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“It could have happened to any of you”:

Post-Wounded Women in Three Contemporary Feminist Dystopian Novels

A thesis

presented to

the faculty of the Department of Literature and Language

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts in English

by

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May 2021

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Keywords: feminism, British dystopia, post-wounded women, shame resilience theory, gender

ABSTRACT

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Post-Wounded Women in Three Contemporary Feminist Dystopian Novels

by

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My goal for this thesis is to investigate the concept of (mis)labeling female protagonists in contemporary British fiction as mentally ill—historically labeled as madness—when subjected to traumatic events. The female protagonists in two novels by Sophie Mackintosh, *The Water Cure* (2018) and *Blue Ticket* (2020), and Jenni Fagan’s 2012 novel *The Panopticon*, are raised in environments steeped in trauma and strict, hegemonic structures that actively work to control and mold their identities. In *The Panopticon*, this system is called “the experiment”; in *The Water Cure*, it is personified by the character King and those who follow him; and in *Blue Ticket*, it is the social structure as a whole reflected in the character of Doctor A. To simply label these novels’ woman protagonists as ill would be to ignore that their behavior is not mental illness but in fact rational behavior produced by the traumatic dystopian environments.

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CHAPTER 1. INTRODUCTION

My goal for this thesis is to investigate the concept of (mis)labeling female protagonists in contemporary British fiction as mentally ill—historically labeled as madness—when subjected to traumatic events. The female protagonists in two novels by Sophie Mackintosh, *The Water Cure* (2018) and *Blue Ticket* (2020), and Jenni Fagan’s 2012 novel *The Panopticon*, are raised in environments steeped in trauma and strict, hegemonic structures that actively work to control and mold their identities. *Hegemony* in this thesis refers to established, phallogentric ideologies and corresponding systems of power in the dystopian world of each novel. In *The Panopticon*, this system is called “the experiment”; in *The Water Cure*, it is personified by the character King and those who follow him; and in *Blue Ticket*, it is the social structure as a whole reflected in the character of Doctor A. To simply label these novels’ woman protagonists as ill would be to sidestep a larger issue, namely that the perceived mental illness(es) of female protagonists in contemporary British dystopian novels is, I argue, not mental illness but in fact extreme, rational behavior produced by the traumatic dystopian environments.

The most powerful ability of the female body is its malleability, and it is this natural strength that many patriarchal societies strive to knead into a mold which reflects hegemonic ideals. However, when this experiment goes awry or proves unsuccessful, as it does in all three of the novels in question, this ability is redesignated as disability and the women are told they are “ill” as a tool to silence them. The “illness(es)” assigned to the female characters in these dystopian environments vary, but each is used by the established patriarchy as a method of controlling, silencing, and thus hiding these women and their meaningful voices.

As Judith Butler notes in her seminal work *Gender Trouble*, “gender is culturally constructed” (8). In traditional Western society, women are subjugated by men in relation to

upward mobility in jobs, unpaid labor in the home, and male-anatomy-based healthcare, to name just a few examples. In dystopian novels, real-world conditions are amplified to draw attention to them; as a result, traditional modes of subjugation are exacerbated in order to highlight the absurdity of the cultural constructs upon which they comment, including the idea that men and women are significantly different in both social situations and their mental constitution. Assumptions of clear, gender-based social expectations are intensified to highlight the absurdities of enforced binaries. Luce Irigaray posits that “[w]ithin a language pervasively masculinist, a phallogocentric language, women constitute the *unrepresentable*. In other words, women represent the sex that cannot be thought” (qtd. in Butler 13, italics in original). This thesis, by highlighting instances of this hegemony in feminist dystopian novels, seeks to return agency and a voice to their protagonists.

First, however, let us establish a clearer understanding of what the terms sex, gender, and feminism mean within the context of this thesis. John Sloop, in his article on the infamous John/Joan case involving the emergency circumcision of an infant male who was subsequently raised to believe he is female, notes the many ways in which critics, and academics in particular, fashion feminism to fit their personal agenda and ideologies. Sloop states, “When one notes the many ways in which feminism is caricatured and dismissed in conversations in the academy and in the public sphere, the need for the careful articulation of any given stance is clear” (143). Certain aspects of feminism, historically, have been conflated to represent feminism as a whole and to subsequently dismiss feminism as a viable field of study. As Sloop, like Butler before him, points out, however, this very act of totalizing aspects of feminism justifies the pursuit of further engagement with feminism to illustrate its many nuances. The “rules for gender

performance” are largely shaped by culture (Sloop 144). Indeed, gender performance is illustrated and enforced in

the way we all, to varying degrees, take part in the reiteration of the norms of gender binarism and normative heterosexuality (e.g., how we monitor the behaviors of others and of ourselves, how we discipline that behavior through force, ostracism, taboo, and the reiteration of normative gender assumptions). (Sloop 144)

This normative ritualizing of gender relates to feminism through the ties between culture and gender. Most feminist scholars argue that gender is socially constructed rather than biologically predetermined by one’s genitalia at birth (see Butler 8-9). This is an important distinction because “[t]o be male or female, then, continues to mean that one performs within a fairly rigid set of constraints” (Sloop 144). These gender constraints are present in each of the three dystopian novels examined herein. In *The Water Cure*, we see these constraints as the characters Mother and King socially condition their three daughters—Grace, Lia, and Sky—through rituals; in *Blue Ticket*, we see them as women are randomly assigned a lifetime role of either a sexually promiscuous object of desire or of nurturing mother, and as they are conditioned to accept their roles without question; and, finally, in *The Panopticon*, we see how gender constraints are enforced by a Repressive State Apparatus (Althusser). The hegemonic enforcement of these gender constraints shapes the situations, decisions, and actions in which the heroines of these novels are forced to operate. It is worth emphasizing that in all three novels, the hegemonic power structures center on patriarchy. *Patriarchy* in this thesis is defined as systems in which men hold primary positions of power that actively work to diminish, exclude, or marginalize women. The environments of these dystopias actively harm, oppress, and traumatize the women, and occasionally even the men, who are forced to live within such constraints.

Feminist Dystopian Novels

Dystopian novels are often *speculative* novels in that they are written as a warning to society—a warning which paints a very grim picture of a futuristic world that threatens to become a reality if society were to continue on its present directory. In other words, many dystopian novels are written to instill change, to call readers to action, much like the protagonist of the dystopian novel is called to take action against the oppressive totalitarian regime. As Pavla Stehnová states,

The main protagonist of dystopian fiction attempts to rise against the authority or the totalitarian regime which suppresses his freedom, but his effort is mostly pointless. The hero is usually forced to accept the government's conditions and submits to the authority. The aim of dystopian fiction is to warn the contemporary society against the possible threats in the future. The writer indicates the patterns of the present day which could lead to dystopia. (1)

Indeed, in most 20th century dystopian novels, such as *Nineteen Eighty-Four* and *Brave New World*, Stehnová's analysis, and her use of the pronoun "his," is correct. However, the turn of the century brought a shift in contemporary dystopian novels through the rise of feminist dystopian fiction. While feminist dystopias are often discussed alongside speculative fiction, science fiction, and general dystopian and utopian fiction writing, they are distinctive in a way important to this study.

The concept of dystopia (literally "bad utopia") hinges on the concept of utopia, and there are some literary precedents for what a feminist utopia might look like. According to Linda Napikoski, a journalist and activist who specializes in feminism and global human rights, "a

feminist utopia novel envisions a world in stark contrast to patriarchal society. Feminist utopia imagines a society without gender oppression, envisioning a future or an alternate reality where men and women are not stuck in traditional roles of inequality. These novels are often set in worlds where men are entirely absent.” Charlotte Perkins Gilman’s novel *Herland* (1915), part of a trilogy in which women have built a society that has banished men, is perhaps the most famous historical example of a feminist utopia, and Nicola Griffith’s *Ammonite* (1992), set in a world in which men are killed off by a deadly plague, is a more recent example. In contrast to these utopian visions, editor Sharon Wilson explains in her introduction to *Women’s Utopian and Dystopian Fiction* that “Dystopia involves utopia’s opposite: a nightmare, the ultimate flawed world” (1). If feminist utopias create a fictional space for women to live beyond patriarchy, feminist dystopias depict the ultimate nightmare for women: patriarchy as the core ideology of hegemony.

The most famous writer of feminist dystopias is Margaret Atwood. In her nonfiction book *In Other Worlds: SF and the Human Imagination*, Atwood states that her novels *The Handmaid’s Tale*, *Oryx and Crake*, and *The Year of the Flood* are speculative fiction rather than science fiction, as some label her work, because they contain incidents that have in fact already happened in real life, as opposed to depictions of obviously fictional characters and events. Atwood elaborates, “for me, ‘speculative fiction’ means plots that descend from Jules Verne’s books about submarines and balloon travel and such—things that really could happen but just hadn’t completely happened when the authors wrote the books” (6). Thus, perhaps the most frightening aspect of novels such as *The Handmaid’s Tale* is the implication that this futuristic world could become reality if specific occurrences that have already happened over the course of human history converged. It is useful for us to think of feminist dystopia in these terms, namely a

genre that follows existing marginalization and subjugation of women to worst-case-scenarios. In some cases, one does not have to speculate very much to imagine these realities. In fact, Cody Delistraty points out that “today’s ‘dystopia’ hews closer to reality than ever before.” He continues, “Novels like Leni Zumas’s *Red Clocks*, Ling Ma’s *Severance*, Christina Dalcher’s *Vox*, and the best of the bunch, Sophie Mackintosh’s *The Water Cure* . . . lead us to wonder at what point the so-called ‘dystopian novel’ will become simply a reflection of the world in which we live.”

Dystopian novels became popular after the end of World War II (1945), but feminist dystopias did not achieve popularity until the second-wave feminism of the 1960s, 1970s, and 1980s (Napikoski). When one considers the debates at the heart of second-wave feminism and the associated changes in Western social and political thought within this climate, it is not surprising to find the shift in narrative focus from war and governmental oppression (as seen in *Nineteen Eighty-Four*) to feminist issues such as reproductive rights, the impact of the problematic male gaze, sexuality, and the commonly-labeled “hysteria” present in women who are in mourning or who have been traumatized. This last term and its relationship to mental illness as a fictional theme is at the heart of this thesis. The next section briefly outlines the history of women’s experiences with madness and hysteria in British novels, further establishing the framework that will be used to examine the three contemporary novels on which this thesis focuses.

A Brief History of the Literary “Madwoman”

Perhaps the most canonical example of women and madness in British literature, Charlotte Brontë’s *Jane Eyre* established a framework through which readers and critics have discussed the topic. Through the portrayal of Bertha Mason, the “madwoman” confined to an

oppressive, stifling attic space, Brontë struck a chord with writers, critics, and readers alike. For example, Dominica-born novelist Jean Rhys wrote *Wide Sargasso Sea* (1966), a feminist and postcolonial response to *Jane Eyre*, from the point of view of Bertha Mason, whose actual name is Antionette Cosway, before she is declared mad and renamed Bertha by her husband. Much of this novel deals with patriarchy and tropes of madness and how men have used the idea of madness as a means to control, scapegoat, and silence women. Then, in 1979, Sandra Gilbert and Susan Gubar famously composed a work around the larger subject, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. Gilbert and Gubar address the book's concept in the preface, which is worth quoting at some length because the ideas and theoretical approaches of the preface provide a model for discussing themes of confinement and depictions of madness that abound in speculative, dystopian novels.

Reading the writing of women from Jane Austen and Charlotte Brontë to Emily Dickinson, Virginia Woolf, and Sylvia Plath, we were surprised by the coherence of theme and imagery that we encountered in the works of writers who were often geographically, historically, and psychologically distant from each other. Indeed, even when we studied women's achievements in radically different genres, we found what began to seem a distinctively female literary tradition, a tradition that has been approached and appreciated by many women readers and writers but which no one had yet defined in its entirety. (xi)

Gilbert and Gubar go on to write that many of these 19th century women's writings feature "[i]mages of enclosure and escape, fantasies in which maddened doubles functioned as asocial surrogates for docile selves," and even "obsessive depictions of diseases like anorexia, agoraphobia, and claustrophobia" (xi).

In addition to pointing out commonalities within this tradition of writing, Gilbert and Gubar also sought to “understand the anxieties out of which this tradition must have grown” (xi). Focusing on 19th century literature penned by women, as it was the first era in which women were beginning to no longer write under aliases, they discovered the following:

[W]e found ourselves over and over again confronting two separate but related matters: first, the social position in which nineteenth-century women writers found themselves and, second, the reading that they themselves did. Both in life and in art, we saw, the artists we studied were literally and figuratively confined. Enclosed in the architecture of an overwhelmingly male-dominated society, these literary women were also, inevitably, trapped in the specifically literary constructs of what Gertrude Stein was to call “patriarchal poetry.” For not only did a nineteenth-century woman writer have to inhabit ancestral mansions (or cottages) owned and built by men, she was also constricted and restricted by the Palaces of Art and Houses of Fiction male writers authored. (Gilbert and Gubar xi)

Thus, the commonalities Gilbert and Gubar saw in 19th century women’s literature could be explained by a “common, female impulse to struggle free from social and literary confinement through strategic redefinitions of self, art, and society” (Gilbert and Gubar xii).

Gilbert and Gubar realized they “were trying to recover not only a major (and neglected) female literature but a whole (neglected) female history” (xii). I hope to continue this act of recovery by applying Gilbert and Gubar’s pioneering work on literary madness within a dystopian framework. Specifically, I apply their concept of “confinement” and how it relates to the depictions of madness in *The Water Cure*, *Blue Ticket*, and *The Panopticon*. The women in these novels are often forced to exist within a certain framework or live within a restrictive

space. In *The Water Cure*, Grace, Lia, and Sky are literally trapped on an island, cut off from the rest of the world. In *Blue Ticket*, Calla is trapped in the narrative of promiscuous and loose woman. And in *The Panopticon*, Anais is trapped in the U.K. foster care system and, more specifically, within both the panopticon facility and an accusation of criminality that she cannot seem to escape. The confined spaces in which all of these women are forced to operate are what exacerbates and leads to accusations of mad behavior and, often, diagnoses of mental illness.

Historically, the madwoman character in women's literature has been marginalized not just by characters in the text itself, but also by critics, who attempt to either rationalize or demystify female power by diagnosing these "mad" women.¹ Roxane Gay, in her essay collection *Bad Feminist*, refers to this process as an "armchair diagnosis" (91). Gay illustrates examples of this in film, such as Charlize Theron's character of Mavis Gary in the movie *Young Adult* (2011), describing how critics accused Mavis of being unlikable and then assumed she must be mentally ill in order to justify the unlikable characteristics. Assuming mental illness as a justification for female actions that do not conform to societal expectations, says Gay, "is an almost Pavlovian response" (91). Critics, according to Gay, "require a diagnosis for [Mavis's] unlikability in order to tolerate her" (84-85). Supposedly more likable characters, by contrast, serve the purpose of showing "that he or she is one who knows how to play by the rules and cares to be seen as playing by the rules. The likeable character, like the unlikeable character, is generally used to make some greater narrative point" (Gay 87). This likability, as Gay elaborates, is gendered, and, as is most always the case, the gendering benefits the man more than the woman. Ultimately, says Gay, "what is so rarely said about unlikable women in fiction" is that

¹ See Coon and Hassen's article "Did the 'Woman in the Attic' in *Jane Eyre* Have Huntington Disease?" for an example of this.

“they aren’t pretending, that they won’t or can’t pretend to be someone they are not. They have neither the energy for it nor the desire” (95). These women “are, instead, themselves. They accept the consequences of their choices, and those consequences become stories worth reading” (Gay 95).

Using an armchair diagnosis to dismiss a female character in a novel or a film is far more harmful than it may seem on the surface. Even if (or when) there is evidence that could be used to support the claim of mental illness—the modern, politically correct term for the 19th century label “madness”—the diagnosis does not usually enhance a reader’s understanding of the character. Rather, the diagnosis more often serves to explain away the character’s behavior as an unlikable social deviation which we as consumers must marginalize and render “other” because it threatens the existing social order. This, we should emphasize, is even the case in dystopian novels where a patriarchal and totalitarian system is in complete control of the social structure. This, of course, should make us question any diagnosis of madness as being *part* of the oppressive system, and any transgressive act as evidence of resistance rather than madness, but critics have not consistently made these connections when reading dystopian novels. Thus, armchair diagnoses of female characters have become a form of hegemonic, systemic oppression which silences the very voices we need to hear the most—the very voices which should reveal our humanity most clearly.

Illness as Metaphor

In her essay collection *Men Explain Things to Me*, Rebecca Solnit writes, “Women diagnosed with hysteria whose agonies were put on display by Sigmund Freud’s teacher Jean-Martin Charcot appear, in some cases, to have been suffering from abuse, the resultant trauma, and the inability to express its cause” (105). Solnit’s description of hysteria is essential to my

argument that, in addition to Gay's point that perceived "unlikability" is evidence of humanity, not madness, many women in literature are labeled as mad or hysterical because their bodies do not know how to react to, cope with, or express the trauma they have endured. And, crucially, they do not exist within a social framework that allows for any non-normative expressions of emotion. Elaine Showalter, in *The Female Malady*, explains that the label of madness is sometimes used as a tool in novels to invalidate women who refuse to embody the female stereotype. We should always suspect, then, that women characters labelled as mad, hysterical, or otherwise existing in an "extreme emotional state," have most likely been misdiagnosed as a way for someone, and/or for the wider system of oppression, to assert control over these women and thus silence them.

Sara Schotland, in her dissertation on disability and disease in utopian and dystopian fiction, states, "neither disability nor utopian studies has directly addressed representations of individuals with disabilities in utopian and dystopian fiction" (1-2). Schotland's assertion is that "individuals with disabilities function as a critique" in fiction, which can be used to "reform actual social institutions" (2). We find evidence of such resistance and critique in all three novels under consideration. In *The Water Cure*, Lia resorts to self-harm as a means of regaining control of her body; in *Blue Ticket*, Calla protests by becoming pregnant, a choice which is continually denied her; and in *The Panopticon*, Anais restricts her eating as a way to regain some control over her body. Said in another way, these women, who lack the agency to control most aspects of their lives, resort to enforcing control over their own bodies as a form of protest. In all three novels, this protest is also closely intertwined with feelings of shame towards the very acts of protest they have been driven to perform. Examples of these actions in the novels include sexual interactions/favors, being forced to lash out or inflict pain on others, and subversive reproductive

decisions. Anne Werner et al.'s concept of shame resilience theory (SRT) is valuable in helping us understand the actions taken by the women in *The Water Cure*, *Blue Ticket*, and *The Panopticon* by helping us understand the way shame is internalized.

Shame Resilience Theory

According to Anne Werner, a health communication theorist co-writing with her colleagues, “illness is experienced as a moral event, concerning shame and blame, responsibility and stigmatization” (1036). Shame challenges a person’s identity, and extreme levels of shame can lead to behavior similar to that of someone who has experienced trauma, which itself can produce feelings of shame. As we will see, Lia in *The Water Cure* exemplifies this exact behavior by taking on the burden of hurting her sisters and then later harming herself in private as a way of atoning for the shame of her actions. People who have experienced shame and live with it in isolation—that is, without an opportunity to speak about the experience or share it with others, the very situation Anais finds herself in in *The Panopticon*—develop a narrative by which they survive with, rationalize, and even normalize the shame. Werner et al. state that life is “a kind of argument: it is a way of claiming that one construction of experience should be privileged and that other, negative alternatives should be dismissed” (1036). In other words, it can be reasonably argued that people who have experienced shame—and are forced to live with it—actively construct a reality in which they are able to live with their shame on a day-to-day basis. As we will see, Calla in *Blue Ticket* exemplifies this ability to construct one’s own reality. Werner et al. elaborate further by showing the two genders of morality, which they pull from “Haug’s study of morality”: “In men the central element is property; *in women it is her relation to her body*” (1037, italics added). Lia (along with her older sister, Grace), Calla, and Anais

illustrate their morality in the actions they perform against their bodies. For Lia, it is the cutting; for Grace and Calla, it is their pregnancies; and for Anais, it is her restricted eating.

Defining women solely by their pain, however, is dangerous. As Leslie Jamison points out in her essay “Grand Unified Theory of Female Pain,” “The moment we start talking about wounded women, we risk transforming their suffering from an aspect of the female experience into an element of the female constitution” (187). By *female constitution*, Jamison means a woman’s (lack of) ability to bear pain. Many of the women in Werner et al.’s study focused on expressing how strong they are in spite of their illness (in this case, the illness is chronic pain) while also degrading other women who have shared similar illness narratives (1039). Essentially, the women in the study dissociated from the situation, emphasizing that while the other women were in similar situations, it was not the same (1039-40). In *Blue Ticket*, for example, Calla is aware that other women may be in the same situation as her (desiring a child but being unable to choose to conceive), yet she does not connect with any of these women, believing that her situation is unique.

In order to explain this phenomenon, Werner et al. turn to a discussion of Ochberg, an expert in narrative and gender studies who states that “we live out the essence of the matter in ‘storied forms’. The lives we perform expose us to the same dangers of negation as the stories in the literary sense, and the attempts to rescue itself occurs at three levels” (1041): The plot of a story “exposes its narrator to the possibility of defeat,” the performance “risks the disbelief or disinterest of its audience,” and the argument “risks being supplanted by an invidious alternative” (1041). In other words, the women in the study actively worked to construct a narrative that aligned with their personal beliefs and values about how they wish to be perceived by themselves, by society (in both private and professional life), and by the larger narrative

paradigm, which is based on Western ideals of how one should interact with and discuss experiences with pain.

Additionally, “[w]omen who talk (too much) about illness might be in danger of having their complaints interpreted as groundless suffering from unreal pain caused by their inappropriate or maladaptive way of relating to their bodies and health disorders” (Werner et al. 1041). A clear example of this appears in Calla’s relationship with Doctor A in *Blue Ticket*, in which he gaslights Calla any time she asks for emotional support. Jamison describes her own experience with the ways the world tells women they must bear their pain in silence, stating that a woman who focuses on her own pain is “exactly the woman I grew up afraid of becoming. I knew better—we all, it seems, knew better—than to become one of *those* women” (210, italics in original). What is more, “Plummer (1995) asserts that stories are generated by social and political conditions, which enables certain stories to be told and heard” (qtd. in Werner et al. 1041). Essentially, women’s illness stories are largely ignored by society (unless the conditions happen to be just right to enable society to become temporarily receptive to the stories), yet perhaps even more troubling is that women’s illness stories are also being ignored by the very same kind of women who are sharing these stories. This double silencing leads to numerous occurrences of isolation which force women to remain silent about their illness(es). Lia, Grace, and Sky, although unified in the shame and abuse they suffer at the hands of King and Mother in *The Water Cure*, are still separate in their experiences because they have developed this mentality of internalizing the pain and presenting a face of normalcy to avoid thinking of themselves as victims.

Brené Brown defines shame as “[a]n intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (45). Shame Resilience

Theory (SRT) “proposed that shame is a psycho-social-cultural construct” (45). The psychological component is tied to “the emotions, thoughts, and behaviors of self,” the social refers to “the way women experience shame in an interpersonal context that is inextricably tied to relationships and connection,” and the cultural aspect “points to the very prevalent role of cultural expectations and the relationship between shame and the real or perceived failure of meeting cultural expectations” (Brown 45). The psychological, social, and cultural context all contribute to how a woman perceives and deals with shame. Perhaps the most important application of this definition is the fact that, depending on the context and the levels of isolation, a woman can be persuaded (i.e., emotionally, psychologically, and/or physically manipulated) to perceive her shame as a flaw of gender or personal character, a flaw that needs to be constantly controlled and monitored to prevent potential shameful situations or behavioral results. This exact type of manipulation takes a front row seat in *The Water Cure*, *Blue Ticket*, and *The Panopticon*.

Additionally, the primary concerns of SRT are “feelings of being trapped, powerless, and isolated” (Brown 45), all of which are central components of dystopian novels and relate closely to Gilbert and Gubar’s concept of confinement. The framework of SRT, when applied to the three novels using the keywords “trapped, powerless, and isolated,” reveals the clear trauma produced by the frequent shaming of the women forced to survive in these extreme patriarchal, totalitarian environments; ultimately, the framework proves that the women do not suffer from any form of mental illness but face instead an oppressive hegemony which attempts to alter their very being, creating an erasure of the female body.

Throughout this thesis, I will illustrate the many ways in which the female body endures, expresses, and smothers pain in various forms: emotional, physical, psychological, intellectual,

familial. In *The Water Cure*, *Blue Ticket*, and *The Panopticon*, women's bodies endure the pain of adolescence, the pain of unrequited love, the pain of motherhood denied, granted, and denied again, and, finally, the pain of oppression. Female pain, according to Jamison, is often overlooked, silenced, labeled as a stereotype to be avoided at all costs. Or, women who express their pain openly are accused of wallowing in their pain; they are called narcissistic, overly self-indulgent; they are told to simply "get over it." Jamison labels this awareness of the bad rap female pain receives, and women's desire to avoid this negativity, as "post-wounded" (198). Jamison explains,

What I'll call "post-wounded" isn't a shift in deep feeling (we understand these women still hurt) but a shift away from wounded affect—these women are aware that "woundedness" is overdone and overrated. They are wary of melodrama so they stay numb or clever instead. Post-wounded women make jokes about being wounded or get impatient with women who hurt too much. The post-wounded woman conducts herself as if preempting certain accusations: don't cry too loud, don't play victim, don't act the old role all over again. Don't ask for pain meds you don't need; don't give those doctors another reason to doubt the other women on their examination tables. Post-wounded women fuck me who don't love them and then they feel mildly sad about it, or just blasé about it, more than anything they refuse to care about it, refuse to hurt about it—or else they are endlessly self-aware about the posture they have adopted if they allow themselves this hurting. (198)

Post-wounded women in contemporary literature are lauded for their blasé, detached attitude toward their own painful situation. This concept, along with the three tenets of SRT and Gilbert and Gubar's thread of confinement mentioned above, create the theoretical framework through

which I examine the women in *The Water Cure*, *Blue Ticket*, and *The Panopticon*, ultimately showing how an armchair diagnosis of madness sidesteps a more nuanced situation and complex reality.

CHAPTER 2. *THE WATER CURE*

Grace, Lia, and Sky, the three daughters featured in Sophie Mackintosh's novel *The Water Cure*, are sequestered under the strict eye of their father, King, and their mother. The island on which they live is a harshly patriarchal environment disguised as a matriarchy in that the island for a time served as a healing group for women escaping the toxic influence of men on the mainland. In this sense, the novel physicalizes toxic masculinity. As a result, King keeps his distance from the visiting women, allowing Mother to oversee various healing ceremonies and detoxification rituals. King, however, controls the environment because he is the only member of the family who is allowed to leave the island, occasionally rowing to the mainland to gather supplies and correspond with those on land. While Mother carries out the family's rituals and discipline, King also has the final authority in these decisions. Thus, the girls grow up under intense emotional strain. However, when King does not return from a sojourn to the mainland and two strange men and a boy show up on the beach, the girls are forced to coexist with men who are not family and who, although they interact differently with them than King, reveal their toxicity through manipulation and control. In fact, several key points in the novel indicate the girls' feelings of being trapped, powerless, and isolated—which are the three key tenets of shame resilience theory (SRT)—within the confines of their own home.

According to Jean Pfaelzer, feminist utopias are able to succeed in articulating utopian moments through the use of altered states of consciousness, such as “frequent shifts among dreams, awakenings, and drug-induced states of consciousness” as well as using multiple protagonists and narrators (194). Mackintosh often succeeds in creating the illusion of a utopia by having the three girls express themselves as a single unit in chapters where they narrate using the collective “we.” She even begins the novel in this framework, with the girls collectively

stating, “Once we had a father, but our father dies without us noticing” (3). This sentence works simultaneously to establish the faux matriarchal framework by creating a false concept of multiple narrators while also establishing shame within the three girls. They feel guilty for not noticing their father’s absence, assuming they were too self-absorbed to note the change. They blame themselves, musing, “It is possible we drove him away, that the energy escaped our bodies despite our attempts to stifle it” (3). The reference to strange energy also locates blame within their own bodies, which are perceived as dangerous to men. Thus, from the first two paragraphs of the book, the reader is told that Grace, Lia, and Sky are dangerous, inept at controlling their feminine powers, and potentially guilty of whatever has happened to their father.

The girls are raised by King and Mother to believe that the world past their island is filled with toxins and that women used to flock to the island to escape the toxins, to be cured of what men had done to them. In fact, a piece of paper in the reception area of the family’s house describes the “*symptoms*” of prolonged exposure, including “*withering of the skin,*” “*wasting and hunching of the body,*” “*unexplained bleeding from anywhere,*” and “*total collapse*” (Mackintosh 34, italics in original). The girls have been taught, “There is no hiding the damage the outside world can do, if a woman hasn’t been taking the right precautions to guard her body” (34). In fact, King would regularly make the girls breathe into jars so he could test their “toxin levels” (15). When King sailed to the mainland for supplies, he would refuse to let anyone touch him upon his return until he after he took a long bath “to let the scum of the outside world fall away” (32). Once, when Lia was caught opening a magazine that King brought back and that had yet to be sanitized, Mother saw and “screamed with true fear” for Lia (32). And even though Lia “didn’t make it past the second page,” she “was still required to wear latex gloves for the rest of the week in case [she] contaminated anyone” (32-33).

The island is meant to function as a sanctuary and healing space for the girls, Mother, and the damaged women who come for help. Mother regularly administers ritual “cures” for the women, although, as the synopsis of the book explains, these rituals are “cultlike” in their extremism. For example, after arriving on the island, the women are first required to drink many glasses of salt water: “The woman drank the salt water first, their faces pained. They threw up repeatedly into the buckets. Their bodies convulsed. They lay on the floor but Mother helped them up, insistent” (23). The girls are also subjected to insistent “cures” and rituals, such as the “fainting sack” exercise (19), in which the girls are sewn into heavily woven sacks that once held rice or flour: “We held out our arms, naked except for our underwear, and stood motionless while Mother guided our limbs through holes in the rough fabric. She sewed us into the sacks right up to the top of the neck” (20). The girls are then locked in a sauna and forced to sweat out “the bad feelings” until they lose consciousness from dehydration (20). This fainting sack therapy and its accompanying altered mental state, along with other therapies applied by Mother and King, grooms the girls to subsequently accept drugs and other forms of “treatment.”

After King disappears, the island—or at least what the girls are led to believe is an island—does become a true matriarchy in the sense that there are no longer any men present and Mother takes charge. However, Mother is distraught at King’s disappearance, and she proceeds to drug the girls in an attempt to help them cope with the loss; rather than comforting the daughters, Mother instead creates the false utopia described by Pfaelzer in which the girls shift between “dreams, awakenings, and drug-induced states of consciousness” (194). Lia describes her mother as “panicked” but explains that she quickly finds a solution:

For one week, Sky and I share Grace’s bed. For one week, Mother puts the small blue insomnia tablets on our tongues three to four times a day. Short and foggy breaks in the

sleep to be slapped awake, to drink from the glasses of water that crowd the bedside table and to eat crackers Mother spreads with peanut butter, to crawl to the bathroom, because by the third day our legs can no longer be relied upon to hold us. The heavy curtains stay closed to keep the light out, to keep the temperature down. (Mackintosh 7)

Although Mother is described as a tender, attentive, and caring bedside nurse throughout the week, the drug-induced sleep does not create the desired comfort and rest for the girls, at least according to Lia's account: "All through the long sleep my dreams are boxes filled with boxes filled with small trapdoors. I keep thinking I am awake and then my arms fall off or the sky pulses a livid green, I am outside with my fingers in the sand and the sea is vertical, spilling its seams" (7). Ultimately, Lia feels trapped by the forced unconsciousness, confined to a mystery realm in which she struggles to tell the difference between waking and sleeping, reality and dream. This dissociation with time and her own body is a theme that continues throughout the novel in that, as described by the tenets of SRT, Lia's shame becomes inextricably tied to her relationships with her family, and because these relationships are so toxic, Lia becomes an embodiment of toxicity. Perhaps ironically, Lia becomes the very individual Mother feared she would: a toxic woman. Mother's drugging of Grace, Lia, and Sky is a form of oppression in that Mother controls the girls through limiting their mental and physical capacities, thus reducing them to malleable bodies on a sickbed—an image which mirrors the practices of early mental health facilities.

Treated as perpetual children who must always exist within a static liminal space, Grace, Lia, and Sky are barred from any thought of a future beyond their home. Time either does not pass or does so at a snail's pace. It is the active men who infiltrate the island that introduce to the girls the potential to take control of time and space, and thus one's surroundings. Prior to the

men's arrival, the girls occupy a timeless space in which there is no room for thoughts of the future, and therefore no room, according to Jan Schwarz, for mental development because "Thinking about the future and dealing with the future is an important activity . . . for humans and their mental health" (16). For example, when Grace becomes pregnant with King's child, Mother refuses to accept the incident as fact and instead tells Lia and Sky that Grace became pregnant because she "asked the sea" for a baby (37). As a result, Lia and Sky misunderstand how babies are conceived, just as they misunderstand human development more broadly. As Schwarz details, "how the future is dealt with within an organization provides an indication of that organization's mental health" (16), and the complete lack of a future in the girls' family organization leads to a jarring halt in their mental development, as most accurately reflected in the youngest daughter, Sky, who remains at the developmental stage of a child. This lack of control over their future creates a false consciousness and associated powerlessness in the girls that they take to heart; their bodies essentially become clay which any man who encounters them can mold to his desires. Their lack of knowledge about sexual and reproductive health also compounds this vulnerability. King has intentionally taught his daughters a submissiveness of which even they are unaware because they have absorbed essentialist arguments that conflate womanhood with victimhood.

Grace, Lia, and Sky are frequently given rules they must follow which render them powerless. For example, after King goes missing, Mother tells them there will be "*No more love!*" in the house (Mackintosh 9, italics in original). She then revises the declaration by stating they must only love each other and her (9). This decision is Mother's first step towards full control of the daughters' lives, control which Mother used to share with King. There are several rituals through which the girls have been taught to doubt, control, and even suppress their natural

emotions. One example is “drawing the irons” (10). The ritual consists of five irons hung on the wall—one iron for each member of the family. Once a year, everyone in the family draws an iron. Last time, Grace drew an iron with King’s name on it, meaning King would receive her love that year. Lia, on the other hand, drew “the blank iron, which meant that there was no specific love allocated to her this year” (10-11). The goal of the irons was not to be stingy with love, but rather to evenly distribute the love in the family, according to Mother:

“We always love some people more,” Mother explained when we first drew them. “This way, we can keep it fair. Everyone gets their turn.” It seemed simple, with those irons new in our hands and our names painted fresh upon them. Lia got me, that time.

We would all still love each other, but what it meant was: if there was a burning fire, if two sisters were stuck in the inferno and they were screaming a name, the only right thing would be to pick the one the iron dictated to save. It is important to ignore any contrary instinct of your traitor heart. We were quite used to that. (11)

The emotional manipulation in this act is clear: the girls, or at least Grace, the oldest sister who narrates this chapter, see the heart as traitorous. They have been taught to distrust their instincts, to outsource emotional decisions rather than rely on familial love and obligation, and King has continually groomed them, especially Grace, to accept what he says as fact and not resist his influence. Essentially, Mother and King have eroded all of the girls’ natural instincts. Grace, Lia, and Sky have been taught to trust in a system and order created by their parents rather than to trust in themselves. As a result, when Mother vanishes as well and the girls are left with several strange men who wash up on their island, they do not have the necessary instincts with which to properly defend themselves.

Alice Bolin, author of the essay collection *Dead Girls*, explains that "Domestic violence is one of the strongest indicators of future mass violence, and their dynamics of control are so similar that some experts call it 'intimate terrorism'" (8-9). Both Grace and Lia suffer intimate terrorism in *The Water Cure*, yet the extent of its emotional and psychological impact is demonstrated rather than clearly stated. As mentioned earlier, Brené Brown argues that feeling trapped, isolated, and powerless leads to feelings of shame; moreover, "it is the intricate weaving of these concepts that makes shame so powerful, complex, and often difficult to overcome" (46). Grace, the eldest, experiences intimate terrorism through her sexual relationship with King, which results in pregnancy, traumatic delivery, and a stillbirth. Lia suffers intimate terrorism at the hands of both of her parents, and that violence is internalized in the form of self-harm. In fact, the entire family are violent with each other, both physically and psychologically. A chapter from Lia details only a few of the hardships she has endured at the hands of her family and herself:

Two dark purple fingertips on my left hand, from being submerged in ice. The dead big toenail of my left foot also.

The comma from a paperclip I held in the flame of a candle, pressed against the baby skin of my inner upper arm.

The starburst at the back of my neck where Mother once sewed my skin into the fainting sack. Two stitches. She did it on purpose, and yet somehow the blood when I ripped them out was my fault. I want to die every time I think about it.

Bald patch near the nape of my neck, size and smoothness of a fingernail. That wound belongs to King, who pulled the hair out with his own hands.

Large red stain on my right thumb. This is the thumb I press to the hob when I am cooking. It helps.

Water mark on my flank. Mother poured the hot kettle on me. I screamed bloody murder. I punched her square in the jaw and she just grinned, a pink-tinged grin, because I had caught her lip against the teeth but caused no mortal harm. (Mackintosh 42)

This list, along with other entries from Lia's point of view, help explain her behavior in every interaction she has with Llew after he infiltrated her isolated island, home, and intimately terrorized mind. As psychologists and therapists Jean Baker Miller and Irene Stiver note, "the most terrifying and destructive feeling that a person can experience is psychological isolation" (77). They continue,

This is not the same as being alone. It is the feeling that one is locked out of the possibility of human connection and of being powerless to change the situation. In the extreme, psychological isolation can lead to a sense of hopelessness and desperation. People will do almost anything to escape this combination of condemned isolation and powerlessness. (77)

Lia's behavior aligns very closely with the assessment given by Miller and Stiver. Not only has Lia drawn the lonely, loveless, blank iron, but she is also jealous of what she perceives as Grace's special bond with King, so when the strange men arrive, Lia seeks to fill the void of intimacy in her life by pursuing a sexual relationship with one of the men, Llew. However, because she has been taught the love language of pain, her pursuit of an intimate relationship is polluted from its inception.

Lia describes her relationship with trauma early on, and she reveals why she turns to pain as a way of coping with it. Although the following description of trauma is one she has internalized from her parents and used as justification for the “cures” she is subject to, it nevertheless offers insights into the ways she has internalized and physicalized trauma and the way she has conflated pain and strength:

Trauma is a toxin that hooks into our hair and organs and blood and becomes part of us, the way heavy metals do, our bodies nothing more than a layering of flesh around everything ingested and experienced. These things sit inside us like misshapen pearls we sometimes prise from oysters. Fear calcifies in our veins and the chambers of our hearts. Pain is a currency like the talismans we sewed for the sick women, a give and take, a way to strengthen and prepare the body. (46)

Lia learns from an early age that pain is at the heart of love, survival, family. Pain is the center of everything she needs. Pain nourishes her, strengthens her, and comforts her. Lia has confided so much in the giving and receiving of pain, in fact, that she often engages in self-harm as a way to control and dole out the pain as needed, like a form of self-medication.

Leslie Jamison, who used to cut herself, describes the need to do so: “Cutting was query and response at once. I cut because my unhappiness felt nebulous and elusive and I thought it could perhaps hold the shape of a line across my ankle” (191). Jamison also states, “I cut because I needed very badly to ratify a shaky sense of self, and embodied unhappiness felt like an architectural plan” (192). Cutting provides outward proof of inward pain. It takes the hidden unspeakable pains and displays them on the body. In a similar way, Lia engages in self-harm through cutting in *The Water Cure*. Lia sits in her room, takes out the “blades I have stolen from Mother and King’s bathroom cabinet” (82). Then, “I stretch out my legs in front of me, pull my

skirt above my knees. . . . The skin drags and reddens, but doesn't break. On the next go it does, springing up a beaded trail of red. One centimetre, two, three" (82). King has told Lia that her body "was the sort that would attract harm, the sort that wouldn't last long elsewhere" (82), meaning off the island; however, King "really meant my feelings, spiraling out from my chest like the fronds of a sea creature" (82). King also tells Lia that "Thinking yourself uniquely terrible is its own form of narcissism" when she comes to him crying that no one in the family loves her any more (24). King has effectively turned Lia against herself, as well as against her sisters, when he creates a competition out of acquiring love from each member of the family. This warping of the definition of love once again ties in to SRT in that it breeds and encourages an internalization of shame as Lia constantly sees herself as failing the cultural expectations established by King and Mother. The normal stresses, hormonal imbalances, and mistrust of oneself that comes during adolescence Lia perceives as evidence of her body and her emotions turning against her. They should not be trusted; they cannot be relied upon to help her.

And yet, after Lia starts to pursue Llew as a sexual partner, her view of her body begins to change:

My body, up until now, has been just a thing that bled. A thing with vast reserves of pain. A strange instrument that I don't always understand. But something kicks in, triggered by the looking [of the men]. I believe it to be an instinct, not yet sure whether it qualifies to have the word *survival* in front of it. (89, italics in original)

It is at this pivotal point, in her shifting view of the powers of her body, that Lia decides to jump ship, moving from sisterhood to the uncharted waters of romantic interest to seek the love she is missing, a physical love she cannot receive from her family.

Several tenants of shame resilience theory (SRT) provide a clear explanation for the arc of Lia's feelings towards her body and her emotions, as well as her increasingly desperate relationship with powerlessness and isolation. According to Brown,

SRT proposes that shame is not triggered in women by any universal shame triggers. The scenarios, experiences and expectations that lead to shame appear to be as individual and different as women, their relationships and their cultures. However, there does appear to be a shared experience of how expectations generated from social/cultural expectations are enforced by individuals and groups and supported by media culture. Additionally, categories clearly emerged as areas in which women struggle the most with feelings of shame. These categories are appearance and body image, sexuality, family, motherhood, parenting, professional identity and work, mental and physical health, aging, religion, speaking out, and surviving trauma. (46)

Lia's triggers for shame come from the rituals Mother and King made her perform with her sisters. One such ritual, when coupled with the annual choosing of the irons, is particularly illuminating.

During the ritual, Mother asks Lia to hurt her older sister Grace. If Lia refuses, then their younger sister Sky will be forced to hurt Grace instead. So, Lia must inflict physical pain on Grace in order to prevent Sky from enduring the emotional pain of being the one who inflicts physical pain. When Lia recalls this episode, she remembers it shamefully: "The things I have done come back to haunt me. Small pulses of shame behind my closed eyes" (Mackintosh 178). The situation Mother creates is an impossible one. After Lia hurts Grace to save Sky, she is then forced to physically hurt Sky as well. Lia, however, "made sure my physical suffering matched theirs, so I wouldn't be left behind" (179). Lia does this by cutting her inner thighs with the razor

blade. The self-harm has a dual purpose: it works to prevent her sisters from being forced to harm her, and it help Lia ensure she receives the same painful love as they do. In the end, Lia is taught that she must inflict pain upon those she loves, and upon herself, in order to prevent them from inflicting pain on her.

Lia attempts, and ultimately fails, to translate this method of expressing love to her relationship with Llew. While Lia and Llew are copulating, Lia decides to “pull at his left ear with my nails, testing a reaction. I bite neatly with my jaw” (145). When Llew states that Lia is hurting him, she thinks, “*Good*” (145, italics in original). After, Lia finds, “My heart swells like a broken hand to twice its size, the same sort of tenderness” (145). Even when Lia is thinking of love and intimacy metaphorically, she still compares it to physical pain and punishment. Another night, when Llew is laying asleep by her side, she returns to thoughts of inflicting pain: “Again I want to hurt him, want to save his life or to ruin it, something, anything, I have not decided” (154-55). Llew, however, has not experienced the same trauma as Lia; he has not been conditioned as she has, and so he begins to draw away from her and eventually rejects her love because it is foreign to him, frightening. When Lia is examining in her bathroom mirror all of the bruises she has acquired since the men came, Llew comes in, takes in her bruised body, her gaze admiring the bruises, and says, ““Sometimes you terrify me”” (176), thus casting Lia into the role of “other.” Lia becomes increasingly more demanding with her wants in the bedroom, yet she also recognizes that what she desires is wrong on some level. In another scene, Lia is again examining her wounds, this time in the bathtub as she bathes: “The historical unwieldiness of my body is everywhere. Now there are new shames and new dangers, like how I have made noises, lost control, begged Llew to do things to me in ways that make me glad of the water’s pain” (167). Llew becomes morbid and continues to withdraw from her, slowly extracting himself:

We go together to my room without discussing it, the routine of the past days, but when I lift up my dress he barely sees me, instead falling heavy on to the bed, the suit now forgotten. He becomes difficult again.

“I don’t know if I want to,” he tells me.

“Why not?” I ask.

“I just don’t feel like it,” he says.

“Please, I say, angry all at once, scared somewhere underneath it. . . .

It works, anyway. He hesitates at times, as if wondering whether he is going too far.

“Keep going,” I say to him during those pauses—once, twice, three times—and so he does, his hand tight around my throat. (185)

Ironically, despite Lia’s pushes toward abuse in the bedroom, when Lia loses her virginity, “My first thought in the silence afterwards is *I have survived*” (113, italics in original). However, Lia realizes immediately that sex is not the intimacy she craves: “Now I have intimacy, and now intimacy is gone again, a damp weight of absence. And suddenly I am lonelier than ever before, a sharp hurt worse than actual pain” (113). Lia’s insistence that Llew be rough with her in the bedroom is nothing more than a gauze and a distraction for the stronger pain she feels from the lack of intimacy she receives in their relationship. Lia’s relationship with Llew is important because he begins to see her as mentally unstable, a woman who unnaturally craves violent acts; in addition, Lia becomes a post-wounded woman in that she is unable to attach emotions to her situation. Outwardly, she becomes a blasé observer of her own intimate relationship, when really her lack of emotional connection stems from the trauma she has experienced.

Ultimately, Lia is a normal adolescent girl on the cusp of womanhood who has been conditioned to seek out pain, since it is the closest sensation to love she can find. She is a product of the unique conditions of the dystopian environment and strict confined space she was raised in and the traumatic situations they produced. Trauma leads Lia to harbor shame triggers that impact her ability to form intimate relationships. She is therefore both a product and a victim of her environment, and her behavior is only unique in that the conditions of her dystopian familial upbringing were unique. As Lia explains, “Every time I think *I am very lonely*, it becomes bleaker and more true. You can think things into being. You can dwell them up from the ground” (101, italics in original). Brown explains that when people who have experienced shame lack a critical awareness by which they can rationalize and contextualize their behavior, they have no way of coping with the shameful feelings (48-49). Lia, due to her extreme isolation and her lack of interactions with men aside from her father, has no context to shape her relationship with Llew, and thus she has no way of dealing with the situation. Because victimhood is naturalized by King and Mother on the island, Lia is forced into the post-wounded status in that she is never allowed to recognize, let alone grieve, her pain. Instead, she is taught to “refuse to care about it,” as Jamison notes, or else risk the label of narcissist or mad woman. These tight restrictions on Lia’s autonomy lead to perceptions of madness when, in reality, Lia’s violence-seeking relationship with Llew and her self-harm are a byproduct of her desire for agency and personal autonomy.

CHAPTER 3. *BLUE TICKET*

Margo Shickermanter, the U.S. acquisitionist for *The Water Cure*, stated in an interview about the novel that “[g]rowing up and growing into your body as a woman is in some sense traumatic, no matter who or where you are” (Maher 10). In her first novel, Sophie Mackintosh focuses on the trauma of adolescence; with her second, *Blue Ticket*, she focuses on the trauma of motherhood and the role of maternity in social frameworks. In *Blue Ticket*, women are given either a blue or white ticket after they have their first menstrual cycle; the ticket determines the rest of their lives and the choices they have available to them as women. A blue ticket means you will never be a mother while a white ticket means motherhood is required. As the novel shows, some women are happy with the ticket they are given while others feel they have been wronged in the worst way imaginable. Calla, the protagonist, is a blue-ticket woman who is briefly satisfied with her ticket but later begins to yearn desperately for the chance to bear a child. The women in Mackintosh’s novel grapple with what it means to be a woman in society, what it means to be a mother, and what it means to live without agency over one’s own body. These three elements, when placed in the framework of shame resilience theory (SRT) and Gilbert and Gubar’s concept of confinement, exhibit the clear ties between the negative influence of pervasive cultural influences on the female body and the subsequent acts of resistance, such as pregnancy, to escape such influences, which ultimately lead to accusations of madness.

Fran Bigman, in her article “Pregnancy as Protest in Interwar British Women’s Writing,” states that pregnancy is often portrayed as an illness or debility in dystopian fiction, but her argument is that pregnancy is “a form of resistance to the status quo” instead of an illness (265). As Bigman states, some view illness as “a fear of the vulnerability of the body,” but “pregnancy can represent not just this vulnerability, but also the body’s immense power to change shape and

function, to survive ordeals, and to heal as it reproduces itself” (265). Bigman also points out that “Men have long been said to suffer from ‘womb envy’, long evident in literature, with the use of childbirth metaphors by men seen as an appropriation of female procreative power” (265). What is true of interwar writing is also true of contemporary dystopian fiction, where pregnancy is often resistance. In *Blue Ticket*, pregnancy is intertwined with “doctor” in that a doctor is perceived, in this dystopian environment, as the ultimate caretaker, and thus the ultimate symbol of motherhood. Calla’s relationship to the care person to whom she refers as Doctor A embodies a psychologically manipulative relationship. Doctor A works both as a therapist and a professional physician for Calla, yet he also functions as a surrogate parent, replacing Calla’s absent mother. Doctor A is one of the few people to whom Calla reveals her most vulnerable behavior, and he takes advantage of this vulnerability to gaslight and psychologically manipulate and degrade Calla. *Gaslight* in this chapter refers to intentionally leading individuals to question their own judgement, memories, or perception of reality. Calla and Doctor A’s unhealthy relationship permeates the novel, shaping Calla’s emotional state and thus many of her decisions, which reflect the idea in SRT that interpersonal relationships are negatively internalized when they are tied to shame. Calla’s ultimate pregnancy is an act of defiance in that Calla is stating women, not doctors (who here represent a patriarchy hidden beneath the guise of the ideal mother), are in control of maternal frameworks.

Doctor A and others, such as Marisol, continuously work to conflate “doctor” with “mother” in the same social framework, implying that a doctor serves as a mother. In Calla’s first session with Doctor A, he says, “A doctor is a sort of mother” (Mackintosh 23). Calla laughs “because it was both absurd and true” (23). She says that’s the kind of patient she is going to be. It’s unclear, given the context, whether Calla is implying she is going to be a mother or a doctor,

which foreshadows the ultimate subversion of “doctor” in Calla’s pregnancy, especially considering Calla later gives birth alone, without the aid of a doctor. Doctor A represents rationality, whereas a “mother” embodies mental instability. Calla’s statement that she is going to be a patient who is both a doctor and a mother indicates that she intends to be a mentally sound mother, thus embodying a maternal framework which Doctor A believes to be impossible. In a later session, Calla confesses to Doctor A that she wanted to be a doctor: “I told him once about how I had thought about becoming a doctor myself, and he had laughed at me. He said that being a doctor required a very specific sort of person, and that, with all due respect, that was not the sort of person I was, but I knew that already, didn’t I?” (38), implying that Calla is mentally unsound. Doctor A often speaks very condescendingly to Calla, even going so far as to tell her how she is feeling, or how she *should* be feeling and even behaving, without even consulting her, which is a form of gaslighting. In fact, Doctor A’s behavior is very close to other forms of gaslighting in which men tell women they are crazy or mad or hysterical. He even accuses her of being manipulative several times: “Do you ever think you might be too manipulative to treat? Doctor A asked, pleasantly, like I had a choice about seeing him” (29). Doctor A’s behavior towards Calla causes her to question herself, her actions, and her reality. Later, after Calla has gotten pregnant and been forced to run, she calls him from a pay phone, asking for emotional comfort, familiarity: “I need to hear you say something to me, something grounding, I said” (135). By using the phrase “something grounding,” Calla reveals the insidious influence Doctor A’s gaslighting therapy has had on her. Doctor A asks if she’s having an emergency, and she says she doesn’t know. He responds,

That’s a little manipulative, don’t you think? he said.

I hate that word, I said.

Only when it's applied to you, he said. I'm afraid I can't help you tonight. I maybe can't help you ever again. Sleep well, Calla. (135)

In this reality, women asking for emotional support is considered manipulative, at least by the patriarchy to which Calla is subjected. Doctor A's coding of Calla's behavior as problematic positions Calla into the category of mad woman in that it paints any display of emotion as narcissistic or overtly needy (which is also a key tenet of the post-wounded women), thus convincing Calla that her basic desire for human connection is sinister and untrustworthy.

Doctor A's gaslighting leads Calla to question her instincts to the point where she can no longer parcel out reality from illusion. For example, Calla begins to wonder at one point "if Doctor A was nothing more than a figment of my imagination, a hallucination called up by the smell of new paint and antiseptic" (75), and she asks him if she would make "a good wife and mother" (75). Calla is not directly asking if she would make a good wife for Doctor A, but the implication is there. On another payphone later in the novel, Call asks Doctor A whether he loves her. He says, "Inasmuch as it's my job to love all human creatures. . . . Inasmuch as it's my job to respect and guide them through the darkness of their days" (203). Calla longs for honest human connection, whether that is through the relationship between a doctor and a patient or through a mother and a child. Calla latches on to Doctor A, not because he is her doctor, but because he is the closest person to a parent: he knows her, he is close to her, as they've been seeing each other as patient and doctor for years. Yet when Calla asks for a new level of intimacy, the logical next step in a long-term interrelationship, Doctor A hides behind his job title, his profession, enforcing an emotional distance between them. Towards the end of the novel, however, Doctor A admits to caring for her more than he does for most of his patients. "You're not meant to like your patients, but sometimes you can't help it, he said. You ferry them

along through each crisis. You know their lives better than your own. You hold their pain, teach them to reshape it. Sometimes the pain is too big” (264). By normal standards of ethics between a doctor and his patient, Doctor A’s relationship with Calla is entirely unethical, yet it appears their relationship is not too far outside of the norm for this dystopian society in which “doctor” is equated with caretaker, and, most importantly, mother.

In order to truly understand Calla’s relationship with Doctor A, however, and thus the greater relationship between a doctor as the ideal mother (i.e., a mother who is mentally stable), we also need to examine Calla’s relationship with Marisol because Marisol embodies the ideal mother. Calla meets Marisol while on the run; Marisol is like Calla, a blue-ticket woman who broke the rules by conceiving a child and is now hiding from the authorities they refer to as “emissaries.” Marisol and Calla decide their odds of survival will be better if they stick together, and their relationship soon becomes a sexual one. During a session once, Doctor A says that “Wanting is a powerful magic. . . . Try wanting something else and see how quickly your desires recalibrate once you get it” (103). Calla craves pregnancy: then she craves the white-ticket lifestyle of a home and a husband pushing the pram with her child in it. Once Calla finds Marisol and they sequester themselves away from the larger society, Calla’s desires begin to change. The cabin they find becomes a sort of small utopia, in which Calla and Marisol can fantasize about a life in which they can live together with their children, as a family. Calla’s fluid sexuality, while valid and unproblematic in itself, reflects a means of finding happiness in an unlikely way due to the corrupt system in which she lives. *Unlikely*, in this instance, refers to the fact that they are living sequestered away in a dilapidated cabin without easy access to water, food, or electricity, as well as the fact that both women are wanted criminals. The cabin works as a liminal space in which they can forget they are on the run and pretend their life is one they chose. It is as if, in the

world of *Blue Ticket*, women are unable to exist as true women unless they are separate from men, a concept which harkens back to early feminist utopian novels such as Sally Miller Gearhart's *The Wanderground* (1978), as mentioned in Chapter 1.

The cabin also functions as a way for Marisol and Calla to connect to less callous modes of womanhood, such as tenderness and a close bond with nature. For example, as Calla watches Marisol scope out their surroundings in the woods, she notes, "She was fast and sharp as a bird. I saw the possibilities for a new and generous mode of surviving in the way she put a hand on a trunk as if to ask its permission" (161). Marisol's womanhood is different from Calla's, more gentle, more confident. Seeing Marisol as a woman outside of the patriarchal framework leads Calla to recalibrate her desires, and her idea of womanhood. It also introduces Calla to the concept of consent in that Calla notices Marisol interact with a tree "as if to ask its permission," which is a way of interacting that Calla has never encountered. Calla finds herself thinking about her failed relationship with R, the man who accidentally fathered her child but did not wish to pursue a life on the run with her:

I wondered what R would think if he could see me now, lean and wild-eyed, the survival mechanisms kicking in. But then he had never known me before the dark feeling. The blue-ticket woman he thought he had been safe with was always something else underneath, instinct twisting below the surface, setting things in motion. (161)

Marisol represents natural female survival, which does not rely on men. Indeed, Calla's use of the word "instinct" to describe her changed self indicates a separation from the gaslighting conditioning of Doctor A. Together, Marisol and Calla sequester themselves away in the cabin, each day saying it's time to keep moving and each day remaining instead, longing for their temporary marriage and freedom from a phallogentric society to be permanent.

Marisol, however, eventually admits to Calla that she was a doctor before she got pregnant. Marisol's confession is significant because it tells Calla that she cannot exist outside of the dystopian environment of the novel. Marisol represented a motherhood ideal separate from madness because she embodies both a doctor, which is coded as a very sane and logical individual, and a mother, which is associated with mental instability and illogical behavior. Immediately after Marisol confesses, Calla begins distancing herself. When Marisol puts a soothing hand on Calla's arm, Calla says, "Don't touch me, please," and when Marisol states that Calla will want to leave now that she knows, Calla thinks, "I did want to go, I wanted to run into the trees and never come back" because the intimacy she believed to be real (197), an intimacy which she thought she had forged in the small utopia they had created at the cabin, was in fact a twisted replica of her relationship with Doctor A, and thus with the larger patriarchy. Calla later admits that with Marisol, "I no longer felt truly safe, I no longer felt truly healthy, but I couldn't turn her away or ignore her or leave" (208). Calla is back to feeling trapped in the same system she worked so hard to escape, which throws her back into the paradigm of SRT and "feelings of being trapped, powerless, and isolated" (Brown 45).

Calla's actions are seen as irrational and non-normative in the novel because she actively rejected the hegemonic structure. Calla is later caught by emissaries and told by Doctor A that Marisol was working for them, agreeing to locate pregnant blue-ticket women on the run and shutter them to the emissaries; in exchange, Marisol would be able to keep her child and cross the border with it after she gave birth. Marisol's betrayal deconstructs the motherhood ideal Calla had constructed; now, Calla cannot become like Marisol because Marisol is an illusion, a lie. One could even go so far as to say that Marisol is the unattainable ideal for motherhood. Marisol's betrayal proves that Calla is forever trapped in the world created and enforced by

characters like Doctor A. No matter how hard Calla tries to escape the reality, no matter how successfully she convinces herself that she has created a better world, Doctor A and people like Marisol who work for him will continue to not only shatter that reality but enforce the oppressive idea that they were in control the entire time. Calla's brief relationship with Marisol, then, becomes a further symbol of Calla's madness which Doctor A can use against her while simultaneously embodying freedom for Calla. According to Desireé Rowe and Karma Chávez, "madness is almost always construed negatively when attached to queer and feminist bodies, whether in literature or by institutional discourses" (275). They continue,

Such negative delineations seem logical as the material consequences for being deemed mad undoubtedly stunt agency and the possibility for one's viability in a given society. Nevertheless, the ambiguous logic of madness, defined against a norm, which then in turn defines anyone outside the norm as mad, relies on a binary, perhaps several binaries. As with all binary logics, one part of the binary—madness—not only helps constitute the meaning for normality but also represses the subservient part of the binary.

Deconstructing the binaries that render the negative discourse of madness so powerful opens the possibility for a subversive understanding of certain performative constitutions of madness. We suggest that a queer performativity of madness may be a subversive form of madness that has much to offer our thinking about feminists and queer theorists' relationship to this construct. (Rowe and Chávez 275)

When Calla and Marisol have both had their children (Marisol's is still-born) and are back in custody with the emissaries, back in the oppressive dystopian system, they are treated differently even though they committed the same crime and took the same actions. Calla's baby is taken away from her, and she is placed on a bus and shuttled back to a town in which she is expected to

return to her blue-ticket lifestyle as if nothing happened. Marisol, on the other hand, in exchange for helping the emissaries, is allowed to take Calla's baby and board a flight across the border, into a territory where the concept of a white- or blue-ticket lifestyle is a foreign, novel one—a place where Marisol can raise Calla's child as a single mother without judgement. Marisol's freedom highlights the double bind in which Calla is continually placed; the only way Calla can be a mother is by performing motherhood as defined by Doctor A and the patriarchal society he represents.

Calla's pregnancy, her very life, then, becomes an act of rebellion. Marisol, however, was still seen as normative because the actions she took while on the run were guided by her continued performance in and contribution to the larger hegemony as a delivery system for pregnant women on the run. Calla is considered mad in this context because her rebellion (in the form of her pregnancy and deviant sexuality) is viewed as unconstructive toward the society, whereas Marisol (although she performs the same deviant actions) is viewed differently and thus receives better treatment because she *performed* her deviant actions and sexuality for the larger purpose of serving the emissaries and Doctor A. In essence, then, Calla is condemned and Marisol is freed strictly because of how their actions helped or hindered the power structure. While Calla received nothing close to what she wanted, despite her rebellious choices and survivalist nature, Marisol was rewarded and contented because of her conformative behavior. Thus, the larger hegemonic structure is merely a device to assert control.

In fact, Doctor A tells Calla that the system which assigns blue and white tickets to women is random:

You weren't given a blue ticket because of anything you did or anything you are. It was random. It could have happened to any of you. There's no deserving. There is no order—

at least not one that governs the lottery. There's a yes and a no, and that's all. And yet see how it became true, see how you fulfilled your destiny, how you even relished the blue, at first? . . . I know that you were happy for quite some time. But you couldn't accept it; you thought you were better than what you were given. (265)

Calla has spent, and been encouraged, even, to spend her life believing there was something inherently wrong with her, that she was not fit to be a mother, that something in her character at a young age revealed how unmotherly she was and determined her future and the choice to assign her a blue ticket. To learn that the lottery is random, that no care or consideration went into the decision that determined the course of her life, is perhaps the largest insult Doctor A could have given her because it says they do not value women or their bodies at all. What is more, Doctor A turns his own statements against Calla, simultaneously referring to the assignment of tickets as random and as Calla's "destiny." The lottery, then, is simply a construct, a device used to assert control for the sake of control. In saying that it could have happened to any woman, Doctor A implies that all women are capable of being a mother, but he also implies all women are capable of rejecting motherhood when socially conditioned to do so. Ultimately, the blue and white ticket construct serves as a means of socially conditioning women. The fact that the ticket color is randomly assigned reflects Doctor A's blatant confidence in his powers of manipulation. Calla, as an individual woman who encapsulates the blue and white ticket lifestyle, is othered, silenced, and thus made invisible because her individual actions—as long as she conforms to the power structure—do not matter. It is only once Calla rebels by bucking the structure, and thus garnering the label of "mad," that she becomes a full-fledged woman in the eyes of Doctor A and all that he represents. Pregnancy then, and the act of conceiving, for blue-ticket women such as Calla, becomes a very clear form of protest in that it is a reclaiming not only

of one's body but of one's agency on how to conduct the female body. As Bigman states, pregnancy "is never purely personal" but demonstrates "how that individual is affected by wider political, cultural and social issues" (266). Calla's pregnancy complicated the notion of the ideal mother, which disrupts the hegemonic structure. Sometimes the issues Bigman refers to are issues of agency, of control over one's own body and reproductive rights, and of a desire to honestly express one's emotions without being accused of manipulative behavior, all of which Calla embodies in *Blue Ticket*. Calla's pregnancy and the mentally unstable label it garners are not madness as Doctor A would suggest, but Calla's cry to regain agency over her own body, which is a concept that permeates the next novel, Fagan's *Panopticon*.

CHAPTER 4. *THE PANOPTICON*

Contemporary Scottish writer Jenni Fagan’s novel *The Panopticon* is set within the British foster care system and features Anais Hendrick as the female lead. Anais is a character who could easily be categorized as mentally ill; however, Fagan is careful to maintain ambiguity on that aspect of Anais’s character, avoiding the common trope of including a psychiatric report that provides a clear mental health diagnosis for the protagonist. Instead, Fagan intentionally portrays the adolescent female body—particularly a female body that is granted minimal agency—as a site of disability. Anais depicts not a young woman suffering from mental health issues but a young woman whose body has been subjugated and subsequently disabled by the Repressive State Apparatus (Althusser), namely the police and the foster care system. These structures systematically and patiently hack away at Anais’s freedom, agency, and personal identity in an attempt to drive her towards madness.

Fagan based the concept of *The Panopticon* on a central question: “Is it possible to achieve autonomy?” (“Jenni”). Fagan explains that the novel was impossible to finish until she allowed Anais to speak for herself, which included Anais using a Scottish dialect that is both a reflection of her personality and an extension of her identity (“Jenni”). The dialect became essential because Anais needed the freedom to express herself within her own narrative in order for the novel to work. In fact, the use of dialect is perhaps the only freedom Anais is given. In the very first lines of the book, which function almost as a confessional since the page is unnumbered and the reader is given no context, Anais states, “*I am an experiment. I have always been. It’s a given, a liberty, a fact. They watch me*” (Fagan, italics in original). Anais is establishing her loss of agency while also revealing how she perceives her situation, and her perception, while seen as transgressive and perhaps even as madness by others, reveals itself as a

rebellion to the reader. As a ward of the state, she is constantly surveilled for good behavior, like a prisoner. The architecture of the Panopticon is designed to do just that, to create a prison in which the prisoner is always watched: “Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power” (Foucault 201). It is good behavior which can lead to adoption and release her from the foster care system, but this is “good behavior” as defined by those in authority. They are the ones who have the power to contain or release Anais, based on how well she assimilates to hegemonic expectations.

While many British novels have been preoccupied with madness, according to Allan Beveridge, “the literature of modern Scotland appears to be especially preoccupied with it” (81). Fagan takes gothic architecture tropes and combine them with Jeremy Bentham’s famous 18th-century invention of the panopticon, a prison facility designed to omnisciently observe all who inhabit it. Modern gothic, then, is transformed into disquieting interiors of institutional brainwashing and insidious self-doubt, and Anais effectively becomes a casualty in a larger war against adolescent autonomies. The hegemonic structures of the British adolescent care system systematically limit the geographical agency and self-expression of adolescent bodies; they manipulate Anais into questioning her own sanity; and they repeatedly enforce a prescribed identity. According to Michel Foucault, once the penal system evolved past physical punishments such as public executions, the relationship between the law, the body, and punishment changed in an important way. Foucault writes, “The body now serves as an instrument or intermediary: if one intervenes upon it to imprison it, or make it work, it is in order to deprive the individual of a liberty that is regarded both as a right and as property” (11). The

liberty, in this case, as in the cast of most prison systems, is the ability to control the direction of one's own life. Foucault continues,

The body, according to this penalty, is caught up in a system of constraints and privations, obligations and prohibitions. Physical pain, the pain of the body itself, is no longer the constituent element of the penalty. From being an art of unbearable sensations punishment has become an economy of suspended rights. If it is still necessary for the law to reach and manipulate the body of the convict, it will be at a distance, in the proper way, according to strict rules, and with a much 'higher' aim. (11)

The experiment Anais refers to, then, is an embodiment of the body's oppression by the penal system in the name of a "higher" aim, as described by Foucault. It is psychological oppression in the name of rehabilitation, a systemic and insidious manipulation of the mind's capacity to make decisions.

Moreover, punishment, in regards to "the regime of disciplinary power," is also a way of normalizing individuals within a system (Foucault 182). Those who do not behave in accordance with the standard are punished: "In a sense, the power of normalization imposes homogeneity" (Foucault 184). Anais, and other individuals who resist this normalization process, become an experiment; in other words, they are continuously examined. As Foucault mentions, "the examination is highly ritualized" because its techniques house "a whole domain of knowledge, a whole type of power" (184-85). Referencing "the experiment" is Anais's way of expressing this feeling of being under a microscope. An understanding of this is imperative to understanding Anais's behavior because, as Foucault so succinctly states, the examination is "a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish" (184). Visibility, in the context of relentless observation, is a trap (Foucault 200). In this way, "warders,

doctors . . . psychiatrists” and “psychologists” become the new, modern executioners (11). Foucault gives the example of a doctor standing guard over a patient who is injected with a tranquilizer, calling it a “utopia of judicial reticence: take away life, but prevent the patient from feeling it; deprive the prisoner of all rights, but do not inflict pain; impose penalties free of all pain” (11). Constant observation with no foreseeable penalty in the form of physical bodily harm becomes a sort of death by reticence in that the body is forced to live suspended in those few moments after injection, before death; the patient watches her captor, a solemn doctor, watch her as she dies. The most atrocious example of this is Anais’s relationship with her social worker, Helen, who abandons Anais when she needs her the most. In essence, Helen administers the metaphorical deadly tranquilizer but does not stick around to ensure the patient dies.

According to Fiona McCulloch, “Fagan’s Scottish gothic writing unearths that which society renders invisible, focusing upon the care system from the perspective of someone within that system, rather than the Anglocentric hegemonic positioning of those outside of its parameters and, by doing so, she is offering a socio-political comment upon the simulated reality of social conditioning” (1). Anais, like so many in the foster care system, becomes a lost cause now that she has reached adolescence and established a condemning track record of illegal behavior. Anais’s social workers attempt again and again to condition Anais to behave in a way favorable to their ideals and goals. They tell her to seek out her birth mother, for example, because they believe it will be helpful to her, but it ends up adding further trauma to her life. Another example occurs when Anais is sent on a “healing canoe trip” at a religious camp after she finds her adopted mother dead in the bathtub (81). There, she is provoked by one of the camp’s counselors, Gaarwine, who spits in her face when he catches her smoking in her canoe. Anais retaliates by hitting him with her paddle. She is, of course, punished for her violence. In

essence, others decide Anais's trauma is best dealt with through a Christian camp experience where her choices are further restricted, and where she is not allowed to retaliate when assaulted.

When Anais does cry for help by shouting at a panel of social workers about how she feels, the reaction is the same: punishment. Throughout the novel, she describes feeling as if she is shrinking, which the reader learns is both an explanation of her mental and physical symptoms and also symbolic of her loss of autonomy. When she makes the mistake of sharing this feeling with her social workers, they control her further: "I shouted about the shrinking—at a panel of social workers a few years ago. That started a great big ball of shit. Antipsychotics. Post-traumatic stress disorder. Flowcharts. Borderline personality. . . . That's when the social work started" (Fagan 85). One of the social workers tells her, "'We think you have a borderline personality, Anais'" (85). Anais says the social workers' reaction was "all 'cause of that canoe trip and Gaarwine, the instructor" who pressed charges against Anais (86). The social workers sided with Gaarwine, saying, "'He was traumatized!'" (86). Anais fired back that she was traumatized, and the social workers' insisted, "'But he was really traumatized'" (86). The social worker's focus, in this moment, is on seeing Anais as a culprit, as a cause of someone else's misery. They never stop to question Anais's actions beyond attempting to rationalize them through the lens of a mental disorder. Anais says, "Authority figures are broken, and they're always bullies as well" (87). Each person placed near her to help her winds up hurting her.

Additionally, the closest approximation Anais has to an identity is contained in her case folder, a folder which she did not create and does not have access to; this folder often shapes people's first impression of her, which leaves Anais without agency over her own identity in the eyes of most authority figures and at the mercy of a manila folder. Indeed, Anais is forced to continuously reevaluate her relationship with each new authority figure she comes in contact

with, tracking their progress through her file and thus their shifting perspective on her, which changes how they interact with her. For example, Eric, a man identified by the main officer Joan as “our student at the moment” (8), is allowed access to Anais’s file, and she finds him reading it: “He’s looking at me like he cannae believe something I’ve done, and I realize he has my files half-open on the desk. He’s reading year five. He’s not got tae the good stuff yet, he’s still on the phenomenon bit. The psychologist bit. The child-that-cannae-show-love shite” (62). Anais, as our narrator, underplays the intimacy of this encounter, but she may as well have walked in to find Eric reading her diary, yet it is a diary written by others, and she does not have the power to amend it or take it away from him. She is forever at the mercy of an idea of her that is written and controlled by others. Anais begins each new relationship on unequal footing, with her past working against her, shoehorning its way into the present power dynamics. As McCulloch states, “the system of power subjects [Anais] to systematic scrutiny and condemnation, only interested in punishing her rather than helping her in order to protect and preserve that power” (3).

Anais attempts to cope by referring to the overarching power structure as “the experiment,” and she concludes that the only intent of the system is to keep her within the system. Anais states that Helen “doesnae think I’m getting out—she thinks I’m in the system now, all the fucking way. Foster Care. Homes. Young Offenders. Jail. Where to when I graduate? Experiment headquarters—so they can pickle my fucking brain” (Fagan 91). Anais also believes that “The experiment *want* me to know that they’ll have me in a secure unit for life—for something I dinnae do. How else can they break me?” (Fagan 211, italics in original). Anais also begins to realize that the power system isn’t built for her, but rather for those with wealth and privilege. According to McCulloch, “As a vulnerable child in care, Anais is drawing attention to the alienating effects of a society predicated upon aggressive individualism and

wealth rather than ethical responsibility” (4). When Anais vandalizes police property, she says, “The polis look in the woods for stolen blue lights, and give me a lecture on how much money vandalism costs the average taxpayer a year. They talk to me a lot about the taxpayers. The taxpayers hate me. Why am I costing them so much money? I am selfish and personally responsible for their high taxes” (Fagan, 101). Here, Anais is accused of much more than simple vandalism. She is accused of assaulting the system itself.

Anais’s assault on the system is best exemplified in the actual assault that she has been accused of. PC Dawn Craig, a police officer who worked with Anais, is in a coma, and the police believe Anais put her there. The novel is ambiguous on this point, and the reader never gets a clear answer. What the novel does show, however, is that everyone around Anais believes she committed the crime. When Anais is taken in for questioning, her social worker Helen, who is supposed to be on Anais’s side, leaves her alone in the interrogation room with the cops. The police reiterate the number of charges Anais has—“Over one hundred charges in the last sixteen months, Miss Hendricks”—and accuse her of having a vendetta against PC Craig (99, 103). The police focus on Anais’s written criminal history, and they completely overlook, indeed, dismiss as irrelevant, the inappropriate way that PC Craig treated Anais.

Throughout the novel, Anais hides the truth from the reader so that the reader is put into the same position as the authority figures in the novel, that of seeing her as unreliable. However, the truth behind many of her accusations comes out in bits and pieces throughout the book, and the reader begins to sympathize with her predicament, seeing her acts of rebellion and her tendency to talk back to her superiors with snide comments or witty remarks as coping strategies. As Beveridge notes, the “juxtaposition of dark subject matter and humor seems to be a particularly Scottish trait. Perhaps, it is a way of dealing with disturbing experiences” (81). It

would be easy to dismiss Anais Hendrick's preoccupation with the experiment as a symptom of madness; however, Fagan not only avoids supporting that theory in her novel, she consistently provides the reader with small, revelatory reassurances that Anais is perfectly sane and rational, even above average in intelligence.

In her research on SRT, Brené Brown describes what is called the “critical awareness continuum,” or what is also referred to as the “critical consciousness and/or critical perspective” (48). As Brown notes, “The critical awareness continuum represents both the level of awareness a woman has about the social/cultural forces that shape her experiences and her ability to critically assess her personal experiences in the context of those forces” (48). Essentially, there are certain common categories which women link with shame, such as “appearance and body image, sexuality, family,” and many more (48). Indeed, this “linking process often involves deconstructing or taking apart the situation and reconstructing it in a social/cultural context,” and it is this “ability to deconstruct and contextualize a situation” that normalizes the experience and leads women to raise consciousness about the relation of their shame to the larger context. For example, as Brown states, “The participants with little or no critical awareness appeared to often lack the skills necessary for deconstructing and contextualizing their shame experiences,” which leads to unhealthy internalization of shame (49). This causes the person to “individualize the situation, reinforcing the idea that they were bad or flawed and unworthy of acceptance. Without a larger context, the issues appeared to be perceived as personal flaws rather than a larger collective issue. This, in turn, seemed to lead women to pathologize the shaming behavior or thought, ‘something is inherently wrong with just me’” (49). Anais is a key example of internalizing shame. Her upbringing consisted of living with foster parents who either did not

care about her and let her roam about as she pleased, or who were violent towards her, adopting her only for the monetary funds they would receive to be her foster parents.

The Panopticon's dystopian environments distort the reader's perspective of what is the social/cultural norm in terms of accepted behavior, warping the modern Gothic/dystopian tale into something new and unrecognizable. It is never clear just how much surveillance is actually happening in the novel, but in creating her version of "the experiment," Anais has most likely codified the power systems that subjugate her and the shame she has internalized. Every sexual relationship Anais has in the novel is negative at best, predatory and just plain criminal at worst—she is even gang raped at one point. The shame of these encounters intertwines with the shame of what she experiences at the hands of PC Craig to create her thoughts of the experiment as this omniscient observer intent on catching her out at every opportunity. Essentially, Anais views punishment for her shamed encounters as inevitable while simultaneously being unable to voice and share her shamed experiences. If she had a decent social worker or even someone trustworthy to confide in, she would likely be able to cope with her shame, because she would then be able to begin to process it in the larger framework through the linking process described above by Brown. Anais, then, is ultimately not a young woman suffering from mental health issues, but a young woman whose body has been subjugated and subsequently disabled by the hegemonic power structures.

CHAPTER 5. CONCLUSION

Throughout this thesis, I have illustrated the many ways in which the female body experiences pain. By taking Gilbert and Gubar's concept of confinement (in this case, the strict confinement of the dystopian environment), the three key tenets of shame resilience theory (SRT), and Jamison's description of post-wounded women, and applying them to Sophie Mackintosh's novels *The Water Cure* (2018) and *Blue Ticket* (2020) and Jenni Fagan's *The Panopticon* (2012), this thesis deconstructs the (mis)labeling of madness in contemporary feminist dystopian novels. Chapter 2 detailed how Lia (and her sisters, Grace and Sky) were socially conditioned through healing rituals and practices to dissociate from their emotions. Chapter 3 explained how the conflated relationship between doctor and the ideal mother led to the cultural assumption of pregnancy as madness, and, subsequently, the framing of pregnancy by choice as a display of agency and protest against the larger patriarchy. Finally, Chapter 4 provided a close look at the impact a Repressive State Apparatus in the form of police, the foster care system, and a criminal record can have on a burgeoning young woman's mind and capacity for agency. Together, these three novels and the women in them illustrate the complex relationship between female agency, accusations of madness, and the larger social construct in which they are forced to operate.

What, then, does this mean for contemporary dystopian fiction and how we as consumers are meant to interpret and interact with the genre? As mentioned by Delistraty in Chapter 1, contemporary feminist dystopian fiction has evolved in the sense that it has shifted from speculative fiction into the realm of realist fiction. Indeed, "in the last couple of years, dystopian fiction has both exploded and fundamentally changed as a genre" (Delistraty). The increase in the number of feminist dystopias which closely resemble reality leads to the question of how

close we as a society have come to the realm of dystopia. This concept, coupled with Jamison's description of the post-wounded women and Gay's illustration of armchair diagnoses for transgressions as simple as unlikeable female characteristics, leads to a grim picture for the future of womenkind. Thus, rather than aiding the hegemonic portrayals of women as mad, problematically subversive, and thus post-wounded, we as readers should approach contemporary feminist dystopian fiction and their women characters with an open mind. It is our duty to avoid engaging in dismissive armchair diagnoses and instead closely examine the actions taken by these women so that we can more clearly understand the oppressive social constructs and environments which lead them to the desperate acts they perform.

As Jamison notes, she and other young women actively avoid the label of post-wounded to the detriment of their own health and psychological well-being. The women in these novels have been forced to endure the harsh and complicated pain of adolescence, of intimate terrorism, of the unattainable ideal mother, and the pain of oppression, yet these women are still not allowed to discuss their pain. Instead, they are denied the tools required to heal and are silenced because the larger social culture does not wish to deal with female pain and its stereotypes, its history with narcissism and self-indulgence. It is high time we stop punishing women for their bold displays of humanity, as Gay asserts, and recognize what the emergence of post-wounded women says about society: the emergence of the insidious and twisted assumption that women who express their pain in public are only seeking attention. Contemporary feminist dystopian fiction, then, now more than ever, is providing an opportunity for self-reflection and recalibration on how women are seen in relation to pain, madness, and oppression. One can only hope that readers, critics, and academics listen before it is too late.

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- Publications: *This Fluid Journey*, chapbook, Finishing Line Press, 2018
Reticent, full-length poetry collection, Grateful Steps, 2016
- “Picture it,” (poetry) *Red Eft Review*, 2021
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“4th of July,” (poetry) *The Mockingbird*, 2020
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“Trout Fishing,” (poetry) *Sigma Tau Delta Rectangle*, 2020
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“Over the Shoulder of the Moon,” (creative nonfiction) *The Mockingbird*, 2019
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“Sentries of the Cemetery,” (poetry) *The Mockingbird*, 2019
“Prisoner,” (poetry) *The Crambo*, Spring 2019
“Palm Up, Fingers Curled,” (poetry) *The Crambo*, Spring 2019
“Empty Vessels,” (fiction) *Sweet Tree Review*, Summer 2018
“Smoke Break Outside Swann’s Chapel Church,” (poetry) *Red Eft Review*, May 2018
“Viola da Gamba,” (poetry) *The Allegheny Review*, 2018
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“Abandoners,” (fiction) *Timber*, Spring 2017
“The Big Texan Steak Ranch,” (poetry) *Sanctuary*, 2017
“Snippets—I Can’t,” (poetry) *Sanctuary*, 2017

“Snakes and Stones,” (poetry) *Red Mud Review*, 2016-2017
 “Our Late Grandmother’s House,” (poetry) *The Tennessee Magazine*, May 2017
 “Pinecone,” (poetry) *Cheat River Review*, Spring 2017
 “In-Between,” (poetry) *The Mockingbird*, 2017
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 “Derailed,” (one-act play) *Tennessee Mosaic Regional Literary Anthology*, 2017
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 “Picturing God,” (poetry) *Gallery*, 2016
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