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The Corpus of the Madwoman:
Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness

ELIZABETH J. DONALDSON

In this essay, I position Gilbert and Gubar’s quintessential madwoman in the attic, Bertha Mason, as the “maddened double” of second-wave feminist criticism. Building on the legacy of previous feminist interpretations of the madwoman, I propose a new disability studies reading attuned to the connections between physiognomy and madness in Jane Eyre. By departing from the established “madness as rebellion” narrative, I seek to re-position the text and to open a theoretical space for the analysis of embodiment and mental illness using feminist science studies and theories of the body along with the insights of disability studies.

Keywords: Brontë, Charlotte / disability studies / feminist literary criticism / Jane Eyre / madness / mental illness / physiognomy

Over twenty years ago, Sandra Gilbert and Susan Gubar published The Madwoman in the Attic, a now classic text of early feminist literary criticism (1978). Basing their title on the character of Bertha Mason, a madwoman secretly imprisoned in her husband’s attic in Charlotte Brontë’s Jane Eyre ([1847] 1981), Gilbert and Gubar argued that the “maddened doubles” in texts by women writers of the nineteenth and twentieth century “function as social surrogates,” projecting women writers’ anxiety of authorship in a male-dominated literary tradition (1978, xi). Much like the determined women who fueled feminism in the 1960s and 1970s, these madwomen rebel against the strictures of patriarchal authority. Since then, the figure of the madwoman as feminist rebel has had a sustained cultural currency. As Elaine Showalter notes, “To contemporary feminist critics, Bertha Mason has become a paradigmatic figure” (1985, 68). Furthermore, as Showalter also points out, feminist critics have a sympathy for Bertha Mason that, ironically, Charlotte Brontë does not seem to share (68–9).

Many factors, not the least of which is the proliferation of feminist criticism and reading practices, have contributed to Bertha Mason’s paradigmatic status and to contemporary readers’ newfound sympathy. Perhaps most notably, Jean Rhys’s Wide Sargasso Sea (1985), a prequel to Jane Eyre, has influenced a generation of readers’ responses to Brontë’s character. Rhys’s novel tells the story of Bertha “Antoinette” Mason’s life in Jamaica before she marries Rochester and moves to England.1 Rhys’s
novel gives voice to the previously silent madwoman and depicts what some might consider the causes of her madness—a difficult childhood, a dangerous social climate, and her husband's ultimate betrayal. In her depiction of the events that precede Antoinette's imprisonment in the attic, Rhys departs in important ways from Jane Eyre's configuration of madness, which I will discuss in greater detail below. By stressing the causal factors that contribute to Antoinette's emotional state, Rhys also makes it easier for readers to understand and to identify with the originally enigmatic and inarticulate character.

Another factor significantly affecting contemporary readers' sympathy for Bertha Mason is the changing cultural thinking about psychiatry, mental illness, and the asylum from the late 1960s to the present. Psychiatry, feminist critics pointed out, unfairly pathologizes women. Mental illness, according to the anti-psychiatry movement, is a myth. The asylum, Michel Foucault explained, is primarily a form of institutional control. The reception of Rhys's re-evaluation of Bertha Antoinette Mason is in part a product of this particular historical moment in England and the United States. In this context, Bertha Mason, and the figure of the madwoman in general, became a compelling metaphor for women's rebellion.

Yet this metaphor for rebellion has problematic implications. Although Gilbert and Gubar warn readers against romanticizing madness, the figure of Bertha Mason as a rebellious woman subverting the patriarchal order by burning down her husband's estate has a certain irresistible appeal. Gilbert and Gubar's text and Rhys's novel are, of course, not the only texts that figure madness as rebellion. In Women and Madness, Phyllis Chesler views women's madness as a journey of mythic proportions: "women have already been bitterly and totally repressed sexually; many may be reacting to or trying to escape from just such repression, and the powerlessness it signifies, by 'going mad'" (1972, 37). In the face of such repression, "going mad" might be considered the only sane response to an insane world (Deleuze and Guattari 1977). The ability to "go mad" also functions as a class marker of a higher sensibility: this sort of psychological depth has "the glow of transgressive glamour" (Pfister 1997, 176). For example, in Mockingbird Years, Emily Fox Gordon describes her stay at a mental hospital as "the fulfillment of an adolescent fantasy":

The status of mental patient would invest me with significance... We had seen the movie David and Lisa [Perry and Heller 1962], a tearjerker about a love affair between two adolescent mental patients, and we were smitten with the romance of madness. I think we believed that if we cultivated dissociation we would become as beautiful as Lisa: our complexions would turn luminous, our faces grow expressive hollows, our hair lie flat and glossy. We spent our days edging cautiously around the grounds, taking drags on shared cigarettes and muttering "a touch can kill," hoping to be noticed by the patients, drawn into their glamorous orbit by the magic of proximity. [2000, 5]
Oprah Winfrey’s recent new production of David and Lisa also illustrates the enduring romantic appeal of madness (Winfrey and Kramer 1998).

However it is romanticized, madness itself offers women little possibility for true resistance or productive rebellion. As Marta Caminero-Santangelo argues in her aptly titled, The Madwoman Can’t Speak: Or, Why Insanity Is Not Subversive, Bertha Mason’s madness only “offers the illusion of power” (1998, 3). Using both fictional madwomen and women’s biographical accounts of asylum experiences, Caminero-Santangelo reveals the limited political efficacy of the mad subject. Similarly, Shoshana Felman writes:

> Depressed and terrified women are not about to seize the means of production and reproduction: quite the opposite of rebellion, madness is the impasse confronting those whom cultural conditioning has deprived of the very means of protest or self-affirmation. Far from being a form of contestation, “mental illness” is a request for help, a manifestation both of cultural impotence and of political castration. (1997, 8)

Furthermore, and this is a crucial point for my argument here, using madness to represent women’s rebellion has undesirable effects due primarily to the inevitable, as the previous quotation illustrates, slippage between “madness” and “mental illness.” While Gilbert and Gubar make it clear that their discussion concerns madness as a metaphor, not mental illness in the clinical sense, this distinction proves impossible to maintain. Fictional representations of madness have a way of influencing clinical discourses of mental illness and vice versa. As Showalter has demonstrated, the figure of Bertha Mason circulated in precisely this way during Brontë’s time: “Bertha’s violence, dangerousness and rage, her regression to an inhuman condition and her sequestration became such a powerful model for Victorian readers, including psychiatrists, that it influenced even medical accounts of female insanity” (1985, 68).

Why is the association between women’s rebellion/madness and mental illness undesirable? In some ways it isn’t. Beginning in part with this insight, feminist critiques of psychiatry and psychology have provided us with necessary and important analyses of the gendered politics of psychiatric diagnoses: it is certainly true that women have been disproportionately and in some cases even falsely diagnosed as mentally ill. And it is certainly true that psychiatry and psychiatric hospitals are in dire need of outside critics. However, at this particular historical moment, one in which disability studies and feminist disability studies are coming of age, I believe that the madness/rebellion configuration subtly reinforces what has become an almost monolithic way of reading mental illness within feminist literary criticism and perhaps in the larger culture of women’s studies scholarship. This is undesirable, I would argue, because this configuration of madness, if it remains widely accepted and uncontested, may limit our inquiry into madness/mental illness.
Indeed, one could argue, when madness is used as a metaphor for feminist rebellion, mental illness itself is erased. In *Illness as Metaphor*, Susan Sontag describes “the punitive or sentimental fantasies concocted” about tuberculosis and cancer and attempts to counteract stereotyped conceptions of these diseases (1977, 3). In comparison, the madness-as-feminist-rebellion metaphor might at first seem like a positive strategy for combating the stigma traditionally associated with mental illness. However, this metaphor indirectly diminishes the lived experience of many people disabled by mental illness, just as the metaphoric use of terms like lame, blind, and deaf can misrepresent, in ways that have ultimately harmful political effects, the experience of living with those physical conditions. As someone who occasionally acts as an advocate for people disabled by severe mental illness, I approach this subject with a certain sense of political urgency. In my experience, theories that pay attention exclusively to the social causes and construction of mad identity while overlooking the material conditions of the body, and the body as a material condition, have a limited political scope. A feminist disability studies theory of mental illness that includes the body, one which theorizes bodies as “material-semiotic generative nodes” and mental illnesses as physical impairments, would be a timely and productive way of developing the discussion of madness/mental illness within women’s studies scholarship (Haraway 1999, 208). Perhaps the most appropriate and useful way to begin thinking through a theory of embodiment and mental illness is with the paradigmatic figure of women's madness, *Jane Eyre*’s Bertha Mason.

I. Rereading the Madwoman in the Attic

A feminist disability studies reading that stresses the connections between madness and physiognomy, between the mind and body, provides us with an alternate way of conceptualizing madness in *Jane Eyre*. This alternative view restores the novel's original emphasis on the physical basis of mental illness, and in so doing seeks to complicate current constructions of madness within feminist theory. In this reading, Bertha Mason’s madness is a sociomedical condition, a secret family history of mental illness. This family history precedes and supersedes Bertha Mason’s marriage. *Jane Eyre*’s plot rests on a structure not exactly of mad doubles, but of juxtapositions between normative and non-normative bodies, between the accidental and the congenital, between masculine rationality and feminine embodiment, and between melancholy and raving madness. Reading the body is a central practice in *Jane Eyre*: madness gets its meaning from the novel’s underlying logic of physiognomy.

While the novel, to a certain extent, deconstructs ideals of beauty and the perfect body, it simultaneously is heavily invested in the notion of
physiognomy, of reading moral character through facial features. Jane Eyre's rival for Rochester's affection, the "beautiful Miss Ingram," for example, is described as "moulded like a Diana. . . . The noble bust, the sloping shoulders, the graceful neck, the dark eyes and black ringlets were all there" [161]. Edward Rochester describes his supposed rival for Jane's affection, St. John, as "a graceful Apollo . . . tall, fair, blue-eyed, and with a Grecian profile" [422]. Yet these classically beautiful bodies enclose flawed characters who are not successful in their matches. St. John rejects the perfect beauty of Rosamond and is in turn rejected by plain Jane. Blanche Ingram's face and her facial expressions contradict her perfect form: "but her face? Her face was like her mother's; a youthful unfurrowed likeness: the same low brow, the same high features, the same pride . . . her laugh was satirical, and so was the habitual expression of her arched and haughty lip" [161]. Beauty may be skin deep, but expression and gesture are visually evident on and through the surface of the body and, if read correctly, are accurate manifestations of inner moral character and identity.

The narrator herself cannot escape becoming the object of the structuring narrative of physiognomy. As Miss Ingram's mother remarks: "I am a judge of physiognomy, and in hers [Jane's] I see all the faults of her class" [166]. Rochester, a much more sensitive reader than the Ingrians, also reads Jane's body, more precisely her head and face. Borrowing from the terms of phrenology, the study of character based on the shape of the head, Rochester at one point describes Jane as having "a good deal of the organ of Adhesiveness" [236; see Fig. 1].

According to phrenology, inner organs of the brain are associated with specific personality traits and cognitive skills. The over- or under-development of these inner organs can be read through the external shape of the skull and its protrusions and recesses (Davies 1955, 4). Adhesiveness, sometimes depicted as two sisters embracing (Fig. 2), signifies social bonds and friendship. 9 The offhand reference to "the organ of Adhesiveness" is never explained in Jane Eyre, which seems to suggest the audience's familiarity with this term. In keeping with this emphasis on the continuity between the external head and the internal mind, Rochester, while posing as a gypsy fortuneteller, quickly throws aside the pretense of reading Jane's palm in favor of reading her countenance: "what is in a palm? Destiny is not written there . . . it is in the face: on the forehead, about the eyes, and in the eyes themselves, in the lines of the mouth" [185–6]. 10 Jane, previously skeptical of the gypsy's powers, then states, "Ah! Now you are coming to reality . . . I shall begin to put some faith in you presently" [186]. Both Jane and Jane Eyre the novel partake in a deep abiding faith in the discerning powers of physiognomy.

Physiognomy was also used to discern madness and idiocy, two mental states that were commonly discussed in tandem. John Caspar Lavater's Essays on Physiognomy [1789] introduced to many English readers a
connection between facial expressions and insanity. By the time Brontë was writing *Jane Eyre*, Alexander Morison's depictions of madness in texts like *The Physiognomy of Mental Disease* (1840) were familiar and "greatly influential" [Gilman 1982, 100].

When Jane first sees Richard Mason, the madwoman's brother, she notes:

> he was a fine-looking man, at first sight especially. On closer examination, you detected something in his face that displeased; or rather, that failed to please. His features were regular, but too relaxed: his eye was large and well cut, but the life looking out of it was a tame, vacant life—at least so I thought. [178]

On second sight, Jane, who fittingly has a distinctive talent for sketching revealing portraits, remarks, "I liked his physiognomy even less than before. . . . For a handsome and not unamiable-looking man, he repelled me exceedingly" [178–9]. Immediately juxtaposed with Jane's examination, the Ingrams's perceptions of Richard's features differ significantly: "a beautiful man," "a pretty little mouth," "what a sweet-tempered forehead," "such a placid eye and smile!" [179]. The Ingrams, of course, are not good judges of character. Jane's more accurate evaluation of Richard's physiognomy is verified later when we learn about Richard's congenital legacy. Richard is Bertha's brother, a Mason, and as such is more than likely destined to hereditary madness or idiocy according to Rochester: "he has some grains of affliction in his feeble mind . . . [but he] will probably be in the same state [as his siblings] one day" [291].

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**Fig. 1. Numbered and listed phrenological organs.**

From Samuel R. Wells's *New Physiognomy* [1871]. [Courtesy of the Library Company of Philadelphia.]
The novel's assumptions about biological destiny are also explicitly reinforced in the discussions about Rochester's ward Adèle, "the illegitimate offspring of a French opera-girl [Céline]" (135). Once Rochester discovers that his mistress Céline is having an affair, Adèle's paternity is cast forever in doubt: "the Varen, six months before, had given me this fillette Adèle, who she affirmed, was my daughter; and perhaps she may be, though I see no proofs of such grim paternity written in her countenance: Pilot [my dog] is more like me than she" (135). Though Jane searches Adèle's face for a resemblance to Mr. Rochester, she "found none; no trait, no turn of expression announced relationship" (136). In the absence of a confirmed, legitimated paternity, Adèle is defined by her matrilineal origins—and she is indelibly, innately French. Jane sees in Adèle "a superficiality of character, inherited probably from her mother, hardly congenial to an English mind" (136); "there was something ludicrous as well as painful in the little Parisienne's earnest and innate devotion to dress" (160). Rochester explains: "I am not her father; but hearing that she was quite destitute, I e'en took the poor thing out of the slime and mud of Paris, and transplanted it here, to grow up clean in the wholesome soil of an English country garden" (135). Adèle's French nature is
checked by her English nurture: “As she grew up, a sound English education corrected in a great measure her French defects” (431). For Adèle, female is to male as nature is to nation. And the nation is always England. Embodiment and the imperatives of the physical are a matrilineal legacy. Enculturation and Englishness become patrilineal prerogatives. That Adèle is somehow tainted by her mother is in keeping with the novel’s anxious relationship to female and to disabled bodies.

The madness of Bertha Mason, “the true daughter of an infamous mother,” is similarly congenital (291). Grounded in her body, her madness is contextualized as a matrilineal legacy of national, ethnic identity and physical disorder: “Bertha Mason is mad; and she came of a mad family; idiots and maniacs through three generations! Her mother, the Creole, was both a madwoman and a drunkard!—as I found out after I had wed the daughter: for they were silent on family secrets before” (277). Yet at the same time, the gestation of her madness is specifically linked to her drinking and to her sexual appetites—failures of the will, not the body, in Rochester’s opinion. Therefore, despite Bertha Mason’s fated madness, Rochester still holds her morally accountable for her illness. For example, at one point Jane upbraids Rochester for speaking of his wife with contempt, “Sir . . . you are inexorable for that unfortunate lady: you speak of her with hate—with vindictive antipathy. It is cruel—she cannot help being mad” (286). However, according to Rochester, Bertha Mason can help being mad, although to a limited extent: “her excesses had prematurely developed the germs of insanity” (292). Rochester also, for what it is worth, distinguishes the source of his hatred: he claims not to hate her for being mad, but for those excesses.

Bertha Mason would be recognizable to Victorian readers as an exemplar of “raving madness,” depicted by Cauis Gabriel Cibber’s well-known sculpted figure over the gates of Bethlem “Bedlam” Hospital (Gilman 1982, 17–9; see Fig. 3, figure on the right). Cibber’s figure is restrained by chains, a common image in connection with raving madness or mania. Rochester himself mimes key features of this image in a game of charades earlier in the novel: “Amidst this sordid scene, sat a man with his clenched hands resting on his knees, and his eyes bent on the ground. . . . As he moved, a chain clanked; to his wrists were attached fetters. ‘Bridewell!’ exclaimed Colonel Dent, and the charade was solved” (172–3). Bridewell refers simultaneously to the infamous prison and to the secretly imprisoned bride Bertha, as well as to Rochester who is bound to her by marriage. Paraphernalia of the prison, the fetters and chains, were all-too-common paraphernalia of the asylum, despite the attempts of reformers. For example, Edward Wakefield’s influential 1815 broadside publicized the case of William Norris, who had been fastened to a short, foot-long chain by the neck and warehoused in Bethlem Hospital for over ten years (Gilman 1982, 153–5). However, by the time Jane Eyre was first
published in 1847, only a handful of English asylums had discontinued the practice of mechanically restraining patients (Shortt 1986, 128). In the novel, restraint and isolation are presented as necessary conditions of raving madness. Once Bertha is declared mad, she, "of course," must be sequestered: "since the medical men had pronounced her mad, she had, of course, been shut up" (292). When Rochester publicly reveals Bertha’s existence, he restrains her while Jane and others watch: "he mastered her arms; Grace Poole gave him a cord, and he pinioned them behind her: with more rope, which was at hand, he bound her to a chair" (279). Even if Jane Eyre should happen to go mad, she will not escape the requirements of restraint, as Rochester explains:

Your mind is my treasure, and if it were broken, it would be my treasure still: if you raved, my arms should confine you, and not a strait waistcoat—your grasp, even in fury would have a charm for me: if you flew at me as wildly as that woman did this morning, I should receive you in an embrace, at least as fond as it would be restrictive. (286)
Whether confined by a straitjacket, also known as an "English camisole," or by Rochester's fond embrace, the mad and manic body appears to warrant physical restraint (Gilman 1982, 153).

Above the gates of Bedlam, Cibber's sculpture of raving madness faced its counterpart, melancholy madness (see Fig. 3, figure on the left). Similarly, once Bertha dies in the fire that she begins, Rochester becomes her would-be mirror image, the second half of Cibber's mad dyad. After the fire, Rochester is "blind, and a cripple": he is missing one eye, has limited sight in the remaining eye, and has had one hand amputated (410). Though Rochester's blindness and missing hand might have seemingly little to do with Bertha's madness, these physical alterations mark him as an icon of melancholy madness. In Cibber's sculpture, the clenched hands and chained wrists of the raving madness figure are juxtaposed with the melancholic's hidden hands, which almost seem to disappear at the wrist. In Seeing the Insane, Sander Gilman identifies hidden or obscured hands as a conventional element in the iconography of melancholia. Symbolizing "the melancholic's ineffectuality," the hidden hands are also a common gesture of grieving (Gilman 1982, 14). When Rochester shows Jane his amputation, his missing hand alludes to this tradition of images: "'On this arm I have neither hand nor nails,' he said, drawing the mutilated limb from his breast, and showing it to me" (417). Not only is the hand missing, permanently obscured, but the blinded Rochester also draws his hand from his breast. The gesture of hiding this absence further marks him as melancholic. Jane recognizes this quickly, "I will be . . . eyes and hands to you. Cease to look so melancholy" (416).

At her death, Bertha's disabling mental illness is transferred to the body of her husband as physical impairment and blindness, which, in turn, are deployed by Brontë to depict melancholy madness. Paradoxically, Rochester's blindness helps to make madness visible. Rochester, because of his blindness, invokes a notion of the inescapable predominance of interior vision, an interiority that threatens to separate the self from the exterior world, just as a severe mental illness might. After his impairment, Rochester retreats to the desolate Ferndean manor house, and his self-imposed exile there parallels the seclusion of Bertha Mason:

> one saw that all to him was void darkness. He stretched his right hand (the left arm, the mutilated one, he kept hidden in his bosom): he seemed to wish by touch to gain an idea of what lay around him: he met but vacancy still. . . . He relinquished the endeavor, folded his arms, and stood quiet and mute in the rain. (413)

Like an inmate in an asylum yard, Rochester's folded arms, his mute gestures, and his inability to seek cover from the rain illustrate the self-neglect and social isolation associated with melancholy madness.
In a text so occupied with looking and with the way faces look, Rochester's blindness, and his "cicatized visage" threaten to place him outside of the novel's prevailing visual economy [417]. Yet the vision of Jane keeps him firmly placed within this purview. After the fire, Rochester becomes a safely specular object, and the invisible Jane can now gaze at Rochester whenever she wishes: "in his countenance I saw a change . . . that looked desperate and brooding" [412]. Jane's narrative encourages readers not to stare but to gaze with pity upon Rochester's newly disabled body: "It is a pity to see it; and a pity to see your eyes—and the scar of fire on your forehead: and the worst of it is, one is in danger of loving you too well for all this; and making too much of you" [417].

Despite the continuity between Bertha's raving madness and Rochester's melancholy, Rochester's impairments differ in significant ways. While Bertha's madness is congenital and chronic, Rochester's is coincidental and curable. In addition to the associations with melancholy, Jane also compares Rochester's impairments to Nebuchadnezzar's temporary madness:

It is time some one undertook to rehumanize you . . . for I see that you are being metamorphosed into a lion, or something of that sort. You have a faux air of Nebuchadnezzar in the fields about you, that is certain: your hair reminds me of eagle's feathers; whether your nails are grown like bird's claws or not, I have not yet noticed. [417]

After Nebuchadnezzar has a prophetic dream of a blasted tree and the dissolution of his kingdom, he undergoes a brief period of madness that transforms him into an animal-like, subhuman figure: "he was driven from men, and did eat grass as oxen, and his . . . hairs were grown like eagles' feathers, and his nails like bird claws" [Dan. 4: 33]. Later, Nebuchadnezzar's reason returns to him. Similarly, Rochester's first marriage proposal to Jane is followed by a lightening blast that destroys a tree, foreshadowing Rochester's future punishment and paralleling Nebuchadnezzar's dream. Just as Nebuchadnezzar returns to reason, Rochester wakes from the dream of blindness and of disability. The closed eyes of the sleeping dreamer seem temporarily blinded. Imprisoning and isolating the dreamer, the dream state represents the threat of inescapable interiority, or madness. Rochester wakes—regains his sight—in time to see his newborn son and more importantly, his resemblance in his son's eyes: "When his first-born was put into his arms, he could see that the boy had inherited his own eyes, as they once were—large, brilliant, and black" [432]. Rochester can therefore verify his son's paternity by sight, in direct contrast to the inscrutable paternity of Adèle. His son's eyes reinforce the logic of physiognomy and disability in Jane Eyre: a legitimate patrilineal succession corrects the female-based legacy of disability. Rochester's
restored vision and the exchanged gaze between Rochester and his son confirms the primacy of hereditary traits and is presented as Rochester’s triumph over madness, disability, and the disabling female body. “Normalcy,” Lennard Davis notes, “has to protect itself by looking into the maw of disability and then recovering from that glance” [1997, 26].

II. Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness

Jane Eyre’s Bertha Rochester is mental illness incarnate; however, the embodied nature of Bertha’s madness, and the novel’s insistent physiognomy, often fails to register in a critical climate occupied with the notions of mental illness as primarily socially produced and of madness as feminist rebellion. A feminist disability studies reading, in contrast, demands closer attention to physical bodies and to the theories of embodiment that structure the novel. Moreover, feminist disability studies provides a framework for new and alternate ways of theorizing about mental illness from a feminist perspective.

Victorian notions of physiognomy and madness might seem far removed from the neuroscience and psychopharmacology that comprise scientific thinking about mental illness today. Yet all share a basic understanding of the brain as a territory to be mapped. Phrenologists drew comparisons between the occurrence of mental disease and the development of organs of the brain. Today magnetic resonance imaging [MRI] scans depict the enlarged brain ventricles of people diagnosed with schizophrenia, positron emission tomography [PET] scans show increased glucose metabolism in people diagnosed with obsessive compulsive disorder, and on the cellular level neuropharmacology targets dopamine receptors between nerve cells to alleviate the symptoms of severe mental illness. Although there is a certain continuity between the medical imaging processes of phrenology and modern neuroscience, there are also crucial differences, and the types of pharmaceutical interventions that psychiatry practices today are a marked departure from the moral treatment advocated in the nineteenth century.

Nevertheless, I do want to suggest that the enduring importance of medical imaging and madness might be productively linked to what Donna Haraway would call the “tropic” nature of corporealization: “bodies are perfectly ‘real,’ and nothing about corporealization is ‘merely’ fiction. But corporealization is tropic and historically specific at every layer of its tissues” [1997, 142]. Though Bertha Rochester is merely fiction, the system of phrenology and physiognomy in which Jane Eyre participates is part of the corporealization of mad bodies in the nineteenth century. One of the goals of a feminist disability studies theory of mental...
illness should be to examine these scientific tropes of the mad body. Furthermore, as Haraway suggests, it is possible to accept the “tropic and historically specific” nature of corporealization (and of medical language) while simultaneously thinking of bodies (and of mental illness) as real.

Beginning to think through mental illness using this notion of corporealization will necessitate a pivotal shift from the model of madness-as-rebellion currently in circulation within some women’s studies scholarship, and it will require a more detailed analysis of some of the central terms and concepts of disability studies. More specifically, a theory of the corporealization of mental illness demands a closer examination of the relationship between impairment and disability. The distinction between impairment and disability, the material body and the socially-constructed body, has been a crucial one within disability studies. As Lennard Davis explains: “An impairment involves a loss . . . of sight, hearing, mobility, mental ability, and so on. But an impairment only becomes a disability when the ambient society creates environments with barriers—affective, sensory, cognitive, or architectural” (1997, 506–7). What Davis describes here may be termed the impairment-disability system. Like Gayle Rubin’s configuration of the sex-gender system—the process by which biological sex is transformed into cultural gender—the impairment-disability system is the process by which biological impairment is transformed into cultural disability (1975). This configuration of the impairment-disability system has been particularly useful for people in the disability rights movement, who combat stigma and who protect the civil rights of people with disabilities: by shifting attention away from the biological [impairment] to the social [disability], one can effectively identify and address discrimination. However, while the politically strategic distinction between impairment and disability has been particularly useful, it also has its limits. On one level the impairment-disability system enacts a separation between an accidental, physical body [impairment] and a transcendent, social identity [disability]. Within the disability rights movement, the subsequent focus on the social realm privileges the notion of a transcendent civil identity and restricts further discussion about the nature of physical impairment. If impairment occurs in the body and disability occurs in society, then this posits an ideal, disembodied social subject who seems to remain intact, unaltered, even normal, despite physical impairment. The language of the Americans with Disabilities Act of 1990 evokes this false ideal: the subject [American] is the seemingly stable core that exists independently from the accidental body [with Disabilities]. However, the impairments of severe mental illness challenge the normalizing logic of this model. Using a wheelchair does not disrupt the notion of American quite so much as being delusional does. For example, although the physical barriers that exist for wheelchair users are very real and pervasive, they are quite different in nature
from mental competency requirements that restrict the abstract right to vote or to refuse medication.

Theorizing about mental illness from a feminist disability studies perspective, I argue, demands a different focus on impairment. This repositioning, because it requires a shift toward medical models of illness, is not without its risks. As Simi Linton correctly points out, medical definitions of disability in the past have functioned to keep disability "within the purview of the medical establishment, to keep it a personal matter and 'treat' the condition and the person with the condition rather than 'treating' the social processes and policies that constrict disabled people's lives" (1998, 11). Borrowing a term from Eve Sedgwick's *Epistemology of the Closet*, Rosemarie Garland Thomson also points out that medical definitions of impairments have fostered a "minoritizing" view of disability as private tragedy, rather than positioning disability as a universal problem affecting everyone (1997b, 282).

Adopting a medical model also poses other risks. Thinking about physical impairment, in particular congenital physical impairment, is often characterized by concomitant reductive assumptions about biological bodies. This is the case, for example, with Bertha Mason's madness in *Jane Eyre* and with the definitive powers attributed to pathological genes today. In order to steer clear of the pitfalls of essentialism and biological determinism when conceptualizing mental illness as physical impairment, it is useful to begin with the understanding that bodies are not simply born, but made. As Haraway explains, "bodies as subjects of knowledge are material-semiotic generative nodes. Their boundaries materialize in social interactions; 'objects' like bodies do not pre-exist as such" (1999, 208). Feminist science studies and feminist examinations of the body can offer us the conceptual modes and the critical language to begin a rigorous denaturalization of impairment within disability studies. In *Bodies That Matter*, Judith Butler revised how we think of the sex-gender system—arguing in part that sex is not the static, natural category out of which the social construction of gender emerges (1993). Similarly, reexamining the impairment-disability system, and moreover repositioning mental illness as a physical impairment, seems appropriate and particularly necessary when we speak of severe and chronic mental illnesses within the disability studies rubric.

It is possible, in other words, to begin with the premise that mental illness is a neurobiological disorder and still remain committed to a feminist and a disability studies agenda—an agenda that fights discrimination, advocates for the rights of women, seeks to dismantle ideologies of oppression, critiques medical discourses of mental illness, and demands equal access to social services and medical treatment—and it is important that feminists begin to think about mental illness in these medical and physical terms.¹⁹ The elision of the physical component of Bertha
Rochester’s madness in contemporary criticism is not coincidental, but is symptomatic of a larger, cultural anxiety surrounding mental illness. This anxiety, I suspect, emerges from an inability (or desire) to reconcile medical discourses of mental illness, which describe the symbolic failure of the self-determined individual, and competing discourses of democratic citizenship in which will and self are imagined as inviolable—a tension that lies at the heart of the impairment-disability system. For example, during the trial of Andrea Yates, who was diagnosed with schizophrenia and depression, the prosecution argued that Yates, though mentally ill, was rebelling against her domineering husband when she drowned their five children and was therefore culpable for these deaths (Parker 2002). The defense’s attempts to explain Yates’s medical condition and the delusional systems of thought caused by her mental illness failed to convince the jury, which was most likely influenced not only by the argument that Yates was a rebellious woman, but also by the popular suspicions and misconceptions surrounding mental illness. The prosecution’s use of the figure of the rebellious madwoman in this trial illustrates both the cultural currency of the feminist configuration of madness and our obligation to rigorously examine and complicate this model.

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Notes

1. In Jane Eyre, the madwoman’s maiden name is Bertha Antoinette Mason. In Rhys’s novel (1985), the parallel character’s maiden name is Antoinette Mason, née Cosway; the name “Bertha” is an invention of her husband Edward Rochester and this re-naming emphasizes the formative role the husband has in forging her mad identity in Rhys’s text. I use “Bertha” to refer to Brontë’s character, and “Antoinette” to distinguish Rhys’s character, although, for those who have read both texts, a hybrid of the two—Bertha Antoinette Cosway Mason Rochester—might best describe the composite character who emerges.
2. Showalter's *The Female Malady* (1985) details the gendered nature of ideas about insanity, and Chesler's *Women and Madness* (1972) describes a similar phenomenon. For data on the predominance of women patients in the mental health care system, see Guttentag, Salasin, and Belle (1980) and Howell and Bayes (1981). See also Ehrenreich and English's *Complaints and Disorders: The Sexual Politics of Sickness* (1973).

3. For very explicit statements of this position, see Thomas Szasz (1974; 1991). Szasz is influenced by the work, and in particular the psychiatric labeling theory, of R.D. Laing (1967; 1976).


5. The previous film, *David and Lisa* (Perry and Heller 1962), is based on the study by psychoanalyst Theodore Rubin (1961). See also the novel *One Flew Over the Cuckoo's Nest* (Kesey 1962) and the subsequent film *Forman and Douglas 1975). In *Cuckoo's Nest*, the patients fall into two categories: those in therapy appear to suffer from socially-produced ailments and are distinguished from the chronic [real?] patients, who seem to fall outside the realm of discourse, sympathy, and redemption. This is a point that Mitchell and Snyder also discuss (2000, 173–4).

6. The impressive body of work by feminist historian Nancy Tomes is a notable exception here (1990; 1994b). Tomes was an early critic of female malady interpretations of insanity and of the madness as feminist rebellion configuration.

7. My mother has had schizophrenia (a condition that was diagnosed, but never treated) for as long as I can remember. Her emotional distress, her hallucinations, and her other symptoms were formative parts of my childhood, and these symptoms continue to affect her life and mine in important ways. My brother was diagnosed with schizophrenia ten years ago. After several arrests, periods of homelessness and forced hospitalizations, he is now part of a privatized, assertive- community-treatment program where he receives discounted housing, inexpensive (as well as outdated and harmful) medication, and the much needed help of overworked and underpaid social workers. My thinking about mental illness reflects this personal history.


9. Walt Whitman was particularly proud of the development of his organ of adhesiveness. See Whitman's phrenological chart in the second edition of *Leaves of Grass* (1856), which was published by the American phrenologists Fowler and Wells (reprinted in Stern 1982, 76–7). The image of the two sisters
embracing recalls Brontë's relationship to her sisters as well as the many references in Jane Eyre to the likeness between Jane and Rochester, "familiar to me as my own face in a glass" (190).

10. Although palmistry as a science is discounted in this scene, the gesture of hands is quite significant in Jane Eyre, a point that I discuss in greater detail later.

11. In Seeing the Insane (1982), Sander Gilman has compiled an extensive collection of the icons of madness, including Lavatar's and Morison's illustrations. My discussion here owes much to Gilman's work. Also see Hartley (2001) for a history of physiognomic thinking in the nineteenth century.

12. Female bodies are often identified in tellingly reductive ways in Jane Eyre. Blanche Ingram, whose body is said to resemble Bertha Mason's, is "dark as a Spaniard" [162], and Bertha Mason's mother is simply "the Creole" [277]. After Bertha Mason's madness manifests itself, Rochester embarks on a geographic search "for the antipodes of the Creole" and chooses an international menu of mistresses—an Italian, a German, and finally the Frenchwoman who is Adele's mother [296]. See also Spivak (1985).


14. Admittedly, when Jane learns that Rochester is blind, she thinks to herself, "I had dreaded worse. I had dreaded he was mad" [410]. While this statement makes a clear distinction between blindness and madness, I would argue that the madness that Brontë is distinguishing from blindness here is raving madness, not melancholy. Jane's fear or dread of raving madness is evident from her previous reactions to Bertha and to Rochester's earlier threat to "try violence," which she prevents in part by repositioning his hand: "I took hold of his clenched hand, loosened the contorted fingers" [286-7]. In Jane Eyre, though Bertha's raving madness is certainly "worse" than Rochester's blind melancholy, they share a symbiotic relationship.

15. See Thomson for the distinction between the gaze and the stare—"the gaze intensified" that frames the body as "an icon of deviance" (1997a, 26). See also Shapiro's No Pity for a critique of the politics of pity regarding the disabled body (1993).

16. Although both Rochester's and Bertha's madness are presented as animal-like states, Rochester's madness is nevertheless nobler. Bertha crouches on all fours like a "clothed hyena" [279]. Rochester resembles "some wronged and fettered wild beast or bird, dangerous to approach in his sullen woe. The caged eagle, whose gold-ringed eyes cruelty has extinguished, might look as looked that sightless Samson" [412].
17. See also Mitchell and Snyder’s recent work on “narrative prosthesis”: a narrative’s “need to restore a disabled body to some semblance of an originary wholeness” [2001]. The birth of Rochester’s son at the conclusion of Jane Eyre, and this resemblance in and of Rochester’s eyes is in keeping with Mitchell and Snyder’s notion of “prosthetic intervention.”

18. Similarly James Wilson and Cynthia Lewiecki-Wilson have also previously noted the potential contributions that corporeal feminism might make to rhetorical studies of disability [2001, 3].

19. For many reasons, this is a difficult but necessary statement to make. Catherine Prendergast characterizes this dilemma well when she writes, “For an academic like myself with generally poststructuralist leanings, to think of schizophrenia as a ‘disease’ makes me sound at best conservative and at worst theoretically unsound. I am therefore left wandering far from my usual terrain to find language with which I can address the dilemmas and gaps in understanding that mental illness presents” [2001, 46]. To conceive of schizophrenia as a “disease,” or of severe mental illness as a physically-based impairment, does not necessarily curtail a conservative, biologically-reductive theory, however. Just as Judith Butler has complicated the notion of sex in the sex-gender system, so too can we conceive of a more complex notion of mental illness within the impairment-disability system.

References


