused at the remarkable association of ideas in one’s own mind, but cannot figure out the associative mechanisms operated in the insanity’s mind (AG 60). For her, silence, evasion and amnesia become a means of defense. Since “amnesia” is very easy to fake, Grace’s “amnesia” seems to be her “*conscious* disingenuousness” that is intended for her purposes. Grace molds her tales to Dr. Jordan’s needs and uses her tale for her own ends. Freud says that the resistance offered by the patient includes a careful collection of memories in which “pathogenic recollections” are avoided. Grace only tells what she believes Dr. Jordan wishes to hear and insists that she has lost the part of memory concerning the murder. Despite Dr. Jordan’s effort in trying to persuade her to remember the day of the murders in the hope of restoring her mental health and determining whether she is innocent or guilty, Grace has determined from the beginning that, “In any case I can’t remember, I can remember other things but I have lost that part of my memory entirely” (AG 41). “That part of memory” is exactly what interests Dr. Jordan: the part concerns the murders.

In “Screen Memories,” Freud says that a hysteric shows pathological amnesia for the psychical significance of an event or experience which leads to the illness (1899a: 303). Therefore, it is understandable that Grace claims that she suffers from “amnesia” and cannot remember what happened to the murder of Nancy and Thomas. Dr. Jordan’s theories lead him to believe that a hidden nugget of Grace’s memory needs to be dug up in order to solve the murder mystery, and thinks that Grace loses her memory for some hours only during a normal-enough fit of hysteria. Grace, however, thinks that “there are some things that should be forgotten by everyone, and never spoken of again” (AG 26). Grace purports to have no memory of the murders. The aversion of Grace’s ego has driven the details of the murder, the pathogenic idea, out of association and memory. Because the only memory Grace seems to have forgotten is the murder details during the fits of hysteria, Dr. Jordan suspects Grace’s honesty and has an uneasy sense that Grace’s recollections is a way of drawing the mind away from some hidden but essential fact (AG 185). He is sure that Grace knows she is concealing from him. Later on, Dr. Jordan also realizes that things arouse painful memories in the mind are forgotten by the subject’s will. Grace’s will, in his eye, is of “the negative female variety – she can deny and reject much more easily than she can affirm or accept” (AG 362). Grace’s denial of “the *memory* of it (the murder)” is in fact a “not wanting to know” rather than a “not knowing.” As Dr. Jordan reflects, Grace has “told him a great deal; but she’s told him only what she’s chosen to tell; what she chooses perhaps not even to know” (AG 322). MacKenzie has said in terms of the criminal element, “forgetting is a good deal more convenient than remembering” (AG 373). Grace’s lawyer has taught her

not to tell the story as I truly remembered it, which nobody could be expected to make any sense of; but to tell a story that would hang together, and that had the chance of being believed. I was to leave the

parts I could not remember, and especially to leave out the fact that I could not remember them. And I should say what must have happened, according to plausibility, rather than what I myself could actually recall.

(AG 357)

As she says to herself, “so that is what I attempted to do” (AG 357), she apparently practices this skill with the stories she tells Dr. Jordan and readers, which is her way of hysterical defense. What the reader knows is only the selective information.

Atwood points out, “it is dependent on what she remembers; or is it what she says she remembers, which can be quite a different thing” (“In Search” 36). Just because Grace says she does not remember having committed the crimes does not mean that she is innocent. As a hysteric, the crimes are exactly what Grace does not want to remember and have been repressed in the unconscious. Dr. Jordan comments on Grace’s case after the hypnotism scene, which raises the theory of the unconscious and the mechanics of repression in the human mind. “Perhaps,” says Dr. Jordan, “we are also —preponderantly— what we forget” (AG 471). Atwood talks about the significance of forgetting in her lecture “In Search of *Alias Grace*: On Writing Canadian Historical Fiction,”

For history, as for the individual, forgetting can be just as convenient as remembering, and remembering what was once forgotten can be distinctly uncomfortable. As a rule, we tend to remember the awful things done to us and to forget the awful things we did.” (1505)

Howells thinks that Atwood’s novel is “foregrounding the dimensions of amnesia in Canada discourse of nationhood....via the personal forgetting of Grace Marks” (“Don’t Ever” 38). After analyzing *Alias Grace* within the framework of hysteria study, I regard Grace’s intentional forgetting as a mechanism of hysterical repression. According to Freud, resistance is the analysand’s unwillingness to recollect the

repressed memories or saying everything that comes into her mind. “Hysteria originates through the repression of an incompatible idea from a motive of defense” (1895d: 285). Anything that obstructs the analyst’s access to the analysand’s unconscious or the continuation of the treatment can be a kind of resistance.

Repression is a particular “defense mechanism” in that the patients wish to forget certain things, “and therefore intentionally repressed from his conscious thought and inhibited and suppressed” (1893a [1892]: 12). Freud points out that the process of repression or “*reactive* reinforcement” is “often achieved by means of an excessive reinforcement of the thought contrary to the one which is to be repressed” (1905e [1901]: 55). Therefore, although Grace has a good memory and tells Dr. Jordan a great deal about her childhood, her journey by ship from Belfast to Canada, her time in domestic service, and her life as a prisoner, she cannot remember the violent events of the murders. She remembers anything but what actually happened in the murders. She smartly tells Dr. Jordan that she remembers some of the things she does. But there are other things others say she has done, which she cannot remember at all (AG 295). Freud mentions that many recollections of the hysterics “might be described as the first stage of repression” which are “surrounded with doubts. At a later period, the doubts would be replaced by a loss or a falsification of memory” (1905e [1901]: 17). Grace has repressed the truth because of her psychological repression, and the truth has been kept back by her or has not occurred to her mind. Because of “the gaps in her memory” or the presence of “amnesia,” her confession in the court and her narrative in the treatment are different from each other, both of which are full of doubts. Freud states that as “the practical aim of the treatment is to remove all possible symptoms and to replace them by conscious thoughts, we may regard it as a second and theoretical aim to repair all the damages to the patient’s memory” (1905e [1901]: 18). As far as Dr. Jordan is concerned, he is so eager to plumb the truth that he ignores the

aetiology of Grace's symptoms, which he regards as a digression from the truth. As an inadequate doctor, Dr. Jordan fails to "fill gaps in the hysteric's story" (Showalter 85) or to overcome her resistance to recollection. The more Grace remembers and relates, the more difficulty he keeps track of the pieces (AG 291). Thus, he has failed to "translate into conscious ideas what was already known in the unconscious" (1905e [1901]: 49). Freud stresses that "the affect attached to an unconscious idea operates more strongly and...more injuriously than the affect attached to a conscious one" (1905e [1901]: 49). Dr. Jordan's method of "suggestion" turns out to be a failure because "recollection without affect almost invariably produces no result" (1893a [1892]: 6). In other words, only when the recollection of the memory brings "the discharge of affect" can the recollection be effective as therapy. In the case of Grace, she is just another Scheherazade who tells stories to keep the Sultan amused. Because she has merely been telling him what needs to tell in order to accomplish her desired end, that is, to forestall Dr. Jordan's departure, and make him stay in the room as long as possible (AG 377), her recollection produces no affects, and "the truth" continues to exist in her unconscious after repression. Therefore, Dr. Jordan not only fails to repair the damages to Grace's mind but also to remove Grace's symptoms or to replace them by conscious thoughts after the talking cure. In fact, such methods as Dr. DuPont's "hypnosis" and Dr. Jordan's "suggestion" are rejected essentially because "the passive resistance that certain patients set up against them" (Laplanche and Pontalis 395). Neither "hypnosis" nor "suggestion" can overcome or interpret Grace's passive resistance.



## Chapter Three Dream and Hysteria

*The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind.*

— Sigmund Freud

*The Interpretation of Dreams* (1900a: 608).

Moreau de Tours considers the dream to be the key to the knowledge of mental illness.

— Margaret Atwood

(AG 140)

In the “Prefatory Remark” of “Fragment of an Analysis of a Case of Hysteria,” Freud remarks that the original title for the Dora case is “Dream and Hysteria,” which indicates that “a thorough investigation of the problems of dreams is an indispensable prerequisite for any comprehension of the mental process in hysteria and the other psychoneuroses” (1905e[1901]: 11). He considers the knowledge of “how to translate the language of dreams into the forms of expression of our thought-language” as “essential for psych-analyst” (Freud, 1905e[1901]: 15). He says in “the clinical picture” of Dora’s case that “the following fragment from the history of the treatment of a hysterical girl is intended to show the way in which the interpretation of dreams plays a part in the work of analysis” (1905e[1901]: 15). In the treatment of Dora, Freud says that “it was justifiable in the interest of the treatment to consider the way in which the dream worked into the analysis as a whole” (1905e[1901]: 64). These statements indicate that dream interpretation is an indispensable method in the study of hysterical cases. Reading *Alias Grace* as a “fragment of an analysis of a case of hysteria,” I regard on the one hand Grace as Dora’s sister, and her dreams do play an important role in the treatment, and “can become the means of filling in amnesias and elucidating symptoms” (1905e[1901]: 10). On the other hand, through studying Dr.

Jordan's dreams and unconscious, I will show how his mental processes are occluded by an exclusive interpretation of Grace's story and how his psychological world is expressed in his dreams.

It is common knowledge that Freud thinks dreams are the royal road to the unconscious; however, Jonathan Lear reminds the reader that what Freud actually says is “[t]he *interpretation* of dreams is the royal road to a *knowledge* of the unconscious *activities* of the mind” (90). *Alias Grace*, as a Gothic novel, is preoccupied with dreams and disturbed psychic states. As “the interpretation of dreams is essentially concerned with active mind,” reading the novel as a study of a case of hysteria, what I try to discover is “not so much hidden contents, but unconscious *activities* of the mind” (Lear 90). Freud compares the process of treating the hysteric to that of bringing the long buried priceless to the light through mutilated relics of antiquity (the patient's memory), and thus the analyst is “like a conscientious archaeologist” (1905e [1901]: 11). Like hysteria studies, dream interpretation is “like an archeological excavation” (Lear 88). Therefore, like an archeologist, I plan to explore Grace's and Dr. Jordan's hidden psyche through dreams interpretation. What I attempt to interpret is not “a simple matter of decoding symbols” (Lear 93). In this chapter, I want to interpret Grace's and Dr. Jordan's dreams according to Freud's three principles of dreams interpretation, one of which is that “the interpretation of a dream must take the *context* of the dreamer's life into account” (Freud, 1900a: 91). To interpret the content of Grace's and Dr. Jordan's dreams, I will first take into account “the character and circumstances of the dreamer” (1900a: 98), rather than simply look at “the content of the dream” (1900a: 98), because “locating a dream in the overall context of waking life” (Lear 92) is essential for dream interpretation. The second principle is that “dream interpretation must be holistic” (Lear 92). To interpret Grace's and Dr. Jordan's dreams, I try to understand how the dreams fit into their lives as a

whole. Third, since “the ultimate authority on the meaning of a dream is the dreamer” (Lear 92), I do not intend to adopt the position of an analyst telling the reader what Grace’s and Dr. Jordan’s dreams mean. Instead, what I try to do is to explain for the reader “how the dream fits into their lives as a whole and why it matters” (Lear 93).

#### A. Dr. Jordan’s Dreams

Freud records and analyzes his own dreams in his famous book *The Interpretations of Dreams*, as he addresses the process to the reader: “Here is how I uncover the meaning of my own dreams; follow my example and you will be able to say to yourself who you are” (qtd. in Lear, *Freud* 93). Likewise, Dr. Jordan records his own dreams in a journal and recalls that

[o]ne school of French *aliénistes* recommend the recording of dreams as a diagnostic tool; their own dreams, as well as those of their patients, for the sake of comparison. They hold dreams, like somnambulism, to be a manifestation of the animal life that continues below consciousness, out of sight, beyond the reach of the will. (AG 140)

Every dream has a meaning which can “be discovered by means of a certain kind of interpretation” (1900a: 68). Like Freud, Dr. Jordan records his dreams for diagnostic purposes, and he believes in “fantasy,” the fulfillment of a wish in a distorted way, which appears in daydreams, conscious desires and reveals unconsciously through dreams. Lear points out that “Freud is primarily concerned not with the interpretation of dreams, but the self-interpretation of dreams” (93), which is showed in Dr. Jordan’s self-analysis. However, what matters the most is to understand what remains in his unconscious, how it fits together, and what it means for him (Lear 99), and thus I analyze how the dreams reflect the macrocosmic structure of Dr. Jordan’s life.

The “dream is of the roads along which consciousness can be reached by the

principle material which, on account of the opposition aroused by its content, has cut off from consciousness and repressed, and thus become pathetic”(1905e[1901]: 15), and thus I will explore how Dr. Jordan’s dreams reveal the pathetic side of his hidden psyche. However, I want to briefly illustrate the context of his life before interpreting Dr. Jordan’s dreams. Dr. Jordan comes from a privileged background, as an only son in a household where many lovely young servant girls are hired, and it gives him some early sexual experiences and his debasement of women in general. The first woman he ever kisses is one of his servant girls, and he “has been embarrassed, and then alarmed, and hadn’t known what to do next” (AG 188). The guilty pleasure is augmented by his actual exciting sexual experience with another servant girl, Alice (AG 86). He transfers his casual attitude and responses to servant girls onto several other women, including the Governor’s daughter Lydia and his patient Grace. When confronted with his unconscious desire, his negative side comes to surface no matter how much he tries to get himself “out of harms way” (AG 324). In the secret sexual relationship with his landlady, Mrs. Humphrey, Dr. Jordan loses his self-restraint, his “sanity.” With reference to Freud’s essay “A Special Type of Choice of Object Made by Men” (Freud, 1910h), I will discuss the psychology of love in terms of Dr. Jordan’s love choice in order to explore the sources for his failure in the treatment of Grace from his personal background.

In terms of object choice for neurotic men, Dr. Jordan apparently is a neurotic who has the following traits. First, Freud considers the neurotic men having the tendency to choose the women who “should not be unattached and should be like a prostitute” as their lovers (Freud, 1910h: 168). Dr. Jordan has no interest in “respectable women,” having resorted to prostitutes when he feels the need to do so, and he finds that “respectable women are by nature sexually cold” (AG 424). The neurotic prefers to have an affair with “a married woman” (1910h: 166) rather than

have commitment with “a woman who is disengaged” (1910h: 166). Thus, Dr. Jordan has an affair with his married landlady Mrs. Humphrey, instead of giving the virgin girl Lydia any promise. He shows no wish for exclusive possession of the woman (Mrs. Humphrey) and seems to be perfectly comfortable in the triangular situation until he is horrified at Mrs. Humphrey’s suggestions of killing her husband and running away with him. Secondly, Freud says that the most startling of all to lovers of this type is “the urge they show to ‘rescue’ the woman they love” (1910h: 168). Dr. Jordan carries out the case study of hysteria on Grace and on other women such as Mrs. Humphrey. For Dr. Jordan, the first sight of Grace fascinates him because she resembles “a nun in a cloister, maiden in a towered dungeon” (AG 59) or a witch to be burned at stake, awaiting his rescue. He is convinced that Grace is in need of him; without him, she would lose her chance to gain freedom. “He means her well, he tells himself. He thinks of it as a rescue, surely he does” (AG 322). He wants to rescue her, therefore, by plumbing her lost memory. Freud explains the reasons for such a neurotic man, like Dr. Jordan, in his preference for choosing a more mature woman (Mrs. Humphrey) and rescuing the woman he loves by noting that the reasons “are derived from the infantile fixation of tender feelings on the mother” (1910h: 169) and therefore “the libido has remained attached to the mother for so long” (1910h: 169), and thus such a man chooses “mother surrogates” as his lovers. Since Dr. Jordan’s father dies early, his mother transfers her obsessive love onto her only son. Dr. Jordan’s mother repeatedly writes letters to him wanting to see him “settled” in a home of his own with a “wife.” Half pleading, she explains that she writes “out of a Mother’s anxious care for the future of her only and beloved Son...you know I live only for your welfare” (AG 51). Half threatening, she writes, “my health took a turn for the worse after your departure-- your presence always has an improving effect upon my spirit” (AG 51). His mother’s obsessive psychological attachment and love

for him, as well as her constantly demanding for “a daughter-in-law who can be moulded, not by Simon, but by herself” (AG 88), have become obstacles for his son to choose a love object. His preference for someone like a prostitute is directly derived from “the mother-complex” (1910h: 172). He rebukes himself for the accusation of “laziness and ingratitude” (AG 88) by his mother for not getting marriage. “He takes care to thank his mother for her pain” (AG 88), but every girl he has met “continues to be floated past him” (AG 88), because, in his unconscious, his psychical connection with his mother makes him incapable of being in a normal love. For Dr. Jordan, he has no ability to choose the girl who will satisfy both himself and his mother.

“Rescue-*motif*” is derived from “the mother-complex” or “the parental complex” (1910h: 172). Thus, Dr. Jordan completely identifies with his father in his phantasy of rescuing Grace from prison and Mrs. Humphrey from her misery temporarily.

I regard Dr. Jordan as a neurotic who is “dominated by the opposition between reality and fantasy” and is “overcome by reality” afterward (Freud, 1905e[1901]: 110). Freud explains that “incapacity for meeting a *real* erotic demand is one of the most essential features of a neurosis” (1905e[1901]: 110). Dr. Jordan, who has a tendency towards fantasy and imagination, abandons himself to his fantasies and has no intention of seeing his fantasies realized. Lear thinks that “imagination remains a locus of variation and gratification” (110). Despite the fact that he is aware of his indulgence in imagination and fancy and tells himself to “resist melodrama, and overheated brain” (AG 60), Dr. Jordan still cannot resist his imagination and fancy. If his fantasies are presented to him in reality, Jordan flees from them and repressed them in the unconscious. Eventually, these repressed fantasies show up in the form of his erotic dreams. Dr. Jordan is a voyeur and devourer who enjoys what Lear called “the conscious daydreaming” (110). Lydia, in his eyes, is an available “confection, and he doesn’t wish to deprive himself of such an aesthetic pleasure too soon” by

making declarations, for “he enjoyed being gazed at by eyes as luminous as hers” (AG 193). “[Occupied] himself with undressing and then garnishing Lydia,” Dr. Jordan enjoys dallying with Lydia but not to meet “a *real* erotic demand” by getting too involved. Lear thinks that it is the daydreaming itself that is pleasurable (110). Dr. Jordan takes a great pleasure in his daydreaming. He links virgin Lydia to a dish and a Parisian courtesan, and it shows his sexual, sensual, even sadistic side repressed beneath the formal appearance as a doctor. One time, Dr. Jordan “has tried imagining her [Dora] as a prostitute- he often plays this private mental game with various women he encounters” (AG 57). This attitude parallels his fascination with Grace, as he abandons himself to his fantasies for Grace but doesn’t wish to have his fantasy realized. His tendency to imagination and fancy has become an obstacle to his treatment of Grace, which I will discuss more in Chapter Four. Therefore, later on, when Grace reveals in her hypnotic trance Dr. Jordan’s erotic fantasy for her in public, “I’d press up against him, I’d let him kiss me, and touch me as well, all over, Doctor, the same places you’d like to touch me” (AG 400), Dr. Jordan is overcome by the reality and cannot face it anymore, and he terminates his treatment of her without warning.

Freud mentions “the mechanism of the formation of dreams,” he says, “every dream is a wish which is represented as fulfilled, that the representation acts as a disguise if the wish is a repressed one, belonging to the unconscious” (1900a: 67), and he considers the meaning of dreams as “the representation of *wishes*” (1905e[1901]: 68). In other words, a dream is “a wish represented as having been carried out, and in most cases a wish dating from childhood” (1905e[1901]: 85). Dreams reveal “sources of desire coming from deep within us,” (Lear 91) and thus Dr. Jordan’s repressed fancy for Grace and his conscious daydreaming eludes censorship, and is displayed in “dream-activity” or “erotic activity in a dream-like form” (Lear 110). Lear mentions

that “a dream, according to Freud, is not simply the expression of a wish; it is its gratification” (110). Dr. Jordan compulsively repeats his past desires for maidservants in perverse behavior and in daydreams. Day-dreams, like nocturnal dreams, are wish-fulfillments (Laplanche and Pontalis 95). In his day-dream, “he wakes, or dreams he wakes,” Dr. Jordan’s sexual hallucination and imagination are gratified in his dreams of Grace who

is bending over him in the close darkness, her loosened hair brushing his face. He isn’t surprised, nor does he ask how she has managed to come here from her prison cell. He pulls her down – she is wearing only a nightdress – and falls on top of her, and shoves himself into her with a groan of lust and no manners, for in dreams everything is permitted. (AG 352)

Half awoken and half dreaming, Dr. Jordan is sleeping with his opium-taking landlady and dreams the woman. As the result of “a certain degree of relaxations of censorship” (Laplanche and Pontalis 95), Dr. Jordan here obviously attests and gratifies his desire for Grace in his reverie or in the daydream, and his erotic idea is transformed into “sensory images” in which Grace replaces Mrs. Humphrey. That is, the reality is that it is Mrs. Humphreys who joins him in bed. In the other dream, Dr. Jordan dreams of “an orchard” where “the cloth has tangled in branches of a small tree covered with green apple” (AG 195). In the dream, he tugs the cloth down and it falls over his face; and then

he understands that it isn’t cloth at all but hair, the long fragrant hair of an unseen woman, which is twining around his neck. He struggles; he is being closely embraced; he can scarcely breathe. The sensation is painful and almost unbearably erotic, and he wakes with a jolt. (AG 195)

Freud notices that “the present tense is the one in which wishes are represented as



fulfilled” (1900a: 535), and thus the dream-wish is fulfilled in Dr. Jordan’s dreams in the present tense. Since “dreams are nothing other than a particular form of thinking, made possible by the conditions of the state of sleep” (1900a: 507), this erotic dream shows Dr. Jordan’s waking thoughts and the day residues continuing into his sleep.

His conscious wish becomes a dream-instigator that successfully awakens “an unconscious wish with the same tenor and in obtaining reinforcement from it” (1900a: 553). His unconscious wishes for having sex with Grace and being with her are “always on the alert, and finds their way to expression when an opportunity arises for allaying themselves with an impulse from the conscious” (1900a: 553). Dr. Jordan realizes that the activities of dreams signify that the mind is a forbidden room in which lost memories lie down there like sunken treasure (AG 141), and thus the sea rushing out to his consciousness suggests his lost memories buried in the subconscious sea rising now to the surface. Freud reminds the reader that “the study of people’s screen-memories, phantasies and nocturnal dreams show that we have a particularly felicitous ‘rationalization’ of an unconscious motive” (1910h: 172), and therefore Dr. Jordan rationalizes his desires in his daytime phantasies and nocturnal dreams. Lear reminds us that an understanding of “dream-work” “must be a *practical* understanding of the dream-activity as it extends itself into waking life” (AG 103). The dream work is glad to make use of Dr. Jordan’s phantasies, “which are brought into excitation as a whole by the rousing stimulus” (1900a: 497-98), for instance, his dream of having sexual intercourse with Grace after having it with Rachel. Dr. Jordan’s erotic dreams can be taken as “the continuation into sleep of an intention formed during the day” (Freud, 1905e[1901]: 68).

In another dream, he reverts to his childhood and dreams of “a corridor...an attic passageway of his house, the house of his childhood; the big house they had before his father’s failure and death” (AG 139), where he overhears the maids’ talking, and

ventures into their room to touch their forbidden things “with a shiver of excitement” (AG 139).

In his dream the passageway is the same, only bigger....But the doors are closed, and also locked....There are some people in there though....

Women, the maids....Sitting on the edge of their narrow beds, in their white cotton shifts, their hair unbound and rippling down over their shoulders, their lips parted, their eyes gleaming. Waiting for him. (AG 139)

“The door at the end opens. Inside it is the sea...down he goes, the water closing over his head...then many hands caress him. It’s the maids; only they can swim,” and then he is abandoned by the mermaids despite he calls out to them, “*Help me*” (AG 139).

The dream-work “transform[s] the raw materials of the dream-bodily stimuli, day’s residues, dream-thoughts – so as to produce the manifest dream” (Laplanche and Pontalis 125). The dream is brought about by Dr. Jordan’s subconscious desire for Grace, who is also a serving maid. He also realizes that his dream is brought about by “Grace’s story, with its Atlantic crossing, its burial at sea, its catalogue of household objects” (AG 140). Grace is associated with water, as water has long been associated with consciousness. Grace crosses water several times, and Dr. Jordan thinks in the third person narrator, “If she has anything to hide, she may want to stay in the water, in the dark in her element. She may be afraid she won’t be able to breathe, otherwise” (AG 322). Dr. Jordan dreams of corridors, his childhood venture to touch the forbidden things of the maids in the attic at home and his fear of being drowned in the sea, which shows that his “suppressed sexual excitation, having set free from repression, calls up a release of anxiety” in the form of dream (Freud, 1900a: 236). The dream becomes quite transparent with reference to Freud’s research into sexual symbolism (1900a: 370). Passing through the corridor through the passageway in the

dream almost stands for copulation. Dr. Jordan's sexual excitement is awakened during his sleep, and thus the dream's motive force is a pure libidinal nature. The whole passageway-water symbolism represents Dr. Jordan's obsession with copulation.

"Freud insists that the ultimate arbiter of the meaning of a dream is the dreamer him- or herself" (Lear 115). Dr. Jordan interprets the horrible sense of his dead father's hand,

After he's lain quietly for a time, reflecting, he thinks he understands the train of association that must lead to such a dream.... and the overbearing father, of course. One father leads to another.

Freud demonstrates especially the function of displacement in dreams. He regards displacement as "the fact that an idea's emphasis, interest or intensity is liable to be detached from it and to pass on to other ideas, which were originally of little intensity but which are related to the first idea by a chain of association" (Laplanche and Pontalis 121). "The most important elements of the latent content are represented by insignificant details" (Laplanche and Pontalis 122), and thus the long past events of touching the servant maid's private belongings have already been the object of displacement in childhood. In Dr. Jordan's dream, the process of displacement operates through association between his past events with Grace's story, and shows his ambivalent feelings for his parents.

The latent dream-content has to do with "forbidden wishes that have fallen victim to repression" (Freud, 1900a: 244) and it is connected obviously with his context of life as a whole, and it shows his lifelong fascination, at the same time, his fear of sexuality. Freud thinks that "anxiety in dreams may be psychoneurotic anxiety—in which case the anxiety corresponds to repressed libido"(1900a: 236), and thus this dream mixes with his fear about sex being gratified and his fascination with Grace at

the same time. The anxiety to prove to be somebody is expressed in the horrible dream. As Freud says, “every dream was linked in its manifest content with recent experiences in its latent content with the most ancient experiences” (1900a: 218), Dr. Jordan’s dreams of the maids can be reached back to his earliest childhood experiences with the servant girls, which is later triggered off by the latest contact with the servant girls, Grace and Dora. These two dreams are the fulfillment of a forbidden sexual gratifying wish dating back from his earliest childhood. Freud is eager to prove to his father who he is and show his father “I have come to something” (1900a: 105) in his dream of the botanical monograph; likewise, Dr. Jordan has disappointed his father in his adolescent arguments with his father about his insistence on pursuing his desire to be a doctor, instead of taking over his father’s textile mills family career (AG 55-56), and thus his parents do not approve of his decision. His life is a hard struggle to prove his ability to his parents. “He has to have a project of some sort, to wave in front of his mother” because his mother “needs to believe that he’s working towards some goal or other, however much she may disapprove of it” (AG 56). On the other hand, his mother reminds him that he owes his life to his parents and that she gives him life, and thus he should not be “ungrateful.” As Freud mentions that “the meanings of rescuing in dreams and phantasies can be recognized particularly clearly when they are found connected with water” (1910h: 174). Thus, Dr. Jordan’s anxiety of being drowned and his calling for rescue in the dream can be traced back to the anxiety of being born from the womb, which is like a sea for the unborn baby. “Birth is both first of all dangers to life and the prototype of all later ones that causes us to feel anxiety” (1910h: 173), and thus the affect of being born is expressed in this dream. Freud points out that

A large number of dreams, often accompanied by anxiety and having as their content such subjects as passing through narrow spaces or being in the

water, are based upon phantasies of intra-uterine life, of existence in the womb and of the act of birth. (Freud, 1900a: 399)

Dr. Jordan's dream of passing through an attic passageway of his house and of being drowned in the sea is exactly this type of dreams Freud interprets. Dr. Jordan is thankful for his mother's efforts in saving him from the act of birth itself, and thus is haunted by his mother's reminder of how much pain she has suffered for him and how she loves his only son. Freud explains that this kind of dream,

accompanied by anxiety and having their content such subjects as passing through narrow spaces or being in the water, are based upon phantasies of intra-uterine life, of existence in the womb and of the act of birth. (1900a: 399)

Therefore Dr. Jordan's anxiety of being born and of existence in his mother's womb is triggered upon hearing Grace's narrative of her mother's death. Freud interprets this kind of water dream as birth dream (1900a: 400), he further explains that "the interpretation is reached by reversing the event reported in the manifest dream" (1900a: 400). Thus, instead of drowning in her mother amniotic fluid, he is saved from being drowned by being born. The dream also shows his anxious relationship with his mother. As a result of his mother's overprotective, possessive attitude, Dr. Jordan becomes a neurotic and has no ability to love. Dr. Jordan expresses his wishes to get away from his mother's control in this dream rather than being drowned in her dominate love.

Subsequently, the dream is transformed into a nightmare in which Dr. Jordan sees "[h]is father, in the sinuous process of coming back to life" (AG 140). He clings onto a broken chair in the sea, in which "[t]he waves are rising and falling" around him (AG 139-40) and various objects that are his father's once, but sold after his death, are floating and passing him. The objects are "rising from the depths like bubbles,

more and more of them...like bloating fish” (AG 140). Then the objects suddenly get transformed into tentacles, growing into a dead hand.

His father, in the sinuous process of coming back to life. He has an overwhelming sense of having transgressed.

He wakes, his heart pounding; the sheets and comforter are tangled around him, the pillows are on the floor. He’s soaked with sweat. (AG 140)

Freud explains that “dreams of dead people whom the dreamer has loved” shows “the particularly strongly marked emotional ambivalence which dominates the dreamer’s relation to the dead people” (Freud, 1900a: 431). Dr. Jordan’s dead father appears as a part of the body and that in subsequent part of the dream he is alive once more. Freud considers that this kind of dream “has a confusing effect” (1900a: 431). He thinks that “this alternation between death and life is intended to represent *indifference* on the part of the dreamer” (1900a: 431). Thus, in Jordan’s mind, he might think “it is all the same to me whether my father is alive or dead” (1900a: 431). This dream helps him “to repudiate his very intense and often contradictory emotional attitudes and it thus becomes a dream-interpretation of this *ambivalence*” (1900a: 431).

The unpleasant dream of drowning is the fulfillment of Dr. Jordan’s fear of unsolved problems with his father, his tormenting worries over his mother’s demand, and his overwhelming impressions on Grace’s descriptions and the possibility of failing the treatment, all of these carry the thought-activities over into sleep. Therefore, in this case, “the worr[ies] get[s] hold of a wish to act as the motive force of the dream” (1900a: 561). The distressing ideas make their way into the manifest content of this drowning dream, which is accompanied by the whole of distressing affect, and then leads to the development of anxiety and to awakening (1900a: 557). On the other hand, Dr. Jordan’s “sleeping ego” takes part in the construction of the dream, and it

reacts to the satisfying of the repressed erotic wishes of being a voyeur and a sexual adventurer with violent indignation and put it an end to the dream with “an outburst of anxiety” (1900a: 557). Normally, a dream is “a *guardian* of sleep,” but in anxiety dream appears to be in the role of “a *disturber* to sleep.” Freud states that “a psychological process which develops anxiety can nevertheless be the fulfillment of a wish”

(1900a:580). As Freud explains it, normally

the wish belongs to one system, the *Ucs.* [the unconsciousness], while it has been repudiated and suppressed by the other system, the *Pcs.*

[preconsciousness]...the measure of suppression indicates the degree of our psychical normality. (1900a:581)

He further explains the part played by the affects, which “became unpleasurable after the process of repression,” and the purpose or the result of repression is “to prevent this release of unpleasure” (1900a: 582). In Dr. Jordan’s previous wish fulfillment dream caused by his desire for Grace, the course of ideas generates a pleasurable affect because of the suppression of the *Ucs.* under the domination of the *Pcs.*.

Therefore, he feels satisfied with the fulfillment of his wish of having sexual intercourse Grace, for in dreams everything is permitted (AG 352). However, in this anxiety-dream, it is different from the previous one. As Freud explores the formation of the anxiety dream,

If, therefore, the cathexis from the *Pcs.* ceases, the danger is that the unconscious excitations may release affect of a kind which (as a result of the repression which has already occurred) can only be experienced as unpleasure, as anxiety. (1900a:582)

“The theory of anxiety-dream,” in Freud’s words, “forms part of the psychology of the neuroses,” and he further restates that “neurotic anxiety arises from sexual sources.” (1900a: 582). As a neurotic, Dr. Jordan’s anxiety-dream shows that the

sexual material, which arises from sexual source, presents in his dream-thoughts.

Returning to Lear's emphasis that Freudian dream interpretation is context dependent, I conclude that Dr. Jordan's awakening from the sleep is a result of his worry over his inability to plumb Grace's mind, his mother's obsessive love and demand, and above all, a result under the influence of the anxiety which can be traced back to an evidently sexual craving since his childhood that has found its expression in the visual content of the dream.

### B. Grace's Dreams

As Lear stresses that "the meanings of dreams cannot be its latent content," the point is to know "how that content gets expressed in the dreamer's whirl of psychic activity" (103). From the previous chapter, we realize that Grace's traumatic memory resurfaces in an uncanny repetition of day-dreams and nightmares. I will discuss how the latent-content gets itself expressed in Grace's whirl of psychic activity, and that her dream-activity extends itself into waking life. Before discussing Grace's nightmares, I will first look into Grace's day-dream and its importance in hysterical studies. *Studies on Hysteria* (1895d) underlines the importance of day-dream as the predisposing cause for hysterical illness, especially in Josef Breuer's analysis of Anna O. According to Breuer, Anna O. finds an outlet for her monotonous life in her imagination, which leads to "a habit of day-dreaming (her 'private theater'), which laid the foundations for a dissociation of her mental personality" (41). Breuer thinks that "the habit of day-dreaming (Anna O.'s 'private theatre') facilitates the setting up of a split within the field of consciousness" (Laplanche and Pontalis 95). Grace, as a hysteric, has the same tendency. She has the habit of day-dreaming that facilitates her habitual split personalities. The issue of split personalities will be discussed in the "hysterical identifications" in Chapter Four.



According to Freud, “Like dreams, they [daydreams] are wish-fulfillments; like dreams, they are based to a great extent on impressions of infantile experiences; like dreams, they benefit by a certain degree of relaxation of censorship” (1900a: 492). Grace, who lives in exile from the past, desires a home that is free from threat. She expresses her unconscious desire through daydreams in which the natural images such as metaphors of lamplight, milkweed blossoms, and fireflies occur repetitively. In her daydreams, she once fulfills her desires for the fullness of life at Kinnear’s place, which is a reproduction of a day-time fantasy,

It was a lovely and windless evening, and the birds were twittering, . . . , and also the last peonies beside the veranda [. . .]. And there we [Jamie and Grace] were, in a kind of harmony [. . .]. Then in the dusk the fireflies came out [. . .]. (AG 230)

In her daydreams, Grace connects with the life of senses and expresses her bodily sensations to satisfaction. During the trance scene years later, Grace returns to this moment in the past, when she experiences life of sensations, “‘I see flowers,’ says Grace. Her voice is heavy, and somewhat damp. ‘It’s the sunset. I am so happy. I want to stay here’” (AG 398).

Freud stresses in one of his footnotes in *The Interpretation of Dream*, “it is much easier to demonstrate the complete analogy between night-dreams and day-dreams. With hysterical patients, a hysterical attack can often be replaced by a dream” (1900a: 494).

Like dreams, Grace’s impressions of infantile experiences find their way into this day-dream. As the tension rises at Kinnear’s, one day in celebrating her birthday with Jamie Walsh, Grace has the daydream in which water,

coming up through the ground, and rising slowly up like the sea; and I fell into a reverie, and was remembering back to the time I crossed the great

ocean, and how at that time of day the sea and the sky were the same indigo, so you could not tell where one left off and the other began. And into my memory there floated an iceberg, as white as white could be; and despite the warmth of the evening I felt a chill. (AG 231)

As a result of a certain degree of relaxation of censorship and secondary revision, the scenario has a greater constancy than those of her ordinary dreams. Here, the difficulty of crossing by ship and the death of Grace's mother are replaced by a daydream. This could also be a sign of Grace's amnesia and the unconscious. The "icebergs" and what is submerged represent her observable and hidden memories, as icebergs only show one fifth of their size above surface, while the remaining fourths are left under the water. The association also echoes Dr. Jordan's reflection on Maine de Biran's concepts that

conscious life was only a sort of island, floating upon a much vaster subconscious, and drawing thoughts up from it like fish. What is perceived as being known is only a small part of what may be stored in this dark repository. (AG 141)

Both the sea and the ocean are symbols of the unconscious. Another significant anxiety dream shows that Grace's daytime worries about Mary are carried into her sleep. After playing the game of throwing the peel of the apple over her shoulder with Mary to see the initial of the man she will marry, Grace is expecting to dream of her future husband in her sleep. However, she does not dream of husbands at all. Instead, she dreams of her mother "in her winding sheet" like a ghost in the wind, but the dream takes a strange turn, "I knew that this was not my mother at all, but some other woman, and she was not dead inside the sheet at all, but still alive" (AG 167). "And I was afraid; and I woke up with my heart beating very fast, and the cold sweat on me" (AG 167). Later, Grace feels better after seeing Mary is sleeping soundly near her.

Maybe this is a premonition about Mary's tragedy as she is sleeping near Grace.

Another daydream reveals how she feels hunted and watched by Kinnear and McDermott, which reveals her sense of insecurity in terms of becoming the object of the desire, which is the direct result of the trauma caused by her father's abuse.

She has felt strange that however deeply asleep she may be, she can always sense being watched by a person since her childhood. Before Jamie Walsh wakes her and reminds where she is, "I was dreaming that a bear had come out of the forest, and was looking at me. Then I woke with a start, just if a hand had been laid on me" (AG 261). Sexual tension is showed in this daydream and reaches a climax when Kinnear spies on her with his telescope, which means that she feels uneasy being an object of male's gaze and desire, and "which made me [Grace] very sad, and also angry" (AG 263). It is obvious that the day's residue is manifested in her daydream. The obvious motive of the thought of being threatened by a bear is Grace's anger and fear of being constantly sexual harassed by men around her.

Before the murders, Grace slips into her unconsciousness during the night of the thunderstorm and sleepwalks. The cause seems to be the storm and Kinnear's playful seduction of Nancy. Before going to bed Grace was aware that Kinnear was seducing Nancy in another room and this sexual play is transposed into Grace's consciousness.

The rain was pouring down like ten thousand and the house working in the wind like grinding teeth; and I was sure that the every next minute we would split in two like a ship at sea, and sink down into the earth. And then, right next to my ear, I heard a voice whispering: It cannot be. I must have been frightened into a fit, because after that I lost consciousness altogether. (AG 279)

Freud proposes that "the primary process is characteristic of the unconscious system" (Laplanche and Pontalis 339). "Psychical energy flows freely, passing

unhindered, by means of the mechanisms of condensation and displacement” (Laplanche and Pontalis 339). We see a reflection of Grace’s unconscious mental activity in the associations radiating from a nodal point of “death.” These ideas are connected either with her traumatic experiences or the symbolic meanings. For example, red peonies--the flower patterns on Nancy’s dress, the loss of virginity and Nancy’s blood; sea-- her mother’s grave; firefly-Mary’s soul; a man in the dark, murders, sexual harassment; apple--the fall, the freedom she desires. Freud thinks that “condensation” is the fundamental mechanism by means of which the “dream work” is carried out in various ways. It is “a process which enables all the meanings in several chains of association to converge on a single idea standing at their point of intersection” (Laplanche and Pontalis 339). “Death” seems to be a point of displacement and condensation in Grace’s unconscious mental activity. Grace is obsessed with the theme of “death,” which is preserved because it occurs several times in different dream-thoughts. Since her childhood, she has a wicked thought to kill one or two of her siblings who cause many pains for her mother (AG 108). Later, she has the thought to murder her abusive father by dropping the heavy iron cooking pot on him while he is asleep (AG 129). “The wish is not destroyed, but it can no longer seek gratification without arousing too much anxiety” (Lear 107). So “the psychic energy” is radiated into associated ideas on the recurrent image of red peonies, which shows her unconscious wish for Nancy’s death. Grace is frightened by the possibility of the death that might occur to Mary as to her mother and arouse her anxious dream. The idea of death constantly reappears in various ways in her dreams, and this time it appears as a personified person. Grace dreams that Mary Whitney comes to her during her final night with Nancy. “I thought I must have been walking around outside without knowing I was doing so, as had happened to me once before, on the day that Mary Whitney died; and my heart sank within me” (AG 281). Grace is

a somnambulist who sleepwalks in Mary Whitney's consciousness. Not knowing that she is sleepwalking, Grace mistakes it as a strange dream in which she is sleeping walking into the courtyard (AG 279). During her sleepwalking, Grace dreams of being caressed and hug by Mr. Kinnear, and she seems to have been familiar with this kind of sensuality, for it reminds her of "another man, someone I knew well and had long been familiar with, even as long as my childhood" (AG 280). Obviously, this reminds her of the trauma of being sexually harassed by her father. Sensually, Grace surrenders herself to the caressing, "I felt a drowsy languor stealing over me, and urging me to yield, and surrender myself; as to do so would be far easier than to resist" (AG 280). Then, it turns out that this man is "Death" himself who stands behind her and kisses her neck as if in love (AG 280), and she is paralyzed with fear. Afterwards, she has the foreboding that there is a doom at the Kinnear's, and that someone within is fated to die (AG 281).

Hilde Staels has mentioned that "in Grace's daydreams and hallucinations, on a pre-conscious level, nature imagery abounds" (AG 428). I first examine Grace's visionary experiences from Freud's discussion of hysterical hallucinations. Freud reminds us that transformations of ideas or thoughts into sensory images occur not only in dreams, but "they are also be found in hallucinations and visions" (1900a: 535). Freud further explains that hallucinations in hysteria are "in fact regressions," which also occur in pathological waking states, but he emphasizes that "the only thoughts that undergo this transformation are those which are intimately linked with memories that have been suppressed or have remained unconscious" (1900a: 544).<sup>9</sup> Grace suffers from hallucinatory paranoia. In Grace's case, the visual hallucination obviously occurs under the influence of the unpleasant memories of Nancy's death

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<sup>9</sup> Freud thinks what happens in hallucinatory dreams is a result of the excitation that moves in a *backward* direction, towards the *sensory* end, and finally reaches the perceptual system. Thus dreams have a 'regressive' character. (1900a: 543).

that has been suppressed. The thoughts which are connected with the memory of Nancy's death are forbidden to be expressed by the censorship; and they are attracted by the memory into regression. Freud explains that the internal excitation in the organ of vision "has been set up by a *memory*, that it is a *revival* of a visual excitation which was originally an immediately one" (1900a: 546). In her visual hallucination, Grace confuses fantasy and distortion with actual perception, and transforms her repressed thought into visual image. Freud has placed fantasy at the origin of hysteria, and the fantasy carries with it an intolerable excess of affect, an excess that is called anxiety. "This anxiety, evading repression, will find its ultimate expression in somatic distress" (Nasio 31). Thus, Grace suffers from the "trauma" of anxious fantasy, and transforms it into somatic distress and visual fantasy. Though the vision is conscious, it is related to the unconscious memory. Watching the peonies out of the corners of her eyes, Grace distorts them into the flowers in Nancy's dress and has the fantasy of being haunted by Nancy Montgomery, whose frightening image crawls toward Grace with blood in her eyes. Grace's hysterical attack is replaced by the Gothic return of the repressed, which is showed in her hallucinatory fantasy of confronting the dying Nancy:

Then up ahead I see Nancy, on her knees, with her hair fallen over and blood running down into her eyes. Around her neck is a white cotton kerchief printed with blue flowers, love-in-a-mist, it's mine...

I am almost up to Nancy, to where she's kneeling. But I do not break step, I do not run, I keep on walking two by two; and then Nancy smiles, only the mouth, her eyes are hidden by the blood and hair, and then she scatters into patches of colour, a drift of red cloth petals cross the stones.

(AG 6)

Obviously, the recent impression of colorful flowers growing out the gravel is a visual

stimulation that revives Grace's memory of Nancy's dress with flower patterns, and the blue flowers simulates a memory of a white cotton kerchief printed with blue flowers that belongs to her which used for strangling Nancy to death. In regression, these dream-thoughts are resolved into its raw material. That is, "the state of excitation has been set up by a *memory*, that it is a *revival* of a visual excitation which was originally an immediate one" (1900a: 546). The visual stimulation of the "huge dark-red flowers" that "burst and fall to the ground" triggers Grace's horrible memory of Nancy's death and "the peonies in the front garden on the first day I came to Mr. Kinnear's, when Nancy was cutting the last of them" (AG 313). Then, she puts her hands over her eyes "because it's dark suddenly, and a man is standing there with a candle, blocking the stairs that go up; and the cellar walls are all around me, and I know I will never go out" (AG 6). As a result of a long-time repression of memories concerning the murders, the haunting ghost of Nancy appears in her visual hallucination and nightmare over and over again. As Freud puts it, "the uncanny feeling in the highest degree in relation to ...spirits and ghosts" (1919h), Nancy's haunting ghost is the representative of the "uncanny" that "excites fear in general" (AG 219). The traumatic memory resurfaces in the uncanny repetition of the Gothic return of the repressed in either the form of visual hallucination or nightmare. This shocking image of Nancy whose body is bruised, broken, and bleeding, is reported by Grace as a recurrent nightmare. In the three poetic passage, in which each of them ends with a single sentence, "I think I sleep" (AG 297) before "I [Grace] wake up at cock crow" and knows she is in the cell, under the coarse prison blanket (AG 298). Actually, Grace recalls the horrible day of the murders, but she remains on the pretext of dreaming about it. In the scene, Grace is raped by Mr. Kinnear, "Oh look, oh look at all the split petals, what have you done" (AG 297). She further thinks what happens after the murders, "we [McDermott and Grace] told the butcher we wanted none [the

meat]” (AG 297). It corresponds with Jamie and the butcher’s testimony against Grace. “One the palm of my hand there’s disaster. I must have been born with it. I carry it with me wherever I go. When he (Mr. Kinnear) touched me, the bad luck came off on him. I think I sleep” (AG 297-98).

Freud says that it is impossible to interpret a dream if one excludes dream-symbolism (1900a: 359). However, he warns

against over-estimating the importance of symbols in dream-interpretation, against restricting the work of translating dreams merely to translating symbols and against abandoning the technique of making use of the dreamer’s associations. (AG 360)

The interpretation of dreams does not mean symbol interpretations. “One should not expect any symbol to have a fixed and shared archaic meaning” (Lear 109). Rather, in interpreting symbols in the dream, we must take the context of the dreamer’s life into account, and thus making a useful appreciation of the associations between symbols in the dream and the waking life experiences of the dreamer in order to give a holistic interpretation. Grace is haunted by the image of exploding red peonies in sleep and in waking life because of a strong guilt complex which she has suffered since the deaths of her mother, Mary, and Nancy. The hysterical fits or the dreams liberate her from her guilt complex temporarily, at least in respect to the traumatic loss of her mother, for she dreams about her mother “floating in the sea. [...] at peace” (AG 403). In another dream, Mary “was holding a glass tumbler in her hand, and inside it was a firefly, trapped [...] ; and then she took her hand from the top of the glass, and the firefly came out and darted about the room”; Grace knows the image of firefly in this dream “was her soul” that “was trying to find its way out” of the room where “the window was shut” (AG 313), and then “I could not see where it was gone” (AG 313). The firefly is a metaphor for the souls of the death, coming out at night to live in



harmony with the living, but Mary's soul is trapped and lost. Grace then wakes up with tears of sadness running down her face, "because Mary was lost to me once more" (AG 313). She blames herself for forgetting to open the window to let Mary's soul fly out on the day of her death. For her, the lost souls, or spirits of them are haunting her. She believes that she is the cause of their disaster, because she does not say anything nor does something right beforehand, which results in their death. She thinks when celebrating her birthday with Jamie, "I certainly hope that I could forgive, as I myself hoped to be forgiven in the future" (AG 230). Before she is awakened from the arrest, she dreams that Mary has welcomed her coming back from her journey in a beautiful house. During her dream in Lewiston it is Mary Whitney, and not Nancy, to who welcomes her back to the parlour in Richmond Hill, "for I had been on a journey, I was sure of it, and had been absent a long time" (AG 343). "The frequency with which dead people appear in dreams and act and associate with us as though they were alive," according to Freud, "often happens that we find ourselves thinking if my father [or someone] were alive, what would he [or this person] say to this?" (1900a: 429). When facing difficulties, Grace has the habit of trying to figure out "what Mary Whitney would say" (AG 63) if she were alive. On the night before of the traumatic murders, Grace is aware of McDermott's plan to kill Nancy and asks him out of self preservation to delay it (AG 310). Grace desperately "wish[es] very much that she [Mary Whitney] was there, as she would know what to do, and help me [Grace] out of difficulties" (AG 311). "Dreams are unable to express an 'if' of this kind except by representing the person concerned as present in some particular situation" (Freud, 1900a: 429). Thus, Mary appears in Grace's dream whenever Grace is in a desperate situation.

Grace's traumatic experience repeatedly interrupts and intrudes her "in the form of vivid sensations and images" (qtd. in Staels, "Intertexts"). Shockingly, the

hallucinatory scene in the asylum many years after the murder events are parallel to those of appearing in her nightmare in the night before the murders. The growing peonies, the shocking images of the female victim who is strangled, broken and bleeding, and a man appearing in the dark, occur not only in her hysterical hallucinations in the asylum, but occur in her Gothic nightmare of Nancy Montgomery's murder before the night of her death. On the one hand, the images of red peonies falling down the ground in the nightmare does prove her obsession with Nancy's murder, which shows that Grace's feelings of guilt about her own sinfulness become evident. On the night before the murders, Grace and Nancy sleep in Mr. Kinnear's room, staring at a picture "with the naked woman." Grace imagines the naked woman in the picture is spitting into two women who is "looking out at me [Grace]...and smiling at me, in a way I do not like" (AG 312). That night before murders, Mary Whitney appears in Grace's dream with "the red felt needle-case" Grace has put in the coffin with her, "under the flowers and the scattered petals." "It was not the first time; she'd come before, but never to say anything," but doing the ordinary things "as if she was still alive and happy" (AG 312). Lying beside Nancy, Grace is tortured by her recurrent dream like this, and "was afraid to go to sleep again" for fear that "she might have another such dream" (AG 313). After she falls asleep again, she dreams she is walking in a place she has never been to before, where "there were huge dark-red flowers with glossy pebbles, like satin; and they burst in the wind and fell to the ground" (AG 313). The symptomatic repetition of the real or imagined red peonies metaphor can be seen as an articulation of Grace's bodily drive. The image of red peonies bursting in the air and petals falling to the ground implicates the ideas of violence and sexuality, as the "sexual flower symbolism..., symbolizes the human organs of sex by blossoms, which are the sexual organs of plants" (1900a: 376). The flower symbolism reoccurring in her dreams can be seen as an allusion to

defloration by force. Grace expresses her thoughts on the violence of defloration in the language of falling peonies because of Nancy's pregnancy with their master and the death of Mary from abortion. It also shows her hysterical anxiety of losing her virginity and her aversion to genital coitus. White peonies in her "dream" during the night of Nancy's murder "were still coming up from the stones" and represent buried consciousness. The "dark red flowers" of Grace's dream represent Nancy's blood as she sees and acts as Mary Whitney but remembers as Nancy (AG 312-13). In the dream, she was haunted by Nancy Montgomery, whose frightening image crawls towards her with blood in her eyes following her around, begging for mercy (AG 313). "Then up ahead I saw Nancy, on her knees, with her hair fallen over and the blood running down into her eyes" (AG 313), around her neck is Grace's white cotton kerchief printed with flowers, but this is left out of this dream as Nancy "came apart into patches of colour, she scattered, a drift of red and white cloth petals across the stones" (AG 314).

Grace tells Dr. Jordan continually,

Then it was dark suddenly, and a man was standing there with a candle, blocking the stairs that went up, and the cellar walls were all around me, and I knew I would never get out. (AG 314)

On the morning of Nancy's murder, Grace feels "light-headed, and detached from myself, as if I was not really present, but only there in body" (AG 315). As she creeps out of Mr. Kinnear's bed, Grace "wondered whether she was having a bad dream" (AG 315). Then she finds that her own face in the mirror is not like her face at all. "It looked rounder..., and I didn't wish to look at it" (AG 315). Grace tells Dr. Jordan that people put her into the asylum because of the bad dreams she has, "They said I was awake. But I do not wish to say any more about it" (AG 314).

"Water" is a symbolic image that appears in Grace's daydream and nightmare

over and over again. In the tavern at Lewiston, before she falls asleep, Grace closes her eyes and on the insides of her eyelids she sees “the water moving, the blue heaps of the waves with the white wake of the ship traced in them for an instant, and then soothed over by the water” (AG 342). And it was as if her own footsteps before are being erased behind her. And all traces of hers are smoothed over and rubbed away as if they have never been. “On the edge of sleep I thought: It’s as if I never existed, because no trace of me remains, I have left no ‘marks.’ And that way I cannot be followed” (AG 342). In that way, “it is almost the same as being innocent” (AG 342). The experience of crossing across sea from Ireland to Canada and the burial of her mother under the sea are also deeply connected with water, which also appears in one of her previous dreams.

Lear reminds us that “psychoanalysis requires not merely that we recognize the hidden meaning of our dreams, but that we also develop the ability to recognize our dream-like activity in the here-and-now of conscious waking life” (AG 113). In one seeming dream she chooses not to tell Dr. Jordan, she feels someone “was looking down, looking at her bare legs” when she is scrubbing the floor, “and I did not pull down my skirts. I thought, Let him look, poor man...or so I thought in the dream” (AG 100). But it turns out that he is a peddler man who wants to sell a woman’s hand. “But I did not want it anymore, because it must have been cut off. And sure enough, there was the blood now, dripping and thick like syrup; but I was not horrified by it at all, as I would have been by real blood if awake; instead I was anxious about something else. Behind me I could hear the music of flute, and this made me very nervous....And what I thought was: It will get on the clean floor” (AG 101). Obviously, this dream or real life event is the key one for Dr. Jordan to unlock the mystery of the murders and so Grace chooses deliberately not to tell it to Dr. Jordan. Grace re-enacts her real life experiences in the dream-like recollection of memories.

This association of consciousness with perception belongs to “the perception-consciousness system” which “lies on the periphery of the psychical apparatus and receives from internal sources” (Laplanche and Pontalis 84). The storing up of Grace’s impressions is reproduced in the perceptual system, thus the reproduction of this dream-like image. Freud recognizes the importance of consciousness in the defensive process, as the effectiveness of the treatment of hysterics lies in the capacity of gaining access to unconsciousness. Although Grace does leak her conscious waking life in the dream-like activity, Dr. Jordan still fails to comprehend it because of his inability to break through Grace’s resistance.



## Chapter Four Hysteria from Freud to Lacan

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".

—Margaret Atwood

(AG 345).

## A. The Four Discourses

"Discourse," for Lacan, designates "a social bond, founded in language" (qtd. in Evans, *An Introduction* 44). Lacan identifies four types of social bonds, "four possible articulations of the symbolic network which regulates intersubjective relations" (Evans 44). Lacan's concepts of the four discourses prove that the clinical structure is based not only on intra-subjective dialogue but also on a particular form of social bond formed by language. These "four discourses" are the discourse of the master, the university, hysteric, and the discourse of the analyst. Since I read *Alias Grace* as a fragment of an analysis of a case of hysteria, I will focus especially on the hysteric's discourse and the analyst's discourse in order to show how Grace makes use of "the hysteric's double characteristic of resisting speech and causing it" (Wajeman 78) to impel Dr. Jordan to prove his psychoanalytic theory as false, and prove the inadequacy of his knowledge, too.

Firstly, I want to briefly introduce the four discourses. In the discourse of the master ( $S_1/\$ > S_2/a$ ), the dominate position is occupied by the master signifier ( $S_1$ ), which represents the subject (S) for all signifiers ( $S_2$ ) and has the right to speak. The discourse illustrates clearly the structure of the dialectic of the master and the slave. As a servant, the relationships between Grace and all her masters are similar to the discourse of the master. "The master must be obeyed [...] because he or she says so.

No justification is given for his or her power” (Fink 131). Grace must obey what her masters order her to do, as “the master ( $S_1$ ) is the agent who puts the slave ( $S_2$ ) to work” (Evans 45). Only through the service provided by the slave can the master exist, as Mary once tells Grace that these rich masters who employ them are merely “feeble and ignorant creatures, although rich. [...] they were by their nature as useless as a prick on a priest” because “they don’t know how” to live on their own and they depend on the servant’s work (AG 158). She further tells Grace that

we had the better of them [the masters], because we washed their dirty linen and therefore we know a good deal about them; but they did not wash ours, and knows nothing about us at all. (AG 158)

What Mary means is that they as servants who, in slaving away for the master, “come to embody knowledge (knowledge as productive), represented here by  $S_2$ ” (Fink 131). As long as everything works and the masters maintain the power, they are not concerned with the knowledge of how things work. However, “the result of this work is a surplus (a) that the master attempts to appropriate” (Evans 5). The surplus value derived from the servants’ works, are appropriated by the master.

“The discourse of university [ $S_2/S_1 > a/\$$  ] represents the hegemony of knowledge, particularly in the modernity in the form of hegemony of science” (Evans 46). In their first meeting, Dr. Jordan tells Grace that his interest is “purely scientific” (AG 41). In a sense, he articulates the discourse of university in order to uncover the mystery of hysteria. Both Dr. Jordan and Dr. DuPont try to uncover the truth hidden by means of scientific knowledge.

Heidi Darroch suggests that in her reading of *Alias Grace*, Atwood finds a rich source of inspiration for her re-creation of Grace Marks “in the discourses of hysteria” (119). The discourse of the hysteric ( $\$/a > S_1/S_2$ ) is uttered mainly by a hysteric. “The divided subject or the symptom” occupied the dominate position. As “the split

subject” who occupies the dominant position addressing Dr. Jordan, Grace, a hysteric, maintains “the primacy of subjectivity division, the contradiction between the conscious and the unconscious, thus the conflictual, or self-contradictory, nature of desire itself” (Fink133). With the attempt to test his “scientific knowledge,” Grace consciously and intentionally keeps back the part that she ought to tell, assuming different identities, and switches between the conscious and the unconscious mental states in her narration. “The hysteric is a chimaera, bringing to mind the myth of the sphinx. [...] The riddle is the hysteric herself” (Wajeman 83). Grace acts as the sphinx posing a riddle to Dr. Jordan , who is supposed to resolve her riddle or enigma. “The riddle of the subject supposes the other (priest, physician, analyst) capable of resolving it” (Wajeman 83). Unfortunately, the priest, physician and analyst fail to answer Grace’s riddle despite the fact that they are “in the position of master endowed with limitless power” (Wajeman 83). However, “the failure of knowledge incessantly fuels the riddle, and hence the production of knowledge” (Wajeman 85).

“The multifaceted nature of hysteria,” Wajeman says, lies in the phenomena that “the structure of discourse consists in the hysteric’s enunciation: ‘I am what you say’” (85). Wajeman mentions that the hysteric asks the question: “Who am I?” (83). As a hysteric, Grace is desperate to ask the same question. Looking at herself in the mirror, Grace thinks of all things that have been written about her and wonders how she can be all of these different identifications at once,

I think of all the things that have been written about me— that I am an inhuman female demon, that I am an innocent victim of a background forced against my will and in danger of my life, that I was too ignorant to know how to act and that to hang me would be judicial murder. [...]

[T]hat I am a good girl with a pliable nature and no harm is told of me, that I am cunning and devious, that I am soft in the head and little better than an



idiot. And I wonder, how can I be of these different things at once? (AG 25).

Responding to her symptoms, knowledge states Grace is a subject, a patient, an inhuman demon, an innocent victim, and a good girl. She is what others say she is.

“The hysteric is a speaking riddle, the symptom that elicits speech from the other” (Wajeman 84). Requesting an answer to the riddle, as a hysteric, Grace compels man to generate more knowledge by offering herself as its precious object. During the trance when Grace’s body seems to be spiritually-possessed by Mary, posing a riddle to the other, Dr. Jordan is confused, “This voice cannot be Grace’s; yet in that case, whose voice is it?” (AG 465). By posing her riddle, Grace commends the Other (Dr. Jordan) to answering the riddle with his knowledge, “‘Come doctor,’ says the voice, cajoling now. You like riddles. You know the answer. I told you it was my kerchief, that the one I left to Grace, [...]” (AG 402). On account of hysteric’s somatic characteristics, “the hysteric is held in contempt as a malingerer” (Wajeman 85). Dr. Jordan doubts that Grace feigns her illness. “Grace,” says Dr. Jordan during the trance, “Stop playing tricks!” (AG 403). Grace takes command by posing her riddle, which engenders religious knowledge but also the scientific one, and the latter lists hysteria as a mental disease. But on the other hand,

her solicitation pushes knowledge to its limits, demonstrating that

knowledge does not coincide the truth that it supposed expresses.

Disengaged from the truth, knowledge fails to account for hysteria.

(Wajeman 85).

The belief in the true knowledge is a credo in psychoanalysis, whose promise is: “And ye shall know the truth, and the truth shall make you healthy” (qtd. in Niederhoff, “The Return”). Dr. Jordan is generally in favor of restoring Grace’s memory and acquiring knowledge. During the trance, he eagerly asks Grace, “Are you telling the truth? Don’t be afraid” (AG 403). However, Grace’s preference for not knowing is all

the more interesting as the enigma grows. “The true character of the historical Grace Marks remains an enigma” (AG 463). As a subject, Grace poses the riddle concerning sexuality and the truth about the murder; “as object she is what knowledge must, but cannot, articulate” (Wajeman 87). Like her historical counterpart, Grace is the subject of numerous newspaper articles and the interest of the public, and her discourse is the driving force behind her history. Like Dora, Grace is pleased to be the object of everyone’s attention. Since everyone talks about her and McDermott, not Mr. Kinnear, Grace considers that “it is more important to be a murderess than the one murdered, you are more stared at then; and now he’s gone” (AG 296). Grace’s game is to present herself as desirable, but when this offer is taken seriously, she withdraws from it. Men, such as Mr. Kinnear, McDermott, and Dr. Jordan, desire for her, but she disappoints all of them on by one.

Grace toys with her narrative as she struggles with her memory. She has been tortured in the Penitentiary so that she learns to be careful about what she says. In the asylum, Grace is “locked tight shut” despite “I hurl myself against the walls of it and screams and cry, and beg God to let me out” (AG 298). She knows she “must go on with the story. Or the story must go on with me, carrying me inside it” (AG 298).

Dr. Jordan tells Grace that she may be perfectly frank with him and may hold nothing back, when talking freely about her thoughts, she is sensitive to Dr. Jordan’s slight change of his tone, and becomes cautious about what she says again because she knows that Dr. Jordan is not a causal conversationalist. Instead of telling what she wants to say, Grace has embellished her story to please her audience, Dr. Jordan. In the asylum, Grace has learned to make the attempt to disguise her need and true thought for fear of being used. As she doesn’t trust anyone at all in order to protect herself, she reminds herself of not talking to Dr. Jordan so freely. In front of Dr. Jordan, she acts like a simple person, but actually she is a complicated woman with

high intelligence. Inside, Grace suspects that Dr. Jordan comes to test her as what Satan has done to God. Outside, Grace pretends to put on a stupid look to fool him because people in the Asylum do not listen to reason and do not believe her, what she says will not change anything. In a sense, she wears “the mask of womanliness” in front of Dr. Jordan, “masquerading as guiltless and innocent,” in order to “hide the possession of masculinity and to avert the reprisals expected if she was found to possess it” (Riviere 38). When Dr. Jordan asks if she has any dreams, Grace is retorted by Dr. Jordan’s innocent question. As a hysteric, she is easily annoyed by his attitude and retorts angrily at his “gentleman’s nonsense” (AG 99) by distorting his intention of asking the question. She is sensitive to Dr. Jordan’s insensitive reaction, thinking “he has not noticed my tone or else he has chosen not to notice it” (99). When Dr. Jordan asks her to describe a dream from the previous night, the reader finds that Grace only remembers the dream silently and recalls it only in her head, and then responds to Dr. Jordan, “I can’t remember, Sir,” and she thinks, “I need to keep something for myself” (AG 101). Although she does have a dream that he will definitely have great interest in, “I suppose he is interested in my dreams because a dream can mean something” (AG 99-100), she is not satisfied with his reaction and has decided to “keep something for myself” (AG 101).

Grace manipulates everyone with her mysterious symptoms and discourse. As a subject, Grace exhibits the symptoms as an enigma for knowledge. Stephanie Lovelady describes Grace as “an amnesiac who has forgotten the key to a compelling mystery, a victim of possession who cannot know, or a charlatan who knows all and will not tell” (36). During the trance, Grace embodies “the objects of a knowledge that divides her from herself” (Wajeman 86), and offers herself to those who witnesses the event as a ravishing enigma. “Hysteria is a riddle. Nothing truer can be stated of a riddle than: ‘It is a riddle’” (Wajeman 86). Freud perfects his definition of hysterical

narrative in his study of Dora. As Elaine Showalter points out, “Freud drew attention to the fragmentary and discontinuous nature of the hysteric’s narrative and to the physician’s responsibility for reorganizing it into a coherent whole” (85). Coral Ann Howells notices that Grace’s narrative switches between voluble detailed recollection and traumatic memory lapses, so that Dr. Jordan has the uneasy suspicion that “the very plentitude of her recollections may be a set of distractions, a way of drawing the mind from some hidden or essential fact, like dainty flower on a grave” (215-16). Grace’s refuses to tell a continuous story by deliberately refusing to confirm what really happened, and instead, she ambiguously implies that things might have happened. A number of possibilities are given beginning with “Did I say [...]?” (AG 295) “Did I say, I saw you outside at night, in your nightgown, in the moonlight? Did he say, who were you looking for? Was it a man? [...]? Did he say, You are a good girl?” (AG 295). And Grace concludes with “He might have said that. Or I might have been asleep” (AG 295).

Lacan says that the hysteric elucidates “the hysteric’s discourse” that demands that the master prove his knowledge. Living in the Victoria age, Grace challenges the modern science or the authority of the discourse of the master. Grace claims that “I said that I remembered some of the things I did. But here are other things they said I did, which I said I could not remember at all” (AG 295). Grace is a double-face person whose interior monologue is different from what she says to Dr. Jordan. While thinking about making a quilt with the pattern like “a Tree of Paradise” for herself, she tells him that she is not sure what kind of pattern she would make and avoids the straight answer by giving many devious answers deliberately. She has learned from the example of Mary Whitney, and keeps in mind that “you should be careful about saying what you want or even wanting anything, as you may be punished for it”(98). Lovelady also points out, “in Grace’s narration, there are no quotation marks, so that

it is often unclear whether text is spoken or thought until a tag clause appears at the end”(42). On the contrary, “in Dr. Jordan’s narration, spoken dialogue is clearly differentiated from thought in the conventional way” (Lovelady 60-61). Therefore, what the reader reads is what Grace says as Dr. Jordan remembers it, rather than as Grace does. Grace’s discourse shows that “in stating *something*, it does not state the truth” (Wajeman 86), as she admits that “I was shut up inside that doll of myself, and my true voice could not get out” (AG 295).

In the discourse of the analyst ( $a/S_2 > \S /S_1$ ), “the position of the agent is occupied by *object a*: this illustrates the fact that the analyst must, in the course of the treatment, become the cause of the analysand’s desire” (qtd. in Evans, *An Introductory* 46). The analyst (Dr. Jordan) plays the part of pure desirousness (pure desiring subject), and interrogates the subject (Grace) in her division where the split between consciousness and the unconscious shows through: slurred speech, dreams, etc (Fink 135). Obviously, Dr. Jordan has become the cause of Grace’s desire, which I will discuss in section “Transference and Counter-Transference” below, and he interrogates Grace during the treatment. For Lacan, “psychoanalysis is an essentially subversive practice which undermines all attempts at dominations and mastery” (Evans46). The discourse arises because Dr. Jordan does not respond to Grace’s demand for him to prove his knowledge, and thus “the statement ( $S_1 \rightarrow S_2$ ), which constitutes the subject ( $\S$ ), leaves a residue,  $\langle a \rangle$ , the deflated riddle” (Wajeman 86). Although he has an uneasy suspicion that Grace’s “recollections may be a sort of distraction, a way of drawing the mind from some hidden but essential fact,” still he is fascinated by Grace’s story as if it is the tales of Scheherazade (AG 185). Grace’s symptoms present themselves as a master signifier, and more and more aspects of her personal life are taken as symptoms. Like Dora, Grace only wants to play “secrets” with her doctor.  $S_2$  appears in the analytic discourse in the place of truth, which Dr.

Jordan is eager to discover. As an analyst, Dr. Jordan ignores the ambiguity of Grace's speech, and is defeated by it in the end, as he confesses it to his friend in the letter,

I must admit — but only to you-- that I have come very close to nervous exhaustion over this matter. *Not to know*...it is as bad as being haunted. Sometimes at night her [Grace's] face floats before me in the darkness, like some lovely and enigmatic mirage (AG 424).

“The trouble is that the more she remembers, the more she relates, the more difficulty he himself is having” (AG 291). Dr Jordan desperately feels like lost in the labyrinth of Grace's story and “can't keep track of the traces” (AG 291). It is “as if she's drawing his energy out of him- using his own mental forces to materialize the figures in her story, as the mediums are said to do during the trances” (AG 291). Dr. Jordan is bewildered,

It may well be that Grace is a true amnesiac. Or simply contrary. Or simply guilty.

She could of course be insane, with astonishingly devious plausibility of the experienced maniac. (AG 375)

“The truth may well turn out to be stranger than we think,” Dr. Jordan's statement indicates that the riddle posed by Grace cannot be solved, for the answer might be unimaginable. Dr. Jordan is on the verge of breaking down because Grace's case is too mysterious to handle and he is involved in it too much. The failure of Dr. Jordan's treatment shows that Grace not only challenges the master discourse but also successfully questions the knowledge of the analyst.

## B. Hysterical Identification

“Identification,” for Freud, denotes “the operation whereby the human subject is constituted” (Laplanche and Pontalis 206). Lacan defines the concept of identification

as “the transformation that takes place in the subject when he assumes an image” (Evans 81). For Lacan, hysteria is a structure that concerns the question of the subject's sexual position rather than a set of symptoms. According to Lacan, the hysteric structure is a question on femininity. The structure of desire in Grace’s position in the symbolic order is the key to understanding the question of femininity or what men desire. Lacan regards the hysteric’s structure of desire as the desire of Other on the condition that she is not involved in the field of sexuality. The hysteric is interested in what a man desires in a woman by means of hysterical identification but is afraid of becoming the subject of that desire that will provoke her anguish.

Hysterical identification enables the hysteric to identify with the signifier of the desire, the phallus. Grace’s subjective position is an effort to find out “what a man *desires* in a woman” (Vorus 163). She invents or quilts her stories by assuming the different identities, a murderess, a victim, Mary, or an object of desire. She identifies with the Other’s desire at the level of symbolic and uses these identifications to block her anguish. “A woman like me is always a temptation” (AG 29), and thus she enjoys being the object of desire.

“The multiple or dissociative identity disorder from which Grace suffers (which is known as “double consciousness”) was frequently diagnosed of women in the nineteenth century, and was seen to involve symptoms of amnesia and hysteria” (Staels 437). The title “Alias Grace” suggests the focus on one personality within two entities, and Grace fulfills the existing roles of celebrated murderess, madwoman, victim, and demon. Mary Whitney is an important person in Grace’s life. Grace’s recollections of her best friend Mary Whitney, who died from illegal abortion, disturb Dr. Jordan greatly. While Grace is at the age of nine, her mother dies as they sail across the sea to Canada. Mary, who is also an orphan, plays both the roles of Grace’s mother and best bosom friend. Mary is the source of all Grace’s secret knowledge.

She teaches Grace about menstruation and the ways of the world. Like Dora's governess who propounds to Dora the view that "all men were frivolous and untrustworthy" (1905e [1901]: 84), Mary admonishes Grace against the deception of men, for "men were liars by nature" (AG 165). To Grace, like Dora, this must mean that "all men were like her father" (1905e [1901]: 84), who is irresponsible for the family and blames her mother for getting pregnant again. "Without her [Mary], it would have been a different story entirely" (AG 117). After Mary's death, Grace becomes an orphan again. The horrible death of Mary traumatizes Grace greatly. This traumatizing experience causes Grace to internalize Mary's image and identify with her. "Mary" is in control while Grace is in the Asylum. "The split of personality" is gradually caused by Grace's effort to "try to think what Mary Whitney would say, and sometimes I can say it" (AG 63). Reverend Verringer argues that "some lesion of the nervous system, and that the Devil himself is simply a malformation of the cerebrum" (AG 80). After Mary's death, Grace, who is alone with her, says, "Let me in". Grace thinks she must have heard wrongly and that Mary has rather said, "Let me out," "I was hoping Mary's would fly out of the window now, and not stay inside, whisperings into my ear, but I wondered whether I was too late" (AG 179). It hints that Mary's soul is unable to escape because of the closed window but takes up residence in Grace's body. Also, Mary influences Grace's bitter and sarcastic voice, as she has internalized Mary as a speaking voice. Grace's identification with Mary is not merely a way of keeping "her dead friend alive, to continue their dialogue, to retain her as an interlocutor" (Lovelady 40). As a hysteric, Grace is in quest for love under the cover of her identifications with her analyst's desire, a mysterious woman. As "an outspoken young woman" (AG 159), Mary transgresses the Victorian norms by speaking freely which is outside the boundaries of acceptable female speech and by having sex outside marriage. After Mary's tragic death, Grace identifies with Mary



and internalizes her in order to say what Mary dares to say and do but she doesn't. Since Grace is in prison and tries to be "a model prisoner" (AG 5), Grace needs Mary to perform these unacceptable deeds, even committing murder in Mary's name. She thinks in Mary's way in order to know what a man desires in a woman. Grace also identifies herself as a subject by identifying with the temptress, the murderess, and the object of Dr. Jordan's fantasy. Grace is "alias Grace" because all her hysterical identifications are the masks behind which the subject herself shelters, and the subject is kept from being exposed to desire. She enjoys being "the Object of the Other's desire," and her demand for pure love in the position of the object of the Other's desire means that she cannot achieve the genital intercourse or bear the jouissance either in herself or in the Other. What she desires is "an unsatisfied desire" by keeping the identifications with the Object of Other's jouissance without satisfying one's desire. Speaking of the scene of flirtation or possibly the experience of the sexual intercourse with her employer, Mr. Kinnear, Grace evasively repeats three times that "I think I sleep" at the time when her flirtation happened. While James McDermott has the attempt to have sex with Grace after the completion of the murder, Grace struggles and lets out a scream of terror. As Dr. Jordan wonders, "did she [Grace] really dislike and fear the man as much as she's claimed?" (AG 388). For Grace, she neither fears nor dislikes the man, but is afraid of the genital intercourse. Grace admits that "it is more important to be a murderess than one murdered, you are more stared at" (AG 296). She enjoys the position of "being the phallus," the signifier of Kinnear's, Thomas's and Dr. Jordan's and the public's desire, not the object of their satisfaction. Being in the position of the phallus is Grace's mode of being that which she adopts in order to obtain certain knowledge of sexuality.

### C. Transference and Counter-Transference

Gina Wisker has pointed out that “the relationship between Grace and Simon Jordan is one fraught with Freudian influence” (53). Similar to Freud’s position to Dora, Dr. Jordan is in a position to explain Grace’s antipathy to every new doctor. Before his first meeting with Grace, Dr. Jordan has imaged Grace as a frail hysteric or a sort of Pre-Raphaelite virgin, “but then Grace stepped forward, out of the sight, and the women he’d seen the instant before no longer there. Instead there was a different woman—straighter, taller, more self-possessed” (AG 68). Just as he cannot stabilize Grace’s image at their first meeting, he has failed to recognize Grace’s hysterical narrative into a coherent whole. In the epigram to “Young Man’s Fancy,” Atwood put the quotation from Dr. Workman, one of Grace’s real doctors, that describes the doctor as blindfolded, groping his way to decipher the human psyche. He writes, “the human psyche cannot be dissected nor the brain’s workings put out on the table to display” (AG 45). Dr. Jordan is the very doctor who is blinded in study of Grace’s mind. He is sinking into the quicksand of his sexual fantasy for Grace and into his frustration of the treatment, as Grace is a very hard nut to crack. As she tells Dr. Jordan, the doctor who carries out the abortion looks very similar to the head-measuring doctor that frightens her into a hysterical fit before he comes here (AG 175). Transference, in the eye of Freud, is a “false connection” in which “the patient transfers unconscious idea onto the doctor and makes the doctor play the role of loved or feared parental figures” (Laplanche and Pontalis 458). Also, Freud thinks that “transference is to be looked upon as in part a resistance itself” (Laplanche and Pontalis 395). The analyst’s reaction or unconscious feelings to the analysand’s transference is called “counter-transference” by Freud. Similar to Dora, whose unpleasant experiences with the doctors make her negatively “apply the doubts and ill-feelings about the physicians to her relationship with [Freud]” (Decker 112). Grace’s unpleasant memories of seeing doctors brings a negative transference. She is

afraid of the doctors and thinks negatively of Dr. Jordan because of the death of her best friend Mary Whitney after an abortion under the operation of an unlicensed doctor and the unpleasant experiences with the previous doctors. For Grace, “where there’s a doctor it’s always a bad sign” (AG 27). Upon hearing the mentioning of a “doctor,” Grace is overwhelmed with anxiety, which is accompanied the attack, because, for Grace, the doctor signifies death itself. Upon seeing the doctor, her reaction is furious. “And then [Grace] see his hand,[...], and I know I have seen a hand like this before; and then I lift my head and stare him straight in the eye, and my heart clenches and kicks out inside me, and then I begin to scream”(AG 29). It is Grace’s true belief that it is the doctor that kills Mary with his knife. “I [Grace] said I had a fear of doctors, that was all; of being cut open by them, as some might have a fear of snakes” (AG 30). Transferring her previous experiences with doctors onto Dr. Jordan, Grace feels negatively about Dr. Jordan at the beginning of the treatment and refuses to cooperate with his method of “free association.” Upon hearing Dr. Jordan’s question, “he is playing a guessing game, like Dr. Bannerlings at the Asylum” (AG 40), Grace thinks suspiciously. After Dr. Jordan explains that he is a doctor who works with minds, Grace thinks to herself, “I do not trust him at all” (AG 40). Grace tests Dr. Jordan out to see if he will show himself to be as cruel as the doctor figure. She is suspicious of Dr. Jordan’s intention and detects Dr. Jordan “is using a kind voice, kind on the surface but with other desires hidden beneath it” (AG 40), and she deliberately tells him, “perhaps I will tell you lies” (AG 40). Like Dora, Grace’s adopts a hostile attitude toward her doctor. Dr. Jordan writes to his friend at the first meeting with Grace, “I suspect Grace has had scant reason to trust anyone at all for a very long period of time” (AG 54). As soon as finding out that Dr. Simon Jordan is unlike the previous doctors, Grace turns her resistance into affection and transfers not only her unsatisfied desire and love feelings for Thomas Kinnear but also the hate

feelings from her father onto her present doctor. During the clinical talking, Grace likes to see Jordan write down what she has said and tell her she is doing well. While he listens and takes notes, she has the erotic fancy that “while he writes, I feel as if he is drawing on me—drawing on my skin” (AG 69), imagining him writing her story on her body. Grace’s erotic feeling for Dr. Jordan is sensual, “As if hundreds of butterflies have settled all over my faces, and softly opening and closing their wings” (AG 69). In return, upon thinking of Grace, Dr. Jordan has penciled the sensual word *whisper* in his notebook, and underlines it three times (AG 292). As Grace is threading the needle now; she wets the end of the thread in her mouth, and this gesture seemed to him all at once both completely natural and unbearably intimate. “He felt as if he was watching her undress, through a chink in the wall; as if she was washing herself with her tongue, like a cat” (AG 91). This shows Dr. Jordan’s lust for Grace. In a sense, this also recalls in his recurring dreams about listening in and spying on servant girls as a boy. But Grace has other feelings underneath, “a feeling of being wide-eyed awake and watchful. [...], a feeling like being torn open...like a peach” which is “too ripe and splitting open of its own accord” (AG 69). This sexual image shows not only that Grace is deprived of male company for a long time, and thus she transfers her sexual desire onto Dr. Jordan, but also that her “flight into illness” is a strategy to keep Dr. Jordan as her company in the name of psychoanalytic treatment. As MacKenzie points out this fact to Dr. Jordan, “the poor creature [Grace] has fallen in love with you....[Grace has been] deprived of masculine company. You are doubtless the object of her waking daydreams” (AG 377). “Transference, then, is a repetition that cannot (yet) be remembered in the right sort of way” (Lear 136). For Grace, she only acts the emotions she has toward Thomas and her father out and repeats aspects of her real life in the analytic scenario. Thus, Grace has intended to say something just to keep Jordan happy as she used to do for her father and Thomas. As Jonathan Lear

regards “transference as an idiosyncratic world coming into view” (129), Grace puts Jordan in a Thomas Kinnear position. Upon hearing Dr. Jordan’s leaving, Grace faints right away. When it becomes apparent that Dr. Jordan is not returning, she anxiously writes him a letter which she intend to smuggles out of the prison, saying “I was unhappy that you left, as I was enjoying our talks” (AG 422), which shows her affections for him. Transference is love that is re-enacted in analysis, as in the case of Grace.

For Lacan, the psychoanalytic experience is supposed to be a subject-to-subject process that is against objectification (“Intervention” 62). As a misogynic but respectful physician, Dr. Jordan curses the woman as “sullen, brutish, vengeful; a mind that exists at a sub-rational, yet cunning, slippery and evasive” and proudly thinks that “he must retain his position of all-knowing authority in her [Grace’s] eyes” (289). However, he is doomed to fall under the feet of women. He is controlled by his dominating mother and eventually married Faith, who is chosen by her mother as his wife. During the analytic process, he falls in love with Grace, dreams of her, and has sexual fantasies her Grace. Dr. Jordan becomes emotionally entangled in Grace’s narrative. He begins to doubts that “Reverend Verringer is in love with Grace Marks!” (AG 79) In fact, he is the one who falls in love with Grace. For Freud, counter-transference is an obstacle to the treatment because the analyst’s unconscious conflicts in his mind makes him unable to remain neutral in the clinical treatment. On the other hand, although Dr. Jordan tries to keep what his instructors has said in his mind that “the ability to detach from the business at work was a prerequisite” (AG 186), he still loses his neutrality because he cannot resist his affection toward Grace, which disrupts his relationship with Grace as a physician with a patient. Dr. Jordan grows to think of himself as Grace’s “rescuer” from prison, and of Grace as the object of all his desires.

Transference produces the meaning via signs, which is dependent upon “a dialectic of a subject ‘supposed to know’ and a subject who presupposes this knowledge in the other” (Gounelas 150). Dr. Jordan “hystericises” Grace’s discourse in that “psychoanalytic treatment involves ‘the structural introduction of the discourse of the hysteric by means of artificial conditions’” (Evans 46). In the analytic discourse, Dr. Jordan no longer follows the laws of truth that is an ideal movement in the “dialectical movement.” He treats the subject (Grace) as an object and doesn’t take Grace’s narration as words. In the erotic dreams, Jordan’s subconsciousness constructs visions of his possible union of himself and Grace, for she is the only person he would like to marry. It comes to Jordan that Grace is ironically the only one who can satisfy his mother’s often hinted requirement as she is an excellent needlewoman. Grace becomes a mysterious femme fatale who has enthralled Dr. Jordan deeply. He whispers to himself, “*Murderess, murderess.*” Though it is madness and a perverse fantasy to marry a suspected murderess, he erotically imagines himself breathing it as he draws Grace towards him, pressing his mouth against her (AG 389). However, seeing her “sit calmly as a marble Madonna” and stitch at her sewing with cunning look in the corner of her eye, he has the overwhelming temptation to slap her. That is, Grace has transferred herself from the *object* to the *signifier*, and become “fixated in the phallic identification” (Nasio 117).

During the clinical treatment, Dr. Jordan has tried to uncover the secret Grace has concealed from him. Ironically, “It is not Grace Marks who uncovers *her* secrets but Simon Jordan *his*” (Wisker 56). In the hypnotic scene, he warns himself that “he must keep from reading his mind” (400). As an advocate for scientific methods, Dr. Jordan has never believed in the clairvoyant power of those under hypnosis before, but he believes them before the coming hypnosis (AG 400). It shows that he has doubt about his belief in science. The first question he bursts out when Grace is hypnotized

is about her sexual relations. He is eager to know whether Grace has any liaison with James McDermott and whether she has been sexually harassed by Mr. Kinnear, but his search for hidden sexual meanings is experienced by Grace as an intrusion. When Grace is hypnotized, he immediately asks if Grace ever “had relations” with James, knowing that this is “the one thing he most want to know” (AG 399). The intrusion triggers off Grace’s “defensive mechanism.” Grace sees through his mind and angrily replies, “I’d press up against him, I’d let him kiss me, and touch me as well, all over. Doctor, the same places you’d like to touch me, because I can always tell, I know what you’re thinking when you sit in that stuffy little sewing room with me” (AG 400). Moreover, when Dr. Jordan identifies himself with Grace’s possible lover, doubts Grace’s possession by Mary as a fake one intending to deceive everyone, and deems heterosexuality a natural tendency, he provokes Grace’s “mechanism of anguish.” As a hysteric, Grace regards herself as an object of desire of the Other through assuming different identities, a murderess, a victim, Mary under the pretense of false memory, and the split personality on the condition that she is not involved in it. Grace enjoys being what Wajeman has termed, “desire of an unsatisfied desire” (87). She enjoys being the object which causes men’s desire and object of this desire. Joan Riviere points out that femininity is taken as a masquerade in “Womanliness as a Masquerade.” Grace puts on this masquerade in front of Dr. Jordan. Offering her charms, Grace captivates Dr. Jordan by provoking his desire, incites Dr. Jordan to know what causes his desire, and causes him to acknowledge her as what Wajeman has termed the, “the inaccessible object of his desire” (87). She has a fascinated attachment to Mary who is “the mystery of femininity.” For Grace, in a way, Dr. Jordan seems to be right about the entire lie, thus her outburst of anger is triggered by Dr. Jordan, who reveals to the public the fact that she is the object of his desire, which is the position she cannot endure. The fall of hysterical identifications shatters her

effort to incarnate the Other's object of desire and her position as the object through which she can obtain a sense of being. Her angry outburst in the hypnotic scene is her "passage to the act"<sup>10</sup> that is provoked by "the 'anguish' of vanishing on the face of the certainty of the jouissance attributed to the Other" (Vorus 166).

It is noticeable that Lacan doesn't merely forbid analysts from having their feelings towards their patients, and he even thinks the analyst can direct the treatment better by reflecting on these feelings. "What he condemns is not in terms of the effects felt by the analyst, but is the analyst's failure to use these affects appropriately" (Evans 30). Both Dr. Jordan and Josef Breuer fail to make use of the affects and bring the treatment to an end. In the case of Anna O., Dr. Breuer goes to the second honeymoon with his wife and later on terminates the treatment of Ann O. because he cannot handle Ann O.'s transference onto him and probably his own counter-transference onto her anymore.<sup>11</sup> Likewise, Dr. Jordan is at the end of his rope after being seen through and revealed by Grace in the hypnotic scene. He ends the treatment suddenly and goes to the Southern war without saying goodbye. Different from Freud's negative definition of transference, Lacan thinks that transference acquires its meaning through the dialectical relations between the doctor and the patient because "psychoanalysis is a dialectical experience" ("Intervention"

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<sup>10</sup> "The phrase 'passage to the act' comes from French clinical psychiatry, which uses it to designate those impulsive acts, of a violent or criminal nature, which sometimes mark the onset of an acute psychotic episode. As the phrase itself indicates, these acts are supposed to mark the point when the subject proceeds from a violent idea or intention to the corresponding act (see Laplanche and Pontalis, 1967: 5)". (Evans 136)

<sup>11</sup> Love is of particularly significance in psychoanalysis because it terminates the first analytic treatment in *Studies on Hysteria*, that of Breuer and his patient Anna O.. Breuer was so fascinated by his attractive patient Anna O. that he talked little of her in front of his wife. Breuer's wife, with jealousy, recognized her husband's fascination for Anna O. long before he did. When Breuer realized the cause of his wife's depression, he abruptly terminated the treatment. Anna O. reacted hysterically by developing a phantom pregnancy. Breuer calmed her down with hypnosis, and left "in a cold sweat" the next day with his wife for a trip to Venice (Jones 1964).



62). Instead of affects of love and hate in the positive and negative transferences proposed by Freud, Lacan describes the transference in Hegelian dialectical terms in the structure of an intersubjective relationship for “the subject is constituted through the discourse” (“Intervention” 62). Transference takes its meaning through analytical discourse or speech, which belongs to the symbolic realm. In the course of the treatment, Dr. Jordan becomes the cause of Grace’s desire as the discourse of the analyst in which the position of the agent is occupied by *object a*, as I have mentioned in the discourse of analyst. At the moment when Dr. Jordan as an analyst is transferred into “a pure *object a*,” the cause of Grace’s desire in the dialectical process has occurred. Grace’s subject is constituted through her narrative variety in the analytic process and heteroglossia in the various forms of accounts. When posing the question of the nature of transference, truth as an ideal movement in a dialectical manner should predominate (“Intervention” 63).

For Lacan, the desire of the one is inextricably entangled with the desire of the other, so that no real distinction needs to be drawn between transference and counter-transference. “Transference is nothing real in the subject of the analytic dialectic,” but is “the appearance...of the permanent modes” in which the objects of transference comes into being (“Interventions” 71). Lacan defines counter-transference as “the sum of the prejudices, passions, perplexities, and even the inefficient information of the analyst at a certain moment of the dialectical process” of the treatment (Evans 30), which is ultimately a resistance of the analyst. Counter-transference is inevitable. The analyst’s role is primarily to set in motion the dialectical process of transference and counter-transference, not as an end itself but as a means of breaking analytic deadlock: “the transference is nothing real in the subject other than the appearance, in the moment of stagnation of the analytic dialectic, of the permanent modes according to which it constitutes its objects” (“Interventions” 71).

Interpreting the transference is thus merely a “ruse to fill in the emptiness of this deadlock” (“Intervention” 71). And “while it may be deceptive, this ruse serves as a purpose by setting off the whole process again” (“Intervention” 71). With reference to Lacan’s discussion on pure dialectician in the transference, I try to see Grace’s case from a different perspective. On the surface, Grace is jealousy of Nancy’s affair with their employer, which makes Nancy transgress the boundary and adopt the role of mistress who commends Grace as a servant. The truth is that she is working out for what she is in Nancy’s place. It is only through the complicity of Grace herself, such as remaining silent about Mr. Kinnear’s advance on herself, that allows the affair to carry on. When finding Nancy’s pregnancy and Mr. Kinnear’s interest in her, the anxiety overwhelms her because she does not want to resolve the mystery of her femininity or accept herself as an object of desire for Mr. Kinnear. Lacan defines transference, which Freud sees as “the concept for the obstacle on which the analysis broke down” (“Interventions” 64), as “being the operation of the analyst who interprets it” (“Interventions” 65). The development is “the plan where truth asserts itself” (“Interventions” 65). For Lacan, an analyst should handle transference as a “pure dialectician” to maintain “analytic neutrality.” Due to his counter-transference, Dr. Jordan keeps probing to the love affair which Grace might have with her employer, Dr. Jordan fails to make use of the ruse of transference to lead Grace “to the object of her real interest” (“Intervention” 71), not so much Grace’s desire for her employer, but rather “the mystery of her bodily femininity” (71) that intrigues Grace’s jealousy or her possible crime. Because he fails to handle transference as a pure dialectician, Dr. Jordan cannot maintain his analytic neutrality or keep the dialogic process going.

#### D. Dr. Jordan’s Misstep

Earl G Ingersoll has pointed out, “the grounding of Simon [Dr. Jordan] as a

forerunner of Freud may lead us to surmise temporarily that these segments ‘spoken’ by Grace may be like an analyst’s recollection of an analyst” (389). Grace observes that Dr. Jordan writes down her dream, but she cannot be certain, “because I never see what he writes down; and sometimes I imagine that whatever he is writing down, it possibly be something that has come out of my mouth” (AG 243). From the beginning, Grace has noticed that Dr. Jordan is certainly making a record of what she is saying during their meetings, “He asks a question, and I say an answer, and he writes down” (AG 68). She pays careful attention to whether Dr. Jordan jots down what she just says or not and adjusts her narration to see whether Dr. Jordan will write that down. “As long as I say something, anything at all, Dr. Jordan smiles and writes it down, and tells me I am doing well” (AG 69). She manipulates Dr. Jordan to bring in various vegetables she loves, and sometimes returns the favor by inventing some stories he is interested in. While Grace sees that Dr. Jordan is depressed, she would invent a dream just to brighten him up. Grace is aware of Simon’s interest in her dreams and is willing to make up dreams for him in order to please him. “I told him I’d dreamt about flowers; and he wrote that down busily.... But I did not say that they were made of cloth, nor did I say when I had seen them last; nor did I say that they were not a dream” (AG 242). Grace gets her pleasure from delivering an entertaining narrative for Dr. Jordan, who in turn has been feverishly making notes: “It does my heart good to feel I can bring a little pleasure into a fellow-being’s life; and I think to myself, I wonder what he will make of all that” (AG 281). In terms of taking notes during the meetings, in “Recommendations to Physicians Practicing Psycho-analysis,” Freud has said that the taking of notes during analytic sessions not only makes “the unfavourable impression” on some patients but also temporarily distracts the analyst’s attention to the patient’s talking.

Freud advises that analysts avoid taking the notes in front of the patients in order

not to “directing one’s (the patient’s) notice to anything in particular and in maintaining the same ‘evenly-suspended attention’” (Freud, 1912e:111). Therefore, Dr. Jordan should have given equal notice to Grace’s narrative without criticism or selection and given himself over completely to his ‘unconscious memory’” (1912e:112), and write them down from memory in the evening after meeting with Grace. Or he can get Grace to repeat her dream to him after she has related them, so that he can fix them in his mind as Freud does. That is, “he should simply listen, and not bother about whether he is keeping anything in mind” (112). The importance of “listening” of the analyst cannot be overemphasized. David Nasio also stresses that the patient’s symptoms disappear if the analyst’s listening takes on a symbolic value, as “the analyst’s listening integrates and disperses what the hysteric represses and concentrates” (24). If Dr. Jordan takes Freud’s advice, within the framework of transference based on the unconscious, chances are that his silent and unspoken analytic listening can reconcile Grace’s resistance.

In terms of resistances of the patient, Freud says that the patient’s recovery depends primarily on the interplays of forces in the patient. The patient’s personality is the determining factor. Grace’s caution and self-restraint are unavoidable, whose resistance holds back from her consciousness, and she illustrates matters selectively and distortingly. For a hysteric, “the process of repression remains as the core of the riddle” (qtd. in *Storms*, Green 68). Unable to solve the riddle, Dr. Jordan makes mistakes in eagerly pushing Grace to collection her memories or thinking over the period of her time in the Kinnear’s. Above all, he makes a big mistake in taking Grace as one of his objects of fantasy, which is detrimental to his emotional life and to the treatment. Hence, he is lost in the labyrinth of Grace’s narration and cannot recognize the resistance which appears in Grace’s tone. In order to recognize the resistance, Dr. Jordan must retain his “emotional coldness” and sit there “in a non-intrusive way”

rather than let his emotion be involved too much. By retaining his emotional coldness, Dr. Jordan might detect that Grace perceives him as a male seducer, and he may invite Grace to describe in detail what he is like in her eyes. By recognizing her own transference, Grace may experience something uncanny in putting Dr. Jordan in the position of her father, her master and her previous seducer. In *Survival*, Atwood writes, “[A]cknowledging the truth of your situation is always preferable to concealing it” (75). If Dr. Jordan wishes to cure Grace, he has to let Grace face up to the traumatic elements of the truth and remove the resistance by powerful forces in Grace’s psyche. The layers of deceit and disguise that censorship and repression have left in Grace’s mind have to be stripped away. What lies hidden deep down in the unconscious has to be raised to the light of the consciousness. This would encourage Grace to think over her relationships with Mr. Kinnear in conscious thought and verbal expression rather than in hallucinatory recollection, so as to bring up the truth about the murders. Dr. Jordan should facilitate “the process by which conscious ‘remembering’ takes the place of repeating” (Lear 139) rather than get himself lost in the repeating story. During the trance scene, Dr. Jordan may adopt a non-aggressive, non-erotic openness or might well say nothing or ask a smart question, rather than ask an offensive one.

From Lacan’s perspective, the analyst should handle the transference as a “pure dialectician” to maintain “analytic neutrality” (“Interventions” 72). Dr. Jordan must keep alive in a neutral manner the “truth” of dialectical movement and reversal inherent in the discourse. Dr. Jordan should adopt “a positive non-acting with a view to the ortho-dramatization of the subjectivity of the patient” (“Interventions” 72). Grace manipulates, but he must look on: by non-acting, he is involved. Lacan suggests that the analyst’s “own particularity” be *integrated* into the analytic progress “through the projection of his past into a discourse in the process of becoming” (“Interventions” 72). Dr. Jordan should be involved in the process, where he resides in

the discourse. This is similar to what David Nasio calls “visual listening” : the analyst “not only forgets his ego but *looks at what he is listening to*” (72). “This phenomenon of listening transformed into vision” (Nasio72) is what Dr. Jordan should have practiced in dealing with Grace’s “transference.” First, he listens to Grace’s accounts; then, “as he listens, he must forget his ego; then he becomes the material sound of the spoken words; and, finally, he perceive visually the unconscious origin of what he hears” (Nasio 72). His mental gaze and interpretation may be considered to be “the return of the patient’s repressed” (Nascio 73). That is, Dr. Jordan looks at what Grace desires and fulfills the desire of the analytic relation itself or that of “the unconscious transference” (Nasio 73).



## Chapter Five The Conclusion

In this thesis, I have read *Alias Grace* within the framework of psychoanalysis, as the reading of literature with psychoanalytical approach can be seen in Ruth Parkin Gounelas' "[T]he Subject of Hysteria" in *Literature and Psychoanalysis: Intertextual Reading*, whose method inspires me to read the novel as a case of hysteria. Following her methodology of the intertextual reading of literature and psychoanalysis, I have considered Grace as a hysteric in terms of psychoanalytical theories, especially those of Freud's and Lacan's. Reading *Alias Grace* as a fragment of an analysis of a case of hysteria, I have illustrated the etiology of Grace's hysteria and symptoms, Dr. Jordan's proto-psychoanalytic techniques, Grace's and Dr. Jordan's dreams. Transferring from Freud to Lacan, I have shown how Lacan's concepts of four discourses and hysterical identification can be applied to Grace's case, and how transference and counter-transference occur in the analytic situation, which induces the termination of the treatment.

Grace's life after the end of the treatment is worth keeping track of in the conclusion.

Amazing Grace! How sweet the sound

That saved a wretch like me!

I onces lost, but now I'm found,

Was blind but now I see.

I hope I was named after it. I would like to be found. I would like to

see. Or to be seen. (qtd. in *Alias Grace* 379)

Late in the novel, Grace quotes this hymn "Amazing Grace," the lyrics' author John Newton is a slave-ship captain whose conversion leads him to turn his ship back to Africa, which is a response to Grace's traumatic sea voyage to Canada and the name

Grace is named after it. The hymn touches on many themes in Grace's life, including "Grace's unexpected release from prison, the blindness of her amnesia, the extent to which so much of her story and her self is lost to her" (Lovelady 60). Through the hymn, Grace expresses her desire for getting everyone's attention, "I would like to be found. I would like to see. Or to be seen" (AG 379). Upon hearing her pardon, Grace thinks, "I have been rescued, and now I must act like someone who has been rescued. And so I tried" (AG 444). A hysteric tries to get people's attention through somatic conversions and illness, so that it is very strange for Grace to realize that she "would not be a celebrated murderess anymore" (AG 443).

Reading the novel as a fragment analysis of a case of hysteria, it is obvious that Grace's case has terminated prematurely and she is not cured at all. Twisting the meaning of forgiveness, as a hysteric, Grace keeps on blaming others' for the misery she has undergone,

The truth is that very few understand the truth about forgiveness. It is not the culprits who need to be forgiven; rather it is the victims, because they are the ones who cause all the trouble. [...]

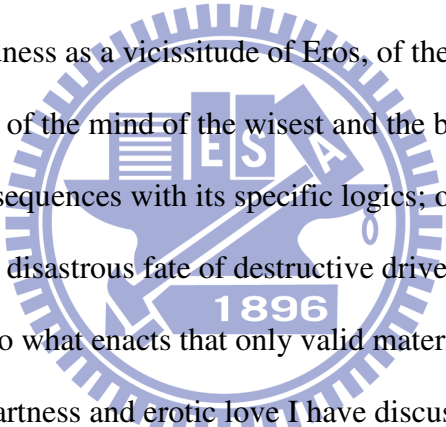
I had a rage in my heart for many years, against Mary Whitney, and especially against Nancy Montgomery; against the two of them both, for letting themselves be done to death in the way they did, and for leaving me with the full weight of it. For a long time I could not find it in me to pardon them. [...]. (AG 457)

She regards herself as a victim and does not want to take any responsibility for what have happened. Finally, Grace successfully changes her position from a convicted murderess to that of a victimized survivor. Despite Dr. Jordan's failure to understand Grace, he is the only person who truly tries to listen to Grace after her arrest. After Dr. Jordan stop visiting her altogether, Grace continues to plan her story in the mind and



anticipates his desires, as if he were still listening, “what should I tell him, when he comes back? He will want to know about the arrest, and the trail [...]. I could say this” (AG 353). Like Scheherazade, Grace tells stories to keep herself alive, but without an audience after Dr. Jordan’s has left. Receiving no visit from him, Grace continues to address him mentally for decades, even after her release from prison and her marriage, “I’ve written many letters to you in my head” (AG 39). As a hysteric who cannot easily trust anyone, Grace has made Dr. Jordan her imagined confidante to whom she describes her new life and her blames on the others, “as I have no close woman friend I can trust, I am telling you about it, and I know you will keep the confidence” (AG 456). Like Dora, Grace writes when the man [Dr. Jordan] does not come back, “writing gained in importance, as being the only means of communication with his absence” (Freud, 1905e [1901]: 40). The gaps in her memory concerning the murder are still a mystery for us even at the end of the novel, and it seems nobody has the knowledge to answer the questions Grace leaves us. Although she no longer is bound by her history as a celebrated murderess, she is an escaped hysteric who is still tormented by her traumatic memories, including her childhood experiences and her traumatic sufferings from the murders, and thus she is “troubled” (AG 456) by Jamie’s constantly insistence that she re-memorizes the murders over and over, performing the role of McDermott’s victim for him. As an uncured hysteric, she plays her trick under a new name in a new society. After getting married to Jamie, who, like Dr. Jordan, is eager to know Grace’s relations with James, persuades Grace to tell him the story of what happened to both of them over and over again. Jamie takes the place of Dr. Jordan’s position, as Grace tells Dr. Jordan in her mind that Jamie “hear[s] about my [Grace’s] sufferings and my hardships in life,” except that “you would write them down as well” (AG 457). It shows, as an uncured hysteric, she is not satisfied with Jamie’s response.

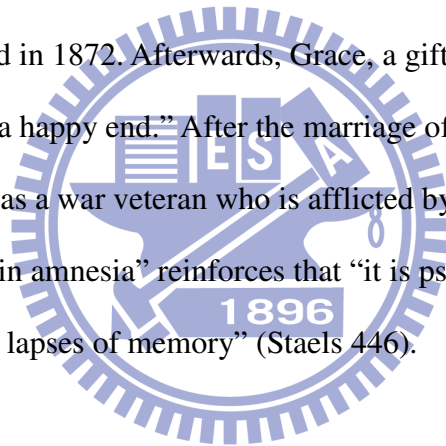
In discussing the difference between “madness” and “psychosis,” Green points out that “because of the symptoms by which they (the hysterics) expressed their unhappiness, uneasiness, anxieties, and despair, in other word, their passion. *That* made them look like mental patients with their pains, paralyses, visions, hallucinations, somnambulism, and so on” (88). The truth is that “they (the hysterics) have been aware of their irrational behavior, of the importance of passions in their judgments, their choices, the changes of their moods, the conduct of their life,” (Green 88) as we have seen from Grace’s case. André Green argues that “instead of seeing them as psychotics, to define them as ‘mad’” (88). Green discusses what the difference between madness and psychosis is, he proposes


 to consider madness as a vicissitude of Eros, of the erotic drives, which can always get hold of the mind of the wisest and the best adjusted with unforeseen consequences with its specific logics; on the other hand, psychosis is the disastrous fate of destructive drives, not only as an act of despair, but as to what enacts that only valid material omnipotence. (88)

Judging from Grace’s smartness and erotic love I have discussed in the previous chapters, it is clear that Grace is in the state of “madness” rather than that of “psychosis,” as she is mad about being loved by her father and Dr. Jordan. Also, she is mad about loving them in return. After being released, her wish to be loved is finally realized in her marriage. Although Grace not only challenges and defeats the authority but also successfully achieves that purpose and gets her freedom, she is not happy about the news of her pardon after being confined in the prison for almost thirty years. “[T]he Pardon appeared to me [Grace] as a death sentence” (AG 444), she is afraid of being “turned out into the streets, alone and friendless, to starve and freeze to death in a cold corner” (AG 444), which expresses her desire “to live” after being released from the prison.

Returning to the question of madness, Grace is in fact completely crazy from the Victorian point of view, which Atwood has discussed in “Ophelia Has a Lot to Answer for,” whose discussion I have mentioned in Chapter Two. Reading the novel as a case of hysteria, I conclude that Grace is regarded as a “madwoman” because of the symptoms by which she expresses her unhappiness, uneasiness, anxieties, and despair, in other words, her passion. Her somatic conversions make her look like a mental patient or a psychotic. Despite that most of the people regard Grace’s madness as a fraud and her as an imposture who manages to deceive everyone with her madness, their accusation can not stand as such in terms of Green’s statement. With reference to Green’s viewpoint, I propose, instead of seeing her as a psychotic, to define her as “mad,” Grace has been aware of her irrational behavior, of the importance of passions in her inclinations, judgments, choices, the change of her moods, and the conduct of her life. As Lovelady has noticed, *Alias Grace* calls attention to the common female narrative ends of “madness,” “marriage,” or “death” by invoking all three as the endings of *Alias Grace* (57). As a gifted hysteric, Grace is eager to explore “the mystery of femininity” and desires for love. Freud has indicated that “the possibility of a hysteria being cured by marriage and normal sexual life” (1905a: 68). Grace emigrates to North America, assumes another “alias,” gets married, and probably “gets pregnant” after getting her freedom. Atwood smartly places madness in the middle of the final chapter, describes the life of the middle-aged newlywed, and then leads the novel to Grace’s another ambiguous discourse of hysteria: one is the expecting of having her first child born a few months later, and the other is the possibility of having a tumor which will kill her at least. “It is strange to know you carry within yourself either a life or death, but not to know which one” (AG 459). She evasively tells the readers that she “probably” gets pregnant at the age of forty-five. Only after the pregnancy can Grace resolve the mystery of femininity.

Like Ophelia, whose madness is caused by “a combination of thwarted love,” (“Ophelia”<sup>3</sup>), Grace is a woman trapped and silenced under the weight of impossible erotic conflict, whose madness can also be seen as a vicissitude of the erotic drive, showing that she wants “to live and to love” (Green 88). Similar to Dora, her *motives of illness* are obvious in that “the illness is related to the attainment of some external aim” (Freud, 1905e [1901]: 46). Grace’s “intention to be ill” clearly aims not to touch her psychoanalyst’s heart and to let him plead “not guilty” for her but also to re-enact her thwarted love in her relationships with Dr. Jordan. Her hysterical illness is not so much her strategy to get freedom as the manifestation of her desire to re-enact thwarted love in the analysis and in her marriage. “I was to have a happy ending” (AG 446), says Grace, released in 1872. Afterwards, Grace, a gifted hysteric, gets married to Jamie Welsh and “has a happy end.” After the marriage of his gifted hysteric, Dr. Jordan’s “final condition as a war veteran who is afflicted by combat neurosis, a form of hysteria which results in amnesia” reinforces that “it is psychological trauma which lies at the root of Grace’s lapses of memory” (Staels 446).



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