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MADNESS IN DRAMA

tell the story to the children in a way which suggests that her story is wistfully reflecting on her life.

²⁰ Precisely the same phrase is used in the German – 'Alles tot'. Woyzeck has experienced a similar emotion in the opening scene of the play but Marie's more recent experience is likely to be freshest in the audience's memories.

Mental illness and the problem of female identity in Ibsen

A. VELLISSARIOU

Femininity in Ibsen's plays has traditionally been a controversial area of dramatic criticism. Critics, faced with the challenge of unorthodox female behaviour, betray at best a certain puzzlement before the task of the smoothing over of contradictions into a neat logic. However, in Ibsen, female psychologies and the concomitant practices have proved to be exceedingly resistant to any attempt to assimilate them into prevalent notions of femininity. Over the years they have displayed a remarkable tenacity in their defiance of a number of tenets underlying dominant assumptions about gender roles. The easiest way out of the impasse to which critics have been led seemingly by the unreasonable behaviour of Ibsen's heroines, but in reality by their own logic, is offered by the category of 'the abnormal'. This specific term has the great advantage of encompassing a wide range of manifestations, from simple irregularities and eccentricities to downright criminal or insane behaviour. Moreover it conveniently collapses the social and the psychological into the category of the morally reprehensible without being totally identifiable with either. The very term 'abnormal' also suggests the pathological, and implicitly, the problematic area of mental health. As a pseudo-medical term therefore, it lends itself to the objectivity of scientific discourse, concealing thus its heavy reliance on received morality. Under the guise of impartiality it effectively combines the notion of illness with that of social aberration while obscuring the crux of the matter – the problem of gender.

A brief account of John Northam's analysis of *Hedda Gabler*, for example, can illustrate the above point. For all its perceptiveness his reading does not steer away from ingrained assumptions about gender. In realizing that the female protagonist's behaviour challenges them to the core he resorts to the category of the abnormal. Having drawn attention to Hedda's complaints about the sunlight and the flowers which brighten the set in the opening scene, as well as to her repulse of Miss Tesman's affection, he remarks that she is a woman 'who is unable, for some reason, to accept and enjoy what seems naturally enjoyable'.¹ Northam finds Hedda's rejection of what he calls 'naturally' or 'normally attractive'

shocking, 'strange', and on the whole extremely unsettling.² His bewilderment over her behaviour increases in the face of her abhorrence of pregnancy, which he considers the most serious symptom of her general distaste for what is natural in life:

Hedda's distaste for what is naturally attractive is more than superficial. To hate pregnancy, as she seems to, suggests a radical abnormality; and the violence of her reaction shows that it is an abnormality that can place her under acute stress.³

The association of the hatred of pregnancy with abnormality leaves no doubt as to the fact that what is at stake here is Hedda's failure to fulfil the 'natural' and 'normal' role ascribed to her by her gender. That motherhood and fertility provide the crucial definition of femininity is suggested through the comparison that Northam draws between Thea's emotional and physical 'richness of being'⁴ and Hedda's sterility. It is irrelevant that the one woman is physically sterile and the other is not. What counts for Northam, and for a number of critics, is that Thea, for all her silliness and 'faint hysteria',⁵ is finally vindicated by simply being feminine; that is, she has thoroughly internalized and endorsed her feminine role of providing the receptacle for male seed, albeit spiritual. In the light of this, Hedda's suicide comes most appropriately at the moment when Thea is in the process of conceiving a new child/book, this time by Tesman. Her death marks her defeat as a woman placed against a background of infinite female reproductiveness.

Her radical abnormality, as Northam says, releases 'acute stress'; or, as Caroline W. Mayerson declares, Hedda is neurotic (but not psychotic).⁶ What underlies both statements is a tendency to medicalize unconventional female behaviour. Critical discourse gives way to medical language precisely at those points in which female characters react in unexpected, that is, not stereotypical ways. Critics therefore, momentarily borrow the voice of psychiatrist and transform dramatic heroines into case studies. It is not surprising that this fate has befallen most of Ibsen's heroines. The medicalization of critical discourse is not a new phenomenon. It dates back to the contemporary reception of Ibsen notably in England. It is worth quoting at length from an unsigned notice on *Hedda Gabler* (*The Times*, 21 April 1891) as a paradigm of such critical discourse:

Ibsen does not say in so many words that he is giving us a study in *névrosité*. He allows the case to explain itself, and . . . in a short time we are content to resign ourselves to what is really a demonstration of the pathology of mind, such as may be found in the pages of the *Journal of Mental Science* or, in the reports of the medical superintendents of lunatic asylums . . . The author is satisfied with bringing Hedda Gabler's insanity very plainly before us. It is suggested in her inconsequent actions, in her callous behaviour, in her aimless persecution of all around her, and it is finally proved by her motiveless . . . Hedda Gabler is manifestly a lunatic of the epileptic class.⁷

The above passage is written as a pseudo-medical report wholly unconcerned with the dramatic value of the piece. The judgement that the critic/doctor passes on the play is that it constitutes 'a study in *névrosité*'. Hedda is a pathological case, so the diagnosis goes, and as such she displays a number of symptoms. That the anonymous critic conflates more specialized medical vocabulary (*névrosité*, epilepsy) with generic terms (insanity, lunacy) might cast doubt on the extent of his 'specialized' knowledge; it does not, however, undercut in the least the forcefulness of his argument. On the contrary, the critic amplifies its effect because by borrowing terms from medical discourse, he also borrows some of its prestige. The combination of 'scientific' terminology and complacency obviously had its merits judging by the large number of similar approaches to the play appearing in the contemporary British press. The play 'made its melancholy way'⁸ to England to present a woman who 'suffers from the hopeless complication of maladies - anaemia of the affections, with hypertrophy of the aesthetics'.⁹ This 'sane lunatic' and 'reasoning madwoman'¹⁰ is yet another of 'Dr. Ibsen's emancipated heroines' whose 'morbid imagination' managed to contribute to the 'drama of disease' a new 'study of insanity' far exceeding even its predecessors.¹¹

Contemporary criticism of other Ibsen heroines ran along the same lines. Ibsen is attacked on the grounds that his plays are studies in morbid heredity, with Rebecca West, Ellida and Hilda Wangel, and Aline Solness exemplifying their creator's disordered intellect. So Ellida Wangel, is considered 'a victim of the insane temperament',¹² Hilda Wangel 'a specimen of Norwegian girlhood imaginative to the point of madness' which the ingenious critic calls 'aeromania',¹³ while in a notice on *The Master Builder* the reviewer is at a loss to attach any name to Mrs Solness's 'special form of insanity'.¹⁴ Nevertheless, behind the attempts to categorize those unconventional heroines as insane¹⁵ lie preconceived ideas about femininity. This becomes clear in its crudest form in the following statement of Ellida's 'insanity': 'After a few years of married life Ellida Wangel, who is a wife of a highly respectable, devoted noodle, develops alarming symptoms of "balked individuality", as the consecrated phrase is.¹⁶ The idea is that marriage should be enough for women's self-determination; therefore, any quest for individuality outside marriage can only be a symptom of an inexplicable illness that for want of a better name could be called 'madness'. One might argue that we are worlds apart from the category of the 'abnormal' and, moreover, that there can be no possible connection between contemporary criticism and the bulk of openly prejudiced and hostile receptions of Ibsen's plays in his own time. Yet, what underlies the use of both the notion of mental illness and of abnormality as explanations of 'aberrant' female behaviour is the universaliza-

tion of male-specific terms; consequently, the unquestioned assumption that they constitute the only available means of defining the right and the normal. In this context, female 'madness' can only signify difference from the male norms.

The main concern of this paper will be to examine the conflicts, traumas and impasses that a number of Ibsen's heroines experience when confronted with socially sanctioned definitions of femininity. It will also be to show that psychological reactions regarded as manifestations of psychic disorder are in reality a form of revolt against the roles that these female characters would have to assume to comply with the prevalent notions of femininity. In this context, symptoms of mental disorder are the indirect expression of unresolved conflicts *vis-à-vis* their gender identity, or the results of their failure to conform to the norm. Female mental illness in Ibsen functions as a means by which the dramatist 'contains' and expresses his heroines' dissatisfaction with the requirements made of them. There are two premises upon which this argument rests. The first concerns the refusal to accept as universal terms which are gender specific. In this sense, words such as madness or insanity, when applied to resistance or subconscious reaction to traditional roles, can only obscure the conflicts involved in the heroines' relationship to their gender identity. At the same time the unproblematic appropriation of the category of mental illness presupposes its opposite, 'mental health', which is in itself a debatable term. The second premise requires the discarding of the notion of abnormality which, likewise, implies the highly suspect idea of normality. Consequently, the challenge that Ibsen's female characters have presented us with does not pertain to our assessment of their mental 'health', but is of a different kind. It concerns their violation, conscious or not, of expectations and codes of behaviour deriving from the prevalent ethos, and the resultant traumas. It is ultimately, therefore, a question of the mental and emotional penalty they have to pay for being different.

Ellida Wangel (*The Lady from the Sea*), Beata Rosmer and Rebecca West (*Rosmersholm*), Hedda Gabler and Aline Solness (*The Master Builder*):¹⁷ 'insane' female characters will be treated in the context of the above argument. The grouping together of such diverse female figures is not accidental. All of them are involved in a problematic relationship with their own identity as women and with the concomitant commitments and duties. All of them seem to be suffering as a result of the construction of that identity by others, outside and beyond their personal needs and desires. Extreme stress, nervous tension, delusion, melancholy, and consuming guilt are manifestations of their tormented effort to negotiate their female state. Finally all of them, except for Ellida, pay the price of their 'incomplete' femininity through self-destruction, be it suicide (Hedda, Rebecca, Beata), or living death (Aline). Ellida is the only one who

survives and fully integrates herself into the social sphere, but to the cost of her individuality. Central to their traumatic relationship to their femininity is the harrowing presence of the absent child, never born (Beata, Hedda), or irrevocably lost (Ellida, Aline). Frustrated or unwanted motherhood, therefore, becomes a powerful catalyst of emotional instability and mental strain and in certain cases the very source of devastating guilt.

Stephen Heath, commenting upon the first appearance of the word 'sexuality' – in its present sense of 'possession of sexual power, or capability of sexual feelings' – in a set of lectures on the 'diseases of women', remarks that both the date and the context are significant. The date (the second half of the nineteenth century) marks an era in which the family, at least the middle-class family 'that serves as the overall standard for recognised public morality and social values', was organized on the basis of the patriarchal power of the father; an era in which ideological and economic discourses had become increasingly concerned with the individual and the notions of private fulfilment in love, individual experience etc.¹⁸ Second, the word sexuality appears within a medical context. Therefore it arose as a problem to be accounted for within the context of medical discourses and practices belonging in the area of disturbance of the individual. Furthermore, it was connected to women. The association between femininity and sexuality constituted an implicit recognition that women did possess sexual feelings, an awkward 'fact' in the face of the prevalent assumption that they were devoid of them. However, the refusal to acknowledge the disturbing reality of women as sexual beings was 'resolved' through the 'diagnosis' of female sexuality as 'the manifestation of something wrong, an illness'.¹⁹

Heath's argument clarifies considerably many aspects involved in Ibsen's construction of disordered femininity. Ibsen's heroines are presented as being caught in the middle of arising notions of individuality, something, however, denied them by virtue of their gender. At the same time they experience their sexuality as an illness or a disorder for which they are held responsible. The reason is that they are denied the terms by which they can acknowledge its existence as anything other than a mental disturbance. Ellida and Beata are offered as illustrations of the contradictions deriving from their need to acknowledge their sexual desire and the social demand to repress it. In both cases the existence of desire manifests itself as madness and its repression takes the form of delusion, fixation, and morbid guilt.

Ellida's madness is constructed by two different but interwoven discourses: a medical one, structured by her husband who is, significantly, a doctor, and a language of passion voiced by Ellida herself. Ellida is pronounced mentally ill by Wangel and his daughter Hilda. In the open-

ing scene, Wangel, talking to Arnholm, an old friend of the family, says of his wife's 'condition':

She's not exactly ill, but her nerves have been very bad – on and off, that is – these last few years. I really don't know what to make of it. But do you know, once she gets into the sea she's perfectly well and happy.²⁰

What precedes this statement, however, is Wangel's reference to the loss of her baby which roughly coincides with the deterioration of her nerves. The death of the baby is indirectly identified by him as the date marking Ellida's collapse into illness, thereby implying it to be the very cause of it. The linking of his wife's 'disorder' and childbearing seems to be a fixation at least for the husband-doctor. He attributes to frustrated motherhood Ellida's 'mental unrest', thus locating it in the area of the biological. So, when later she confesses to him that her long-forgotten desire (her madness) for the Stranger awoke in her while she was expecting the child, he readily interprets it as evidence for his theory. 'Now I'm beginning to understand so many things' (p. 271) says he. As his wife's protestations to the contrary make clear, Wangel is simply under the illusion that he knows. In reality what he thinks he understands is just a reflection of his female-biology-as-the-source-of-insanity theory. Wangel's collapse of the mental into the biological also underlies his final synopsis of Ellida's case. In a move typical of his confidence in his own authority and of his disregard of Ellida's opinion, first he casts doubt on her ability to assess her own condition; second, he proceeds to his own diagnosis of her mental unrest linking it again to her pregnancy:

Wangel. When she heard . . . that Johnston . . . was on his way home in March three years ago, she evidently convinced herself that her mental unrest started at that time.

Arnholm. But didn't it?

Wangel. Not at all. Signs of it were noticeable before. It's true that she did – quite by chance – have a rather severe attack in March just three years ago.

Arnholm. Well, then

Wangel. But the circumstances – her condition at the time – would easily account for that.

(p. 300)

In a medical discourse the idea that 'a rather severe attack' occurs by chance strikes one as somehow odd. And yet Wangel quickly fills in the gap of his scientific logic by locating her mental unrest in her pregnancy, the very thing that Ellida had refused to do. It is clear that in the face of Wangel's authority Ellida's 'irrational' belief that her fascination for the Stranger lies at the root of her problem can only lose ground.

The text offers medical discourse as a possible context within which female 'irregular' behaviour might be explained while demonstrating its failure to function as such. Wangel treats Ellida as a mentally ill person in

need of special care. This attitude to Ellida also characterizes Hilda. Hilda flatly declares that she would not be surprised if Ellida went 'raving mad' precisely like her mother who died mad (p. 262). Thus heredity, invoked as the ultimate cause of madness, appears as the second explanation for disordered behaviour. Ellida's heredity and biology inscribe her in late nineteenth-century discourses on insanity.²¹ Yet the text keeps a distance from such discourses. It shows that the medicalization of Ellida's behaviour by her doctor-husband is in reality a way of coping with female difference by ultimately subjugating it to 'normality'. Not accidentally Ellida's 'illness' is assessed on the basis of her suitability to perform female roles prescribed by conventional notions of femininity. Both Wangel and Boletta seem to have accepted with resignation Ellida's inability to perform her household duties – Boletta: 'she isn't able to do all the things that Mother did so well' (pp. 278–9), – to take care of the girls – Wangel: 'I really can't expect her to attend to things like that' (p. 297), – and be a real wife – Wangel: 'Then why, all this time, have you not wanted to live with me as my wife?' (p. 271). Ellida appears to be a failure both as wife to the doctor and as a mother to his daughters. Yet the very same reasons for her failure, namely, her physical estrangement from her husband and lack of care for the girls, signify her distancing from, and implicit rejection of the self-sacrificial archetype of mother-wife. At the same time they are the unmistakable signs of an individuality which could only strike the others as odd or peculiar in so far as female individuality was literally unthinkable. In this sense her relationship to the sea which, as Wangel admits, is the only thing that makes her happy, is considered obsessive and thus, implicitly, proof of a sick mind.

Female individuality, expressed in terms of withdrawal from traditional roles into a private world of personal needs, arises as a problem for the men of the play. Wangel resolves it by turning Ellida's desire for privacy and autonomy into a symptom of insanity. Her 'irresistible longing for the sea', as she puts it, exemplifying precisely this need for autonomy, typically arouses the male and scientific authority in him: '[Putting his hand on her head]. That's why this poor sick child shall go back to her own home again' (p. 265). As a doctor and a father to his own wife (p. 298), Wangel provides guidance and medicine. Significantly it is Boletta, the substitute wife and mother to her little sister, who draws attention to the fact that Wangel often gives her medicine while expressing doubts as to the rightness of such treatment (p. 279). Boletta rejects the word 'ill' or 'mad' for the word 'strange' to describe Ellida, thus differentiating herself from her father and sister. Precisely like her step-mother, she feels trapped in her patriarchal family, and in her assigned duties. As Ellida feels that she has 'obligations' to herself, so does she think that she has a 'duty' to herself. She will finally be manoeuvred into a marriage in which she will also try

'to negotiate a narrow zone of self-determination'.²² As Elinor Fuchs makes clear in her brilliant gender reading of the play, for Arnholm and all the other men in it, female autonomy is inconceivable. In so far as 'there is no such thing as an unmediated freedom by birthright for a woman',²³ then the men of the piece feel they have to act as mediators in the women's relationship to their own freedom. Marriage in this respect, is offered to men as the ideal means of regulating women's freedom. This explains the striking fact that 'all men hold inflated narcissistic views of male power in marriage',²⁴ not even the 'weak' Lyngstrand is exempted. Both Arnholm and Wangel, much older than their women, guarantee for them in a gesture of fatherly benevolence a 'zone of self-determination'; however wide by contemporary standards, this zone proved to be too restrictive for Ellida, and it is very likely that it will be equally so for Boletta. The female tragedy in this play, as in most of Ibsen's plays, is that women are led to marriage for the lack of alternatives by which they can feel whole alone. Women, trapped in a patriarchal family in which they are denied what men enjoy, their individuality, internalize their oppression. Ellida, like Mrs Alving, Aline, and Beata, feels guilty for the incomplete fulfilment of her roles as a wife and mother. Furthermore, she also treats her quest for individuality as an illness while deferring to her husband's medical authority for its cure.

What lies at the centre of that very same quest is her passion for the Stranger which she explicitly identifies as 'madness'. Ellida, having assimilated the denial of the female right to desire, constructs her own madness by speaking the language of passion. The discourse of medicine and that of the irrational alternate with each other in a process by which the patient talks and the doctor thinks that he listens. In reality he 'helps' Ellida by imposing a kind of speech control.²⁵ In her account of her 'illness', her fascination for the sea is explicitly associated with her identification with the Stranger (p. 290). Time and again she describes her adventure with the Stranger as 'utter madness' (p. 249), their marriage to the sea as 'mad' (p. 269), and her passion for him as 'an inexplicable power that he has over [her] mind' (p. 271) which frightens and yet fascinates (p. 308). Wangel's stereotypical response is to treat Ellida's passionate discourse of desire as a symptom of insanity. The word 'cure' recurrently appears in an absurd effort to find a remedy for an illness which he is unable to diagnose. 'And now we must try another cure for you' (p. 270), says he, using 'we', and thus implicating Ellida too in the medical game. And yet when she talks to him of her fear of the Stranger he becomes utterly convinced that she is mad. 'Good lord - you're more ill than I thought. More ill than even you realize, Ellida' (p. 273). Passion 'as the meeting ground of body and soul' has long been suspected of madness; it was actually held responsible for it in that it was seen as containing its

very seeds.²⁶ Fear, fascination and irresistible longing permeate Ellida's language of passion bringing her close to the borders of delusion just as when she thinks that her baby had the eyes of the Stranger (p. 274). The sea and the Stranger merge into the mystery of the eyes of a child which, in Ellida's imagination, was the fruit of her desire for that man. Wangel's rational voice is silenced by her passionate cry. Unable to come to terms with the madness implicit in passion, he can only interpret her talk as raving.

Yet Ellida herself is also caught in the same medical discourse of insanity. While recognizing that her longing for the sea is the expression of her attraction to the Stranger, she is unable or unwilling to accept that at its root lies her relationship to her own sexuality. Her fearful attraction to the sea in fact signifies the fascination and fear that her sexuality exerts on her. The sea as a symbol of the boundless and the unknown has long been associated with the irrational and the feminine. More specifically it has been related to female biology through water which represents woman's fluidity (blood, milk, tears).²⁷ This makes clear Ellida's association of the Stranger with the sea: both figures overlap precisely because they represent her unsettling but deeply compelling relationship to her sexual desire. The 'inexplicable power' that the Stranger has over her and the sea's hold over her senses are manifestations of a repressed, but existing sexuality. Because of the lack of a socially acceptable outlet, her sexual being can only surface as insanity. Consequently its manifestations are seen as symptoms of illness, also by Ellida, who for that reason seeks her husband's medical support. The scream 'Wangel - save me from myself' (p. 289) reverberates throughout the text. The self she wants Wangel to save her from is her sexual self. He is invited therefore to do what she has been unable to do - resolve the contradictions arising from her own ambivalent relationship with her sexual identity. As he admits 'this is no ordinary illness . . . for an ordinary doctor - or any ordinary medicine' (p. 297). Interestingly, however, his own attraction to Ellida lies in her symptoms: her changeability, instability, that is, her fluidity which makes her so much like the sea. Wangel, fascinated by and frightened of his wife, finally arrives at an understanding of her. As has been noted, the process by which he learns is extremely painful for Wangel.²⁸ For the first time he had to learn to listen to Ellida's speech instead of simply dictating to her what she needs or desires.

Wangel will renounce his authority as a man and a doctor and will let her decide for herself. This, however, far from marking his defeat, confirms his victory over Ellida. Schechner remarks that in her confrontation with the Stranger it is with herself that she is face to face. Her rejection of him, therefore, signifies her conquering of her 'daemonic urge to wander'.²⁹ Yet, to put Ellida's struggle with herself in metaphysical terms

is equal to losing sight of the real nature of her conflict. This stems from her rejection, but also the simultaneous acceptance of the social norms which consider female desire unthinkable. The same applies to Ellida's 'wishes' as typified by the Stranger.³⁰ It is important to define these 'wishes' as sexual desire. Thus, there is nothing daemonic about her wandering which is simply an attempt to flee from prescribed roles into her individuality. In this sense her decision to stay with Wangel and integrate herself into the family confirms the defeat of her search for individuality in which her sexuality played the crucial part. Ellida's 'sanity' will be restored by Wangel who, as she says, has found 'the right remedy' (p. 329) for her. That this is her freedom within marriage makes even more visible the limits of the 'narrow zone'. As Ballested very appropriately remarks at the end 'human beings . . . can acclaim - acclimatize themselves' (p. 330). Ellida acclimatizes herself to land, with a considerable loss, that of her sexuality. Her de-sexualization is represented by her severing of her link with the sea. The mermaid dies and from her ashes rises a new Ellida, a proper wife and mother. Ellida has truly come to her senses: she has now become a sane woman. In the clash between Wangel (the scientific mind) and Ellida (nature, the sea), the man wins.³¹ For all his attraction to the lady of the sea standing for the irrationality and unpredictability of nature, he ends up taming her. The play ends with 'responsibility' sealing the victory of the rational.

The Lady from the Sea is one of the few Ibsen plays with a happy ending, and for that reason one of the most ambiguous. Ellida's survival is the other side of her final full adaptation to the social requirements of femininity. She is certainly a unique case amongst Ibsen's mentally 'unstable' heroines in that, having taken a trip into her own private world of fantasies, she manages to escape from it. Yet precisely like all the others, she enters the same world of self-denial, by renouncing a substantial part of herself. For Beata Rosmer, however, self-denial acquires its literal meaning, namely, suicide. Beata, the dead wife in *Rosmersholm*, is the real protagonist of a play predicated upon madness and death, guilt and retribution. As a figure of female insanity she resembles Ellida in three important respects. First, she has also been deprived of a child which, however, she was unable to conceive in the first place. Beata experiences childbearing as a debt she owes her husband, and her sterility in terms of a self-consuming guilt which finally drives her to self-destruction. Second, being faced with her sexuality which, in contrast with Ellida, she does not repress, she feels equally unable to contain it within socially acceptable limits. Sexual passion, even for one's husband, is clearly out of place within the patriarchal family identifying female sexuality solely with reproduction. In the context of such a family which recognizes a single dimension for women, i.e. motherhood, Beata is a failure, too. Third,

precisely like Ellida, she is also pronounced mad by her own husband for similar reasons: her childlessness and her sexual desire. The difference is, though, that sexual desire in Ellida's case was not named as such but it was metaphorized in terms of the sea/Stranger mysterious attraction. In this play, it is explicitly stated as the very source of Beata's 'insanity'. In the following dialogue between Rosmer and her brother Kroll, concerning the reasons for her suicide, the construction of a female 'madness' in terms of a woman's sexual being is sharply brought into focus.

Rosmer. . . . Can you ask for reasons for what an unhappy, irresponsible invalid may do?

Kroll. Are you certain that Beata was completely irresponsible for her actions? The doctors, at any rate, were by no means convinced of it.

Rosmer. If the doctors had ever seen her as I have often seen her, for days and nights together, they would have had no doubts. . . . I have told you of her wild frenzies of passion - which she expected me to return. Oh, how they appalled me! And then her causeless, consuming self-reproaches during the last few years.

Kroll. Yes, when she had learnt that she must remain childless all her life.

Rosmer. . . . Such terrible, haunting agony of mind about a thing utterly beyond her control - . . . How could you call her responsible for her actions?³²

Rosmer proceeds in two moves typical of the ways whereby he constructs his wife's insanity throughout the play. He starts by certifying the authority of his own conviction of her insanity in the face of evidence to the contrary. At this point he disregards medical opinion as well as Kroll's reliance on it. Later on, when Mortensgard, the editor of a radical newspaper, confronts him over the letter sent by Beata before she died to the effect that there were 'malicious' people at home wishing her husband's injury (p. 990), he dismisses again the journalist's suggestion that there was nothing wrong with her. He reasserts himself as the only authority capable of assessing Beata's stability, linking it again to her supposed lack of responsibility for her deeds (p. 991). Rosmer, by appropriating medical authority for himself and by rejecting other people's opinions, places himself in the position of the sole arbiter of Beata's moral accountability. Interestingly, for all his dismissal of the doctors' opinion, he relies on familiar medical tenets holding female biology as responsible for madness. Rebecca, echoing Rosmer, declares what only remains implicit in his account of his wife's 'madness'. In a similar attempt to prevail upon Madam Helseth's doubts over her mistress's insanity, she reasserts childlessness as the thing 'that unsettled her reason' (p. 1003). Psychiatrists at the time claimed that the end of a woman's reproductive cycle caused a tremendous mental upheaval accompanied by 'paroxysms' and 'extreme delusions'.³³ The ending of Beata's reproductive cycle, let alone its 'incompletion' for want of a child, directly inscribes her in the female biology-as-mental destiny discourse. This, by discon-

necting psychic symptoms from the social context within which they appear, employs the biological as the only explanation for socially determined manifestations of disorder. In the light of the biological determination of the female mind, Rosmer's lack of understanding of his wife's traumatic experiencing of childlessness is not surprising. Yet even so, his rationale sounds particularly chilling and insensitive. He fails to see that Beata's depression and melancholia were forms of a socially determined sense of inadequacy as a woman. Trapped in marriage, the institution that has par excellence generated a female identity centred on motherhood, she is unable to cope with her situation as a childless wife. This she experiences as a structural contradiction within her own femaleness for lack of an alternative definition outside motherhood. Therefore, her fixation on her childlessness, rather than being proof of a sick brain, is a sign of an internalized compulsion to motherhood. Childbearing being impossible, Beata conceives of her place in her marriage as no-place, and of her self-destruction as a penalty for not having been a proper wife (p. 1019).

The second step that Rosmer takes in 'producing' his wife's insanity is the displacing of his own sexual problem. In a classic 'blame the victim' tactic he charges her for being too sexual while in fact he is not sexual enough. Typically again, in line with psychiatric attitudes of the time treating uncontrolled sexuality as the major symptom of female insanity,³⁴ he medicalizes his wife's physical needs. Borrowing directly from the vocabulary of madness, he calls her passion a wild frenzy, thus thinly disguising his own impotence in the face of female desire. Beata's sexual demands, safely consigned to the realm of aberration and irrationality, remain unsatisfied for no other reason than that they cause fear. Rosmer's dread of his wife's sexuality is concealed in the distorted picture of their relationship. There, sexual coldness is masked as idealism whereas her desire is presented as 'incontinence'.³⁵ The familiar polarity between man as spirit and woman as body is however undercut by a text which focusses on man's inability to enjoy the physical aspects of life. 'The Rosmer view of life' ennobles by killing happiness and women, in particular. It sublimates sexual desire by transforming it into spiritual vocation, while victimizing women for embodying it.

Rosmersholm marks the beginning of Ibsen's late drama, which revolves around the clash between the physical needs of life as represented by the female characters and the idealistic notion of one's calling to which the male protagonists adhere. Rosmer, Borkman, Allmers, Solness and Rubek see the female demands of love, affection and joy as inimical to their spirit; thus they come to associate women with the threat that the body poses to their ideal. For those male neurotics women, identified with sex (the death

altar of male ambition. More emphatically than any other play, *Rosmersholm* shows the cruelty of male egotism, however 'idealistic'. Rosmer's sublimated sexuality demands the sacrifice of female desire to the 'higher' ideal of duty. It has condemned Beata to a life-denying existence and has killed Rebecca's passion for him. Their suicide is the ultimate gesture by which both women renounce their desire while at the same time purge 'the Rosmer view of life' of the stain of passion. However, Rosmer's self-destruction is not offered in atonement for his victimization of female desire. Opposite to the long enduring association of woman-as-sex-leading-to-death,³⁶ Ibsen establishes man in connection with death. For his denial of sexual gratification, man becomes a figure of death and as such haunts all Ibsen's late plays.

The Master Builder is predicated upon the same motif of man as death-dealing by virtue of his willingness to sacrifice the emotional and physical aspects of life in order to realize his ambitions. In so far as women represent the private world of warmth and affection they are profoundly injured by male life-denying ideals. Aline falls victim to a major contradiction that Solness faces: that between his search for happiness and his dedication to his calling as an artist. This is ultimately a conflict between the demands of the private and the public, experienced by him as completely irreconcilable. His choice of the latter results in the crushing of his wife, who, permanently fixed inside the private realm, is unable to compete with the claims that the public sphere makes on him. Typically, however, Aline internalizes Solness's inability to cope with private needs and projects it as her own. As a result of this, she withdraws into the personal world of guilt and self-reproach overwhelmed by a tremendous sense of inadequacy.

Aline, precisely like Ellida and Beata, considers herself a failure as a woman, an awareness similarly manifested as illness. The phantom of the dead child(ren) arises again as the apparent cause of what is clearly a case of melancholia. At first sight, frustrated motherhood seems to be Aline's fixation and the source of a constantly renewed sadness, providing another link with Beata. Yet, the similarity stops here because the death of her children is *not* that fixed idea which feeds her melancholia as Aline herself makes clear. While talking to Hilda about her misfortunes, she hastily corrects the young girl's impression that the loss of the two boys is her worst plight. Characterizing it as 'a dispensation of providence' to which 'one can only bow in submission',³⁷ she impatiently asks her not to talk any more about it. The two boys are 'happy' now, says she, and surprisingly focusses on 'the small losses in life' as the cause of her grief. It is the burning of the portraits, the old dresses, the jewels and then of the dolls that has retained a powerful emotional hold on her. The memory of the burnt dolls chokes Aline with tears. In a broken voice she tells Hilda

the astonishing story of her nine dolls from which she never parted even after she had married, 'so long as he did not see it' and which 'no one thought of saving' (p. 363):

For you see, in a certain sense, there was life in them too. I carried them under my heart – like little unborn children.

(p. 363)

Yet what appears simultaneously with her odd yearning for the lost dolls is a resignation to the righteousness of divine punishment for what she calls her lack of fortitude in misfortune (p. 362). One is under the impression that a terrible guilt weighs upon Aline, the exact nature of which becomes clear in association with the story of the dolls.

Even from early on, in Solness's dialogue with Dr Heral over the cause of Aline's sadness, the death of the children has been played down in comparison with the effect that the burning of her home had had on her. Solness implicitly acknowledges that this was definitely the worst blow for her. The burning of her home usurps the place that the death of her boys might have had, by right, in her depression; it has become the fixed idea around which a melancholic universe of bitterness, isolation and moral rigour has built up to trap her in. Her guilt therefore, stems from what she herself perceives as an obsessive attachment to her old home:

Mrs. Solness. . . . I had duties on both sides – both towards you and towards the little ones. I ought to have hardened myself – not to have let the horror take such a hold upon me – nor the grief for the burning of my old home.

(p. 330)

Guilt appears as the major symptom of her awareness that she had fallen short of the roles of a wife and a mother by improperly having stuck to her past from which she 'ought' to have cut herself off. As a married woman and a mother she 'ought' to have assumed a different identity, and represented her girlhood. In this sense, her attachment to her dolls, significantly continuing even after her marriage, can be seen as a sign of an 'incomplete' transition to womanhood.³⁸ Young Aline's attachment to her dolls functioned as a substitution of girlish behaviour for that of an adult woman, whereas elderly Aline's emotionality is a form of regression:

Regression is not a natural falling back into the past; it is an intentional flight from the present . . . But one can escape the present only by putting something else in its place; and the past that breaks through in pathological behaviour is . . . the factitious imaginary past of the substitutions.³⁹

But what was that present that Aline wanted to escape from by holding on to her girlhood? It was her new identity as a married woman that she took flight from when carrying her dolls under her heart. The dolls, as a metaphor for a childhood that she had to relinquish, became central to a

game of substitutions by which the woman-mother was replaced by the girl-mother, and the real children by simulations. The burning of the old house marks the end of substitutions, and consequently Aline's traumatic entry into adulthood. Elderly Aline speaks of motherhood and marriage in terms of duty, a word upon which her speech obsessively rests. Duty, and not love or affection, is the word that she chooses to describe her relationship to husband and children; this betrays the way in which even now she experiences adult femininity: a painful commitment to roles in patent incongruity with her real needs. 'It is only my duty to submit myself to him', says Aline about her husband, and continues: 'But very often it is dreadfully difficult to force one's mind to obedience' (p. 361).

There are times when her mind flies back to 'the small losses in life' and the heart grieves over the burnt dolls. Yet most of the time the elderly Aline manages to harness intellect and feelings into the yoke of female duty. Still, early in her married life, and at the critical moment, after the burning of her home, she had failed to repress her childish self. Childhood attachments though, turned into illness, and the mechanical commitment to a motherhood that she obviously did not enjoy, turned against her boys. Aline insisted on nursing them despite the fact that her milk was affected by fever. 'It was her duty, she said' (p. 339).

The little boys did not survive their mother's sick milk; they die 'poisoned' by their own mother who has been affected by her excessive depression over the loss of that part of her life which she could no longer claim. No wonder that in this chain of transgression and retribution Aline sees the hand of Providence, and her present misery as an atonement for her crime against her children. The three empty nurseries, standing for the three weeks the babies remained alive, stay there as the masochistic reminder of her failure as a mother. At the same time, however, they demonstrate that the borders between moral and social guilt and insanity are often difficult to discriminate. A rigorous sense of what her duty as a mother ought to be had compelled her into the insanity of breast-feeding when she was sick. Morbid guilt, in which the death of the children is superseded by her grief over her home, traps her into the discourse of melancholia. That, orchestrated by the word 'duty', is, however, meant as a gesture not only of self-reproach but also of aggression towards Solness. She annihilates his implicit demand for joy by constantly reminding him of what he is already painfully aware of: his debt to her. The burning of her home which gave him his life opportunity, fixed her once and for all into the state of a wife. Depression, withdrawal and illness appear, therefore, as forms of protest against prescribed roles. These blindly implicate man and woman in a guilt trip in which causes and effects, wrongdoers and victims, collapse into the same insane world of duty.⁴⁰

With Hedda Gabler and Rebecca West, women's relationship to

received notions of femininity acquires a new dimension. Both of them react differently from Ellida, Beata and Aline, to their allotted identities. The latter have fully internalized their difference as mental illness, thus implicitly adhering to those very principles that constructed that 'illness'. In contrast with them, Hedda and Rebecca seem to revolt against feminine roles, and emphasize, with spectacular energy, their difference from them. The word 'madness' appears nowhere in association with them and yet both are inscribed in the discourse of mental disorder by virtue of their difference. However, as in his other plays, and in *Hedda Gabler* in particular, Ibsen keeps critical distance from such a discourse while giving its terms. He achieves this by concentrating on the social context which engenders female insanity; he makes it emphatically clear that the latter is a convenient social category for what constitutes a resistance to familiar stereotypes.

Hedda and Rebecca appear to fall victim to their confusion over gender positions. This is obvious in the case of Rebecca, who is described by Kroll as an emancipated woman with the woman-as-a-man prejudice attached to it. The same idea is suggested through Hedda's upbringing as a boy and her handling of the pistols. Their divergence from the submissive stereotype of self-effacing femininity is marked by their relationship to power and their will to have their share of it. Both of them, faced with self-sacrificial women (Thea, Aunt Tesman, and Beata), display the same unwillingness to self-denial. As a result of their adherence to their individuality and of their defiance of gender expectations, they are forced into the area in-between masculinity and femininity, reason and unreason. Both resort to suicide; self-destruction in both cases demonstrating the limits of their resistance and the impasses of a quest for individuality fraught with contradictions.

Hedda and Rebecca typify Ibsen's conviction that women find themselves excluded from the social spheres of action, decision-making and power which are unquestionably men's territory. The tragic irony is that they are equally subjected to the middle-class rhetoric of individuality proclaiming the individual's right to freedom, to which, however, they are denied access. So their share of the world of freedom is limited to responsibility and duty without the concomitant prerogatives. In so far as femininity becomes synonymous with the lack of self-determination then its denial confirms, for the two heroines, their will to freedom. At the same time it asserts their individuality in the face of female conformity to established norms.

Hedda Gabler peers through the windows at the outside world of a freedom that only men are entitled to enjoy. Inasmuch as freedom is a masculine prerogative she can have her share of it only by encroaching beyond the borders of femininity. Trapped in idleness and boredom by the

constraints of her gender position first as a daughter and then as a married woman, she fantasizes the forbidden pleasures of masculinity; hence her intimate discussions with Lovborg and Brack. These enable her to gain vicarious access to the male realm of power, and, significantly, of sexual pleasure. Fantasy, 'the product of repressed sexuality, boredom and vacuity',⁴¹ shields her from the painful awareness of her gender limits but only partly so. Caught between her fantasy existence as a substitute man and her female reality, she 'resolves' the contradiction by two interrelated gestures: she denies motherhood which would irrevocably bind her to femaleness, and she attempts to gain power control. Both moves, however, are self-defeating because they are already inscribed in the domain of personal relationships; they operate in the very same context of the private that has deprived her of self-determination. Devoid of any reference to the social, Hedda's 'revolt' is doomed to failure to the extent that it increasingly entraps her into the female yoke which she wants to escape. With pregnancy admitted at last to Tesman and her part in the Lovborg affair revealed to Brack, Hedda finds herself compelled to accept the roles of a mother and a mistress. Refusing to lay herself open to Tesman, Brack and her child-to-be, she kills herself. Her last words to Brack before withdrawing to the inner room, are a confirmation of her will to a freedom that she has to surrender to him now that he is in control:

Hedda. . . . So I am in your power, Mr. Brack. From now on you have a hold over me At the mercy of your will and demands. And so a slave! A slave! No! That thought I cannot tolerate. Never!⁴²

Yet that will to freedom was in fact the impossible demand of Hedda's self-determination within an institution which operated on the basis of female self-effacement. Hedda believed that she could benefit from the social and economic security of marriage while ignoring the attendant commitments. Having thoroughly accepted women's determination in and by marriage, and having embraced the expediency of its economic aspect - 'And since he insisted with might and main on being allowed to support me, I don't know why I shouldn't have accepted the offer' (p. 300) - she, however, tries to hold on to an individuality already refuted by the very premises of that same institution. That structural contradiction in her identity as a woman remains unresolved since the two aspects of herself, Hedda as the individual and as the wife, are felt to be diametrically opposed and, therefore, irreconcilable. Hedda does not wish their reconciliation precisely because she values her individuality as circumscribed by her maiden past, over her present identity as Tesman's wife. The presence of the inner room with the portrait of General Gabler and her old piano, as well as of her father's pistols, confirms her will to retain her individual space amidst foreign territory. Inasmuch as the possession

of a room and objects of her own reasserts her adherence to a past clearly defining her individuality, any trespassing upon it is seen as violation of her independence.

Hedda's desire for privacy, her odd habits such as shooting, and her withdrawal from the Tesmans' society, draw the portrait of an introverted and an essentially unsocial 'unit'.⁴³ These very same features were treated by the psychiatry of the time as the typical characteristics of female insanity. Central to this view is the threatening figure of a woman as an individualist who is engrossed in self-concern and refuses care for others. The individualist woman, for her lack of altruism and devotion to others, is thought to be both unnatural and insane. Female egotism, considered a major sign of insanity, relegates the 'selfish' woman to the area of hysteria and neurasthenia. In the context of prescribed gender roles and of medicalization of their aberrations Hedda's egotism can only appear as monstrous and insane, for what it really is: an inadequate, almost pathetic, means by which she safeguards her independence from the intrusion of familial relationships to which she is bound through marriage. Hedda's repulsing of Aunt Tesman's affection marks her unwillingness to let the others have a share of herself. Physical and emotional intimacy are threatening to the extent that they can break into the private self and crush it under the weight of personal demands for care and commitment. Her sexual coldness towards her husband, and her loathing of her pregnancy signify her refusal to open up and let herself be invaded by an alien body. That body, be it her husband's or her baby's, would deprive her, as it does, of her individuality in that it would subsume her under the type of self-sacrificial mother and devoted wife. So when Brack suggests motherhood as something that would be 'a serious claim' on her and 'one full of responsibility' she curtly answers: 'I have no gift for that kind of thing, Mr Brack. Not for things that make claims on me' (p. 306).

However, for lack of social forms which could accommodate her protest against feminine behaviour, Hedda's reaction is manifested as 'illness'. Neurosis appears as a result of the irreconcilable conflict between woman's quest for individuality and the internalized demand to fulfil the ideal of a submissive femininity.⁴⁴ Yet the ineffectualness of female illness as a form of revolt against woman's estate was never clearer than in Hedda's case. Hedda, deeply divided by the above conflict, finds destruction as the only available means by which she can claim her individuality. The burning of the manuscript, Thea's and Lovborg's child, has been interpreted as a sign of Hedda's inferiority complex with regard to Thea's rich femininity. The spiritually sterile woman takes revenge upon her emotionally fertile rival, who, though barren, gives birth to a 'child', the product of a free union between two emancipated individuals.⁴⁵ The opposition between sterility and fertility, the physical child and the intellectual child, serves

here as a metaphor for proper and improper femininity; hence value judgements as to the superiority of Thea's 'rich' femininity over Hedda's physical and emotional poverty. By the same token, the rebirth of Thea's 'child' from the rescued notes can be seen as the triumph of a female essence synonymous with everlasting fecundity, over 'destructive' forms of resistance to it.

Yet Ibsen is careful not to attach value judgements to his two female characters. Instead, he emphatically draws attention to a male world in which women survive only in passivity. For all her defiance of public opinion, Thea is equally a victim of female stereotypes. Through her and Aunt Tesman, Ibsen exposes the opposite effects of women's subservience to men. Both women are devoid of a self precisely because they exist as supports to male aspirations. The book, rather than the product of the equal union of two free individuals, stands for the opposite: it exemplifies Thea's passive position in a creative process to which she simply provides the inspiration. Apart from *being* Lovborg's inspiration she *does* little. She puts down what he dictates to her while making sure she provides for his needs. Lovborg uses the word 'need' very appropriately to refer to her position within a relationship that he is the one to dictate. One could argue that he chooses his words carefully in order to impress upon her the necessity of their parting. Later on, he acknowledges their common contribution to the book but, significantly, it is Thea who calls it a child, associating the intellectual process with female reproductiveness and the idea of life (p. 342). Since Thea's 'rich' femininity endows her with an infinite reproductive capacity, no wonder that she will finally restore herself to the same position of inspiration and helper, *vis à vis* another man this time. Thea will do her 'best' to inspire Tesman laying herself open to his intellectual insemination.⁴⁶

In this context the burning of the manuscript by Hedda acquires a different meaning. Far from signifying her envy for a fecund femininity it is meant as a gesture of annihilation. What she seeks to annihilate through a form of sympathetic magic is Thea's influence over Lovborg. When he admits to that influence – 'it is the courage to live, and to challenge life, that she has broken in me' – she expresses both her envy and wonder at such a thing: 'That pretty little fool has played her part in a human being's fate' (p. 342). Thea's real contribution to the production of that book lay not so much in its writing as in her reforming Lovborg. Thea's role was to impose discipline on a creative energy so far dissipated, and channel it towards 'proper' productive purposes. By doing so she managed to destroy what Hedda most admired in Lovborg: his courage for living, his passion for life. The book therefore is for Hedda living proof of Thea's power over another human being, that she feels she is devoid of. To see the burning of the book only as a substitute child-murder is to

inscribe again Hedda's behaviour in the fecundity-sterility discourse. As she makes clear to Thea it is power that she is after: 'I want, for once in my life, to have power over a human being's fate' and then she adds:

... Ah, if you could only realize how poor I am. And here are you, offered such riches! [*Throwing her arms passionately round her.*] I think I shall burn your hair off, after all.

(p. 324)

That scene has been interpreted in terms of Hedda's jealousy of Thea's femininity as symbolized by her abundant hair. Yet it follows directly Hedda's attempt to gain control over Lovborg by making him drink; abstinence from drinking marking his reformation and thus Thea's power over him. So the riches that Thea is offered refer to her experiencing of power and not of the physical and emotional aspects of her relationship with Lovborg. Hedda's revulsion at 'that sentimental word', love (p. 299), underscores her distancing from the feminine world of emotionality, and her affiliation with the masculine realm of power. She asks Lovborg agonisingly twice whether she has any power over him (pp. 316, 320), brushing aside his tentative suggestion that after all there must have been love 'at the bottom' of their past relationship. No doubt she has proved that she has an enormous capacity for passion, but not of the physical kind. Her real aphrodisiac has always been power; yet her relationship to power has been deeply contradictory.

As a woman who prefers the passionate and energetic life of men to female passivity, she has tried to ignore differences by assuming a 'male' identity. Being raised by her father as a boy in a home where the position of the mother is vacant, she engages in riding and shooting. Furthermore, through her intimate conversations with young Lovborg she is offered 'a glimpse of a world . . . that one isn't allowed to know about' (p. 317). Yet her 'hunger for life', that is for free and pleasurable activities, as already mentioned, is satisfied through substitutes. Having essentially accepted the necessity of substitute action for real action, she derives from the external signs of masculinity the illusion of power. Thus her threatening of Brack and Lovborg with her pistols is meant as a gesture rather than truly wielding power. As Mayerson notes, Hedda does not even shoot straight until her suicide.⁴⁷ At the same time, however, her handling of the pistols signifies her willingness to enter into competition with men over power. Not accidentally the two men that she threatens are Brack and Lovborg, those whom she sees as holding, or potentially acquiring, some kind of power over her. Still she fails to shoot in both cases precisely because she does not dare to convert her will to power from gesture into action. The ineffectual nature of her gesture is underscored by Brack's description of her shooting as the playing of a game (p. 296). Precisely as Hedda plays

the role of a man in her fantasies of male revellings so does she play at being the aggressive competitor of 'other' men in a game of power.

With Brack and Lovborg the fight was for her own control; with Thea, the competition is over Lovborg, power in this case, taking for her the more feminine form of 'influence'. Her will to power, being void of any social dimensions, turns into the obsessive demand to determine a human destiny; therefore, it identifies Hedda's relationship to power as strictly private. In this sense, the burning of the manuscript is an act exemplifying the a-social and insular character of the pathology of the personal. It is the crossing over of the borders of reason and sociality at the same time. It also represents the climax of a range of deviant practices from spying on Thea and Lovborg and prying in their affairs, to downright lying and naked manipulation. Her ultimate destructive move was to send Lovborg to what she imagined would be his death. So next to Hedda's other 'sick' characteristics 'moral insanity' could be added as the finishing touch to this portrait of female disorder. 'Moral insanity', a Victorian term, is 'a morbid perversion of natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect'.⁴⁸

'Moral insanity', an extremely wide concept encompassing all kinds of deviations from standard practices rather than medical symptoms, clearly illustrates the social need to medicalize aberrant behaviour. Ibsen refrains from doing so in Hedda's case, too. What he does in *Hedda Gabler* is to indicate the failure of society to give the notion of sexual difference a non-oppressive meaning for women. At the same time he displays the tragic implications for a woman's inner life of her refusal to accept difference in its association with oppression; ironically, he also suggests that the implications would be equally tragic, though of a different order, if she accepts it. Hedda finding it at last impossible to disentangle herself from her feminine position, will finally use her pistols, those symbols of her individuality, against herself. 'Male' Hedda kills the pregnant Hedda asserting thus once and for all the individual over the mother. Through death she achieves what she was incapable of while alive: the ceasing of her oscillation between accepting and resisting her position as a woman. Her suicide is a supreme gesture of defiance on the part of the individualist Hedda towards her conformist self. At the same time, as a form of child-murder, it confirms her 'egotism': the child will be sacrificed to the mother, rather than the mother to the child. Hedda manages at last to 'resolve' her conflict.

Yet women's conflict with their identities in Ibsen's drama is never truly resolved. Death simply gives an end to a tortuous awareness of not fitting into gender stereotypes; by no means does it constitute a resolu-

tion. On the contrary it is the ultimate form of self-abnegation reinscribing the Ibsenian individualists into the very same sphere of female self-effacement which they had resisted. Even Hedda's suicide, essentially an act of self-assertion, is a tacit avowal of defeat. Hedda collapses under the weight of contradictions intrinsic to her unsure position with regard to femininity. The same applies to Rebecca West who, having equally displayed a ruthless egotism, resorts to self-destruction after having openly acknowledged defeat.

One might wonder why Rebecca is included in this consideration of mental disorder in Ibsen's heroines. There is nothing in *Rosmersholm* to suggest that Rebecca is merely a representation of a robust consciousness of the type of Hilda Wangel; at least this is how Rosmer hails her: as the quintessence of mental health. That would be the case if there were not a strange passage worth quoting in detail. Kroll accuses Rebecca of using her influence over his sister so as 'to get a footing at Rosmersholm':

Rebecca. You seem utterly to have forgotten that it was Beata who begged and implored me to come out here?

Kroll. Yes, when you had bewitched her to. Can the feeling she came to entertain for you be called friendship? It was adoration – almost idolatry. It developed into – what shall I call it? – a sort of desperate passion. – Yes, that is the right word for it.

Rebecca. Be so good as to recollect the state that your sister was in. So far as I am concerned, I don't think any one can accuse me of being hysterical.

Kroll. No; that you certainly are not. But that makes you all the more dangerous to the people you want to get into your power.

(p. 1010)

Interestingly the word 'hysterical' seems to pop out from nowhere. Nobody has accused Rebecca of being hysterical and yet the word surfaces in her speech for no apparent reason. Yet, the language that Kroll uses to describe her influence on Beata draws in fact the portrait of the hysterical woman; Rebecca's denial of being hysterical is an acknowledgement of Kroll's implicit point. He immediately denies that he has suggested that, yet the point has been made. Kroll charges her with having 'bewitched' Beata making her feel 'adoration', 'idolatry' for her, the 'right word' being 'passion'. So Rebecca has inspired passion in Beata, not friendship. Passion sounds odd in the context of a female 'friendship'; it carries a faint air of homosexuality. Yet, not only does she arouse passion in others but she is victim of her own passion, too: a 'wild, uncontrollable passion' for Rosmer, that came upon her as 'a storm on the sea' and caught her in a whirlwind (p. 1026). At the same time, Kroll refers to her will to power that makes her dangerous. Passion and power merge in that picture of unorthodox-femininity which by contemporary standards would be subsumed under the category of 'hysteria'. In an account of female hysteria, it was noted that hysterical girls were energetic and passionate, 'exhibiting

more than usual force and decision of character, of strong resolution, fearless of danger . . . having plenty of what is termed *nerve*'.⁴⁹

Indeed Rebecca is presented as fearless and energetic, passionate and resolved; in other words, she appears to straddle the borders of sexual difference. Precisely like Hedda she is her father's daughter. Mother is somewhere in the picture, yet her position in Rebecca's life has also remained vacant. Rebecca may not have been brought up as a boy by Dr West. However, she has been infiltrated by his emancipated ideas about individual freedom and rights irrespective of gender. As a woman she has reached her thirties without getting married and having children. The liminality of her position within the context of fixed gender roles is underscored by her living in a triangular relationship to the Rosmers without filling the familiar space of a mistress. Furthermore, Rebecca displays a singularly 'unfeminine' energy and initiative. She fights 'a life-and-death struggle' (p. 1026) with Beata over Rosmer using a series of ruthless tactics to gain control. First, she breaks her will by exerting a tremendous influence on her, and then she drives her 'crazy' by implanting into her mind the obsessive idea that she is redundant. Beata's suicide is the outcome of the cold-blooded plan to conquer Rosmer, conceived and callously executed by Rebecca. As Rosmer admits, Rebecca was stronger than Beata and him together (p. 1026). What arises from that reversal of sexual positions by which the woman becomes the man through her association with power and desire is the figure of the hysterical woman:

What does psychoanalysis listen in hysteria? A problem of sexual identity in phallic terms: the hysteric is unsure as to being woman or man, 'the hysterical position – having or not having the phallus' . . . She is in trouble with her the given order.⁵⁰

The problem however, with this type of definition is that it seeks to explain a psychic situation on the basis of the very same logic that has produced it. The assumption is that a woman wants to possess the phallus, that signifier of power and desire, but, being trapped into her gender, she cannot have 'proper' access to it; as a result of that she becomes 'ill'. Yet what remains unexplained are the social conditions which made possible the attaching of that signification to the phallus, and determined sexual difference in terms of having it or not. So our concern cannot be whether Rebecca was hysterical or not. The crucial thing is that she could be considered so in terms of standardized ideas about sexual difference; even more importantly, that she had obviously internalized them to the extent that she wonders about her being hysterical. Precisely like Hedda she is torn between her adherence to her individuality as demarcated by current morality, and her increasing recognition of the power implicit in the latter. In this sense, Kroll's suggestion of an

incestuous affair between her and Dr West⁵¹ was decisive in her rapid conversion to moral principles which she had consciously fought.

Heredity as the cause of moral insanity – as Kroll puts it ‘the moral antecedents’ that determine her ‘whole conduct’ (pp. 1011–12) – makes its impressive entry into a consciousness already on the verge of collapse. Rebecca’s slow erosion by the ethics of the Rosmer view of life resulted in the loss of her power long before her suicide. That power, described by her as a fearless will that ‘knew no scruples’ (p. 1026), was broken down: ‘I have lost the power of action’ (p. 1027) she says, thus pinpointing the very nature of her difference from the stereotypes of passive femininity. That her loss of power and thus of her individuality was synonymous with the erasing of that difference becomes clear when she talks of ‘the great self-denying love’ (p. 1028) for Rosmer. Self-denying love supplanted her wild passion by ‘ennobling’ it. In reality passion was sacrificed to Rosmer’s ‘noble’, that is a-sexual, view of life. Only by sexually ‘mutilating’ herself could Rebecca fulfil his major, yet implicit demand on her: the surrendering of her second mark of individuality, her uncontrollable passion to his higher ‘ideals’. Brendel’s heavily symbolical speech brings into focus Rebecca’s sexual ‘mutilation’ as the absolute precondition for loving him:

The woman who loves him shall gladly go out into the kitchen and hack off her tender, rosy-white little finger . . . Item, that the aforesaid loving woman – again gladly – shall slice off her incomparably-moulded left ear. (p. 1033)

This has been interpreted as the sacrifice of sexual gratification to the idea of mission, the finger standing for the symbol of the male organ, whereas the ear stands for the female.⁵² Yet the text is firm on this point: the finger belongs to Rebecca. As for the sacrifice, it is far from mutual: Rosmer was never endowed with any desire to deny. Consequently the demand for the castration of desire is wholly addressed to her. If, however, we accept the phallic symbolism of the finger, then what is required of her is the relinquishing of power and-desire, and ultimately her ‘feminization’. Indeed Rebecca takes up her position in the ranks of self-abnegating women once she relinquishes the signs of her difference. With these gone she becomes like Beata and she goes the same way that she went. Furthermore, she finds ‘a horrible fascination’ (p. 1035) in Rosmer’s suggestion of suicide thus wholeheartedly embracing the woman-susceptible-to-life-denial stereotype. Rosmer after all was the strongest of all.

Rebecca follows Hedda, Beata, Aline and Ellida on the same path to self-destruction. The fact that Ibsen presents her revolt as a conscious reaction to dead ideas makes its outcome all the more tragic. The reason is that it brings into focus the contradictions intrinsic to the search for a female identity outside the constraints of gender. All these women, living

in a society which required uniformity in the face of strictly defined notions of femininity, were victimized for being different. Their psychic and mental world collapsed as the result of the pressure of roles either conceived outside their real needs (Hedda, Ellida, Aline), or creating those needs (Rebecca, Beata). All of them, having found it impossible to surrender themselves to the prescribed roles, became ‘mentally ill’ and finally destroyed themselves. Ibsen, using mental illness as a metaphor for female revolt, demonstrates its ineffectualness before the dominant logic of institutional practices such as marriage and family. However, his tremendous insight into their operation makes it also emphatically clear that a society that confronts the challenge of difference by resorting to the category of ‘illness’ is itself ‘sick’.

NOTES

- 1 John Northam, *Ibsen. A Critical Study* (Cambridge: Cambridge University Press, 1973), p. 150.
- 2 *Ibid.*, pp. 150, 151.
- 3 *Ibid.*, p. 150; same emphasis on Hedda’s dislike of pregnancy as a symptom of abnormality (p. 155).
- 4 *Ibid.*, p. 169; see also pp. 162, 167.
- 5 *Ibid.*, p. 152. See also Stein-Haugom Olsen, ‘Why Does Hedda Gabler Marry Jorgen Tesman?’, *Modern Drama* 4 (December 1985), 597, and Caroline W. Mayerson, ‘Thematic Symbols in Hedda Gabler’ in *Ibsen. A Collection of Critical Essays*, ed. Rolf Fjelde (Englewood Cliffs, NJ: Prentice-Hall, 1965), pp. 132–4, for the same contrast between Thea’s rich femininity as symbolized by her abundant hair and Hedda’s sterility. Both critics, while conceding Thea’s insignificance and passivity, stress her courage to break with social convention in order to fulfil herself as a woman. Mayerson (p. 133), implicitly comparing her with Hedda, even calls her ‘the most emancipated person in the play’, a feature that seems to her in radical opposition with Thea’s ‘palpitating femininity’.
- 6 Mayerson, ‘Thematic Symbols’, p. 132.
- 7 *The Times*, 24 April 1891, cited in Michael Egan, *Ibsen: The Critical Heritage* (London: Routledge and Kegan Paul, 1972), pp. 218–19.
- 8 *Saturday Review*, 25 April 1891, *ibid.*, p. 223.
- 9 ‘An Ibsen Success – Hedda Gabler at the Vaudeville’, *Pall Mall Gazette*, 21 April 1891, *ibid.*, p. 220.
- 10 From a review by Clement Scott, *Illustrated London News*, 25 April 1891, *ibid.*, p. 227.
- 11 *Observer*, 26 April 1891, *ibid.*, p. 230.
- 12 *The Times*, 12 May 1891, *ibid.*, p. 246.
- 13 From an unsigned notice, by Clement Scott, *Daily Telegraph*, 21 February 1893, *ibid.*, pp. 270, 271.
- 14 *Evening News and Post*, 21 February 1893, *ibid.*, pp. 274–5.

- 15 'Unchastity may à la rigueur be held to result from a neuropathic condition' says the anonymous critic with reference to Rebecca West finding it, however, an inadequate explanation of her behaviour (*The Times*, 24 February 1891, *ibid.*, p. 164).
- 16 *Reveree*, 17 May 1891, *ibid.*, p. 250.
- 17 Irene, in the *When We Dead Awaken*, obviously belongs to the same category. However, she is not included in this article because she exists more as a symbolic projection of Rubek's repressed self than in her own right. Therefore, she belongs more in the area of male psychic problems and especially of those related to men's relationship to the 'female' part within themselves, synonymous with physical gratification, or 'the joy of life'. Irene, the repressed female self of Rubek, returns to destroy the male Rubek, the artist.
- 18 Stephen Heath, *The Sexual Fix* (London: Macmillan, 1982), pp. 7-12.
- 19 *Ibid.*, p. 25.
- 20 Henrik Ibsen, *The Lady from the Sea* in *Ibsen: Plays*, trans. Peter Watts (Harmondsworth: Penguin, 1978), p. 244. All references to the play cited in the text by page number are to this edition.
- 21 For psychiatric Darwinism see Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987), pp. 101-20, and for the organic etiology of mental illness, Michel Foucault *Mental Illness and Psychology*, trans. Alan Sheridan (1976; rpt. Berkeley: University of California Press, 1987), pp. 1-14. Showalter's is an excellent study of the medical and social discourses and institutional practices within which female mental disorder was inscribed, produced and reproduced; I am indebted to Showalter.
- 22 Elinor Fuchs, 'Marriage, Metaphysics and *The Lady from the Sea*', *Modern Drama* 3 (September 1990), 438.
- 23 *Ibid.*, p. 437.
- 24 *Ibid.*, p. 438.
- 25 *Ibid.*, p. 463. Ellida's language is a language with no response, which becomes clear in Ibsen's directions (p. 282) that she gazes into the pool 'now and then talking to herself in broken phrases'. She talks to an imaginary interlocutor who is herself.
- 26 Michel Foucault, *Madness and Civilization*, trans. Richard Howard (1965; rpt. New York: Vintage Books, 1989), pp. 85-8.
- 27 Showalter, *The Female Malady*, p. 11.
- 28 Fuchs, 'Marriage, Metaphysics', p. 439.
- 29 Richard Schechner, 'The Unexpected Visitor in Ibsen's Late Plays' in *Ibsen. A Collection of Critical Essays*, p. 161. Alfred Schwarz, *From Büchner to Beckt* (Athens, Ohio: Ohio University Press, 1978), p. 198, also refers to the 'daemonic' will of Rebecca West, Ellida, and Hedda Gabler, using, precisely like Schechner, a metaphysical term for the female quest for individuality.
- 30 Schechner, 'The Unexpected Visitor', p. 160.
- 31 For the sexualization of science as masculine and of nature as feminine in western scientific and philosophical thought see Evelyn Fox Keller, *Gender and Science: In Discovering Reality: Feminist Perspectives on Epistemology and Philosophy of Science*, ed. Sandra Harding and ...

- B. Hinikka (Dordrecht, Holland: D. Reidel Publishing Company, 1983), pp. 187-92.
- 32 Henrik Ibsen, *Rosmersholm in Eleven Plays of Henrik Ibsen*, trans. H. L. Mencken (New York: The Modern Library), p. 979. All the references to the play cited in the text by page number are to this edition.
- 33 Showalter, *The Female Malady*, p. 59.
- 34 *Ibid.*, p. 74.
- 35 For Rosmer's sexual coldness as resulting from his philosophy of life see Arthur Ganz, *The Realm of the Self* (New York: New York University Press, 1980), pp. 160-1; also Leo Lowenthal, 'Henrik Ibsen: Motifs in the Realistic Plays' in *Ibsen. A Collection of Critical Essays*, pp. 148-9, for the problematic area of sexual relationships in Ibsen.
- 36 For the association of woman with death through sex as established by Christianity and assimilated by western culture see Beth Ann Bassein, *Women and Death. Linkages in Western Thought and Literature* (Westport, CT: Greenwood Press, 1984), pp. 18-43.
- 37 Henrik Ibsen, *The Master Builder* in *Eleven Plays by Henrik Ibsen*, p. 361. All references to the play cited in the text by page number are to this edition.
- 38 Schechner, 'The Unexpected Visitor', p. 162, reads the dolls as Aline's lost love and innocence, sacrificed to male aspirations. Ganz, *The Realm*, p. 158, sees the nine dolls as standing for the months of pregnancy, and signifying the destruction of life that the putting of male ideals before the family entails.
- 39 Foucault, *Mental Illness*, p. 33.
- 40 In the text 'duty' clearly arises as the symbol of 'the sickly conscience' (p. 348) that the Solnesses possess and which both of them experience as illness (insanity). That is also Hilda's view of them, who, as the representative of a 'robust conscience', throws into relief by her mere presence the sickness of their minds.
- 41 Showalter, *The Female Malady*, p. 64, draws attention to women's dependence on their inner lives as a result of passivity and boredom. Their engrossment in the personal makes them victim to depression and mental breakdown.
- 42 Henrik Ibsen, *Hedda Gabler* in *Hedda Gabler and Other Plays*, trans. Una Ellis-Fermor (Harmondsworth: Penguin, 1985), p. 362. All references to the play cited in the text by page number are to this edition.
- 43 My account of those features which, at the time, were held to characterize female hysteria and neurasthenia has been taken from Showalter, *The Female Malady*, pp. 132-4.
- 44 *Ibid.*, p. 144.
- 45 Northam, *Ibsen*, pp. 165-9, and Mayerson, 'Thematic Symbols', pp. 132-3.
- 46 Kay Unruh Des Roches in 'Sight and Insight: Stage Pictures in *Hedda Gabler*', *Journal of Dramatic Theory and Criticism* 5 (Fall, 1990), 64, underscores Thea's lack of character by focussing on Ibsen's directions concerning the use of lighting in the closing of scene: 'She now shines again, albeit by a reflected light. This, that Tesman and Thea do not shine by their own light, is as close as Ibsen comes to a condemnation of them. Yet it is enough.'
- 47 Mayerson, 'Thematic Symbols', p. 136.

48 Eric T. Carlson and Norman Dain, as quoted in Showalter, *The Female Malady*, p. 29.

49 F. C. Skey, as quoted *ibid.*, p. 132.

50 Heath, *The Sexual Fix*, p. 47.

51 Thomas R. Whitaker, *Fields of Form in Modern Drama* (Princeton, NJ: Princeton University Press, 1977), p. 44; refers to Freud's conviction that actual incest took place between Dr West and Rebecca who, after discovering it, is driven to suicide. An earlier draft of the play was clearer on this point; yet the final text also vaguely suggests such a possibility.

52 Ganz, *The Realm*, p. 161.

Representing mad contradictoriness in *Dr Charcot's Hysteria Shows**

DIANNE HUNTER

Jean-Martin Charcot (1825–93) was an important figure in the legitimizing of secular power as philosophical and medical positivists gained control of administrative centers in nineteenth-century France. Though Charcot had made significant contributions to medicine before 1870, when he became director of the Salpêtrière, the Paris public asylum for women, he is remembered by feminists primarily for his work on hysteria at the Salpêtrière, where he advanced his career by staging spectacular demonstrations of his ability to hypnotize and control patients. Charcot's widely publicized contributions to the hysteria diagnosis, which increased dramatically during his tenure as hospital director, were for him and his followers a way of attacking demonic possession and religious ecstasy, and of getting institutional control of hospitals and schools taken away from the Catholic Church. That is, Charcot's work on hysteria contributed to an anticlerical campaign promoting the triumph of positivism.¹

In his obituary of Charcot, Freud describes him as a *visuel*, someone for whom sight is the dominant mode of knowing; and Freud reports Charcot's supreme satisfaction in naming and classifying clinical facts.² As part of his positivistic method, Charcot commissioned draftsmen to make sketches of hysterics in action on the Salpêtrière wards; and he founded a photographic studio at the hospital. Charcot's disciples Paul Régnaud and Desiré Bourneville produced two journals, the *Iconographie Salpêtrière* (1888–1918), and the *Nouvelle Iconographie de la Salpêtrière* (1875–77), disseminating a visual record of hysteria.³

This historical drama in which priests and positivists contested administrative power at the site of the female body, and in which the winner was a man with a powerful gaze, a magnetic personality, the authority and space to exhibit and interpret unruly women, and the technology to mechanically reproduce their images was the starting point for what evolved into four separately produced versions of a dance theatre performance titled *Dr Charcot's Hysteria Shows*. This essay will describe

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