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Odjel za anglistiku

Preddiplomski sveučilišni studij Anglistike (dvopredmetni)

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Zadar, 2023.



Izjava o akademskoj čestitosti

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Zadar, 15. rujna 2023.

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1. Introduction

The Crimson Petal and the White (2002), a neo-Victorian novel written by Michel Faber, perfectly portrays the Victorian discourse on “insanity” that is intricately woven into the narrative. In the Victorian era, the belief that “insanity” equated with irrationality led to the internment and marginalization of many people who suffered from various mental health issues. As Foucault argues: “starting with the 17th century, the confinement and exclusion of madmen and madwomen occurred in places where prostitutes, convicts and the unemployed were also confined” (Foucault qtd. in Ionoaia 33). The exclusion of people suffering from mental health issues from society was exacerbated by placing them in specialized institutions to rehabilitate the “insane” and preserve the “purity” of said society. This resulted in limiting their rights and freedom of choice, whilst also silencing their voices. Also, “In the early nineteenth century a new term – ‘puerperal insanity’ – would find its way into medical texts and language, which would encompass diverse forms of mental illness associated with childbirth” (Marland 3).

Robert Gooch, an English physician, was initially the earliest medical practitioner to address the term “puerperal insanity” in his monograph, *Observations on Puerperal Insanity* (1820) (Gooch qtd. in Marland 25). He viewed the disorder as a novel discovery linked to women’s reproduction. According to Marland: “In his *Observations*, Gooch described how women who were normally ‘perfectly sane’ became deranged after delivery, a condition that he was encountering fairly commonly in his own practice” (26). In the novel *The Crimson Petal and the White*, the main characters, Agnes, and Sugar, play an important role in emphasizing the difficulties regarding the position of women in the Victorian era, while also incorporating their experiences with mental health. The discourse on “insanity,” particularly puerperal insanity, resonates in the portrayal of one of the main characters and her experiences. Namely, the novel in

question portrays the plight of Agnes Rackham, a complex character who is confronted with social and psychological difficulties, indicating the influence of this discourse. Agnes' mental health issues, including "puerperal insanity," or what today would more accurately be called postpartum depression, represent the intersection of social stigma, confinement, and the limitations placed on those suffering from mental health issues. Namely, Agnes is depicted as a very sheltered individual with a delicate mind, who finds herself in an oppressive household. According to Enciu: "Faber . . . makes Sugar, the prostitute with a heart of gold, a monstrous angel while Agnes, his madwoman, is an ideal of Victorian purity but an angelic monster at the same time" (196). However, despite their different backgrounds, both women face challenges dealing with societal expectations, patriarchy, and the limitations of being a woman in the Victorian era. Therefore, Enciu argues that

both women are depicted as mad; Sugar in part for her sexuality, masculine intellect, and the 'unladylike' taste for business and Agnes for her lack of maternal instinct, failure to fulfill her duties as manager of the household, and for voicing her rage against her husband, the text seems to suggest that any woman who refuses to act her part in a patriarchal society will be cast out, deemed insane or monstrous. (196)

Through the portrayal of Victorian discourses on "insanity," Michel Faber alludes to the imbalance of social structures and power relations that shape the perceptions of mental health issues. He raises questions regarding the problem of isolation and objectification of individuals trapped within socially defined regulations of "normalcy." By addressing these issues, *The Crimson Petal and the White* provides insight into the intricate nature of mental health in the Victorian era and provides a glimpse into society's attitudes towards mental health issues. Therefore, the aim of this paper is to conduct an analysis of "puerperal insanity" in the novel *The*

Crimson Petal and the White and possibly determine whether Mrs. Agnes Rackham suffered from this illness.

2. The Angel in the House and the Madwoman in the Attic

During the Victorian era, the topic of mental health was under-researched, so few people knew why so many were classified as “insane.” During this era, it was mainly women who were classified as such, in most cases because their families had given up on them because they did not conform to the strict norms of an ideal Victorian woman. Victorian society had an orderly system in which religion, ethnicity, and multiple other components affected one’s sense of self. Furthermore, class and gender were the most important structuring components. Gender was viewed as physiologically predetermined, impacting almost every element of an individual’s ability and demeanour.

Victorian gender ideology was founded on the “ideology of separate spheres,” which encapsulated the idea that men and women were inherently predestined for distinct roles. According to Miller and Borgida: “It seems that the SSI harms both men and women (although not necessarily in directly comparable ways) by restricting women’s abilities to contribute fully to society and restricting men’s abilities to participate fully in their family lives” (4). Traditional and conservative attitudes strongly affected gender roles and the differences between them throughout the Victorian era. The ideology of separate spheres was prominently rooted in Victorian culture and represented strong social rules that dictated specific roles and behaviours for both genders. According to Connell: “Women were certainly regarded as different from men, but different in the sense of being incomplete or inferior examples of the same character . . . this conception

accompanied the bourgeois ideology of ‘separate spheres’ in the nineteenth century” (68). In other words, men were associated with the public realm, where they were entrusted with political participation and obtaining wealth, whereas women were confined to the domestic realm, where they were expected to take care of children and household chores. This division also affected the emergence of the concept of “Victorian masculinity” which embodied the ideals of power and independence. According to Connell:

The ‘authoritarian’ type was a masculinity particularly involved in the maintenance of patriarchy: marked by hatred for homosexuals and contempt for women, as well as a more general conformity to authority from above, and aggression towards the less powerful. These traits were traced back to rigid parenting, dominance of the family by the father, sexual repression and conservative morality. (18)

In other words, men were expected to embody these qualities as they roamed the public realm, consistent with the idea of “proper” masculinity. The role of the “breadwinner” was fundamental to a man’s sense of self and meant that social norms were met. According to Showalter: “No wonder that, as one Victorian doctor observed, ‘Puberty, which gives man the knowledge of greater power, gives to [a] woman the conviction of her dependence’” (57). In other words, in the Victorian era, women were seen as submissive to men and were primarily associated with reproduction and taking care of the household. As claimed by men in said era, the education for women was unnecessary. “In any case, women had smaller skulls than men, which meant smaller brains. And because they possessed only a finite amount of energy, the physical demands of menstruation, growing breasts and childbearing necessarily meant that there was less effort available for mental activity” (Paxman 226). The educational system was designed to teach women

to conform to societal norms. Women's pursuit of higher education was restricted, and they were often discouraged from pursuing intellectual goals. Hughes claims that in the Victorian era, the purpose of the school system was to make female students marriageable since women in that period were expected to keep their household in order and take care of their families. As Austen argues: "It was necessary for women to be able to have an artistic-talents, and also have a particular communication skill that would allow them to get a husband. Parents wanted their daughter to enroll in all-girls' school to be a good wife, thus, they could serve their husband and cared their children" (Austen qtd. in Hughes). In other words, the school system had to prepare women for the role of the "Angel in the House."

The concept of the "Angel in the House" embodied the idealistic Victorian woman who was supposed to be benevolent, timid, and faithful to her spouse. The archetype of the "Angel in the House" can be traced back to a poem of the same name by Coventry Patmore. He dedicated his poem "Angel in the House" to his spouse Emily, who embodied the characteristics of an ideal Victorian woman. She dedicated her whole life to being the perfect wife and mother, while also possessing the virtues of selflessness, poise, purity, and grace. This ideal was so prominent during the Victorian era that it was upheld by the royal family as well. As Luoati writes: "Although its conception was to maintain the middle-class status through the wife's devotion, morality, and service, the angel metaphor reached the royal family as well. Upon marrying Prince Albert, Queen Victoria also exhibited domestication, thus further appropriating and extending the metaphor to later define the women of the nineteenth-century" (161). Therefore, it can be concluded that, in the Victorian era, women were seen as nothing more than mothers and wives whose entire lives revolved around pleasing their significant other and raising their children.

The Crimson Petal and the White provides an intriguing examination of Victorian society and delves into women's rights and their position in society. Author Michel Faber introduces the antagonistic female archetypes of the "Angel in the House" and the "Madwoman in the Attic." The archetypes represent that the only option for women at that time was to fall into either the category of "angel" or "monster." As Braid argues: "Two main female characters in the novel, Sugar, a teenage prostitute, and Agnes, a young middle-class lady, seem to represent the typical division in Victorian society: women can be either whores (monsters) or ladies (angels)" (1). Through the characters of Agnes and Sugar, Faber distorts established societal norms while emphasizing the limitations put on women within the societal structure of that period. The "Angel in the House" is emblematic of the Victorian-era woman who embodies purity and grace.

Agnes, first portrayed as this ideal "Angel," adheres to conventional norms by being obedient, timid, and caring: "She is a high-Victorian ideal; perfection itself at the time William married her, ever-so-slightly quaint now that the Seventies are half-way over . . . She is a paragon of porcelain femininity, five foot two with eyes of blue, her blonde hair smooth and fine, her mouth like a tiny pink vulva, pristine" (Faber qtd. in Braid 4). In the beginning, Agnes is portrayed as the ideal wife, who accepts her duty and patiently takes care of her husband. She exemplifies the obedient role of a housewife that the Victorian woman should have, willing to forgo her own goals and aspirations for the benefit of her spouse. Drawing from King and Cott, Braid argues that an ideal Victorian woman was "disembodied, spiritual, and above all, chaste" (King qtd. in Braid 4) and "through her passionlessness, she could remain morally superior and free of carnal desires that men fell pray to" (Cott qtd. in Braid 4). Agnes was brought up in a Catholic household, thus contributing to her lack of knowledge about human anatomy and anything related to sexuality: "What Agnes craves is not a man, nor even a female lover" (Faber 219), and "She knows nothing

of her body's interior, nothing; and there is nothing she wants to know" (Faber qtd. in Braid 4). On the contrary, she recognizes the importance of the norms to which she must conform and concentrates on upcoming social gatherings.

In contrast to Agnes, Sugar is portrayed as the archetype of the "Madwoman in the Attic," embodying the fallen woman with a rebellious spirit. The term "fallen woman," in fact, refers to women who experienced an irrevocable loss of innocence and virtue: "'Fallen woman' is originally an expression which refers back to the myth of Eve's fall from Eden because of her disobedience of the divine rules which forbade her from the apple tree. Surrendering to passion, she is thus banished from Eden as a punishment for her rebellious behaviour" (Louati 152). In the Victorian era, the term "fallen woman" took on new implications. In this era, a woman's identity was inextricably bound to her sexual status. "No doubt the Victorian imagination isolated the fallen woman so pitilessly from a social context, preferring to imagine her as destitute and drowned prostitute or errant wife cast beyond the human community, because of her uneasy implications for wives who stayed home" (Auerbach 41). Although any deviation from the "Angel in the House" archetype implied that a woman's downfall was nearby, over time the term "fallen woman" became synonymous with prostitution. In the novel, "Faber revisits the myth of the fallen woman insofar as the frame of the narrative sets the pattern in which the woman falls, by seduction, rape or sensual desire, suffers public disgrace and rejection, undergoes social condemnation and ostracism and eventual death" (Louati 152). Through the portrayal of fallen women, such as Claire and Alice, Faber conveys the thin line between innocence and the state of being "fallen." At the beginning of the novel, for example, he describes how these women "fall" in the first place:

They arrived in London as innocents and were lured into their fallen state by a madam who, resorting to the old stratagem, met them at the railway station and offered them a night's lodgings in the fearsome new metropolis, then robbed them of their money and clothing. Ruined and helpless, they were then installed in the house, along with several other girls similarly duped or else bought from parents or guardians. (Faber qtd. in Louati 152)

Even though Sugar's life story is different from theirs, as she was brought into the world of prostitution by her own mother, they all have one thing in common: lust for freedom. Through the character of Sugar, Faber challenges conventional societal norms by leveraging her intellect and sensuality to gain influence and power. Sugar is a complex character, full of resilience and self-determination, determined to leave this environment behind and build a better life for herself. Her knowledge is equal to that of men, she recognizes gender inequality, and she fights for her liberty by climbing the social ladder. For this reason, Sugar is seen as the "Madwoman in the Attic," who falls short of meeting the Victorian ideal standard. She is perceived as unnatural and not very feminine, which makes her seem almost grotesque. Sugar is almost portrayed as if she were a man in a woman's clothing, meaning, something out of the ordinary. As Faber writes:

Even in the gloom--especially in the gloom--that that long body is unmistakable: stickthin, flat-chested and bony like a consumptive young man, with hands almost too big for women's gloves. Always this same first impression of Sugar: the queasy surprise of seeing what appears to be a tall, gaunt boy wreathed from neck to ankle in women's clothes; then, with the first glimpse of this odd creature's face, the realisation that this boy is female. (26)

Faber, through the character of Sugar, conveys the message that defying traditional power dynamics is not synonymous with "insanity." Sugar's refusal to be a passive victim of patriarchy

stems from generations of women who have been objectified and oppressed by the same system in which men as a group have a hold over women. Even though Agnes and Sugar are perceived as completely opposite, one being “The Angel in the House” and the other “The Madwoman in the Attic,” they both represent the human longing for liberation and self-expression.

3. Who was the Victorian Madwoman?

As argued in the previous chapter, Faber portrays the opposing categories of the Victorian “Angel” and the “Madwoman.” However, he also stresses that there is a thin line between these two states and that women can transgress from the “desirable” one to the “detested” one. The aim of the paper is to analyse how Agnes Rackham, who is first introduced as the archetypal “Angel,” slowly deviates into a “Madwoman.” In order to do so, the current chapter will briefly investigate the concept of female madness in the Victorian era before analysing it in relation to Agnes in the following chapter.

As stated in the previous chapter, the main role of women in the Victorian era was to marry and take care of the household. They were confined to the “private sphere,” while men were associated with the “public realm” (King qtd. in Braid 1). As Matthews writes: “While a ‘public man’ was ‘one who act[ed] in and for the universal good,’ a ‘public woman’ ‘was seen as the dregs of society, vile, unclean . . . [T]o be a public woman—in any of several senses of the term—was to risk the accusation of sexual impropriety” (Matthews qtd. in Cruea 194). While there was a clear distinction between the two genders, there was an additional division among women.

In other words, women were portrayed as two female archetypes: the “Angel in the House” or the “Madwoman in the Attic.” The term “madwoman” became important because it stood for

women who suffered from different mental health issues as well as for women who defied societal norms. This is why the Victorian “madwoman” was often viewed as unruly. As Cruca writes: “A woman outside the home without a respectable male escort risked ruining her reputation irreparably, for she would immediately be suspected of participating in something immoral or socially marginal” (194). In other words, if a woman challenged societal norms and defied the expectations of the Victorian ideal, she would be labelled as “mad” and socially ostracized. Jumana argues that “Victorian social structure suppressed women who attempted to defy their gender roles and unapologetically labelled them ‘insane’ to curb their growing demands for intellectual aspirations and personal liberty” (5).

Therefore, it comes as no surprise that “madness” was essentially seen as a female disease, that took the form of exasperation, hysteria, and insanity. Elaine Showalter presents the correlation between femininity and madness as a social construct by describing the difference between “female madness” and the English malady, writing:

Most significantly, in England the differences in the perception of madness as it appeared in men and women stand out with particular clarity. Alongside the English malady, nineteenth-century psychiatry described a female malady. Even when both men and women had similar symptoms of mental disorder, psychiatry differentiated between an English malady, associated with the intellectual and economic pressures on highly civilized men, and a female malady, associated with the sexuality and essential nature of women. (7)

To reiterate, in the Victorian era, if a person showed symptoms of a “malady,” they would be diagnosed based on their gender. Female “madness” or “hysteria” was characterized by a variety of symptoms, from emotional to physical, that were associated with a disorder of the uterus. As

argued by Showalter: “For centuries, hysteria has been the quintessential female malady, the very name of which derived from the Greek *hysteron*, or womb . . . it assumed a peculiarly central role in psychiatric discourse, and in definitions of femininity and female sexuality” (Showalter 129). In other words, “hysteria” was used as a term that encompassed many symptoms, from melancholy to insomnia to postpartum depression. Epilepsy was also often mistaken for hysteria (Showalter 30). Showalter states that its origin was attributed to many causes, such as masturbation, fever, religious fanaticism, childbirth, physical illness, and more (30). Hysteria was also often seen as an “outcome” of questionable morality which was often associated with excessive sexual activity. In other words, women had to suppress their sexuality to be “morally adequate.” It was frowned upon for a woman to express her sexuality. As a result, women’s autonomy was limited, often leading to emotional suffering and suppressed anger.

In *The Crimson Petal and the White*, Sugar and Agnes embody Victorian women who experience such emotional suffering due to societal expectations and lack of autonomy. In the Victorian era, many women struggled to meet the Victorian “ideal” and were faced with societal pressures that affected their emotional well-being. Most women who could not maintain their autonomy within the constraints of society were most likely put into an asylum, or if their families had enough resources, they provided them with a caretaker. As Jumana writes: “The ‘hysterical’ women . . . are exemplary of Victorian women who are victims of a society that is designed to preserve its rigid gender ideology through the feminization of insanity and the cultural denigration of female sexuality” (2). In other words, patriarchy’s attempt to control women’s desire for self-expression and autonomy by feminizing psychological issues led many women to rebel against societal norms and ultimately end up in institutions. Male authority figures, especially in the medical field, used mental institutions as a way to prevent women from gaining autonomy and a

sense of control over their bodies and souls: “During an era when patriarchal culture felt itself to be under attack by its rebellious daughters, one obvious defense was to label women campaigning for access to the universities, the professions, and the vote as mentally disturbed, and of all the nervous disorders of the *fin de siècle*, hysteria was the most strongly identified with the feminist movement” (Showalter qtd. in Jumana 6).

Moreover, patients in psychiatric institutions, especially women, were treated unethically. Even if they were sane, the conditions they were in and the abuse they suffered, drove them to the brink of insanity. Many women admitted to mental institutions did not meet society’s expectations or were there because their husbands or families did not want them for various reasons. Charlotte Perkins Gilman wrote *The Yellow Wallpaper* (1892), a short story in which she described her own experience of being institutionalized and presented her work as a critique of the medical practices prevalent at that time (Jumana 3). “If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do?” (Gilman 2). Charlotte struggled with postpartum depression, and she was prescribed the “rest cure,” which included limited mental stimulation. The short story highlights the effect of social norms and society’s lack of understanding of women’s mental health issues. As Jumana writes: “Gilman . . . sought to bring attention to the common misconceptions surrounding the causes of ‘hysteria’ and the patriarchal ideologies governing its treatment” (Jumana 4).

Similarly, in the novel *The Crimson Petal and the White*, the importance of Doctor Curlew in relation to Agnes’ character is also prevalent. The character of Doctor Curlew provides insight into the medical profession’s attitude toward women’s mental health during that period. He seems

to associate women's mental health with their gender and reproductive organs: ““You should know that mental illness in the male has nothing to do with nature . . . You and I have no womb that can be taken out if things get beyond a joke – for God's sake remember that” (Faber 81). Doctor Curlew's statement illustrates society's viewpoint towards women who were regarded as “mad” or “hysterical,” and how their mental health issues reflected their position in a patriarchal society that placed them in the hands of male authority figures. The aim of the following chapter, therefore, is to analyse the issues outlined in this introductory chapter on the Victorian conception of “madness” using Faber's Agnes as an example.

4. Agnes Rackham as a Madwoman?

In *The Crimson Petal and the White*, the character of Agnes Rackham symbolizes both mental and emotional turmoil caused by Victorian society. This chapter focuses on portraying her “deviation” from the “Angel in the House” to the “Madwoman in the Attic” due to potential psychological issues.

At the beginning of the novel, Agnes is presented as “the ideal Victorian wife”, representing the archetype of the “Angel in the House” (Louati 108). She is the feminine ideal, characterized by fragility and grace. As Braid writes, she is: “delicate, blonde, sickly and possibly anorexic” (Braid 4). Agnes tries hard to be accepted in society, and she constantly pays attention to her appearance in order to conform to Victorian beauty standards. She also received the education appropriate for a woman of her position in society, that is, she learned proper etiquette and lacked intellectual stimulation. As argued in the previous chapter, in the Victorian era, education for women was viewed as irrelevant, because women were perceived as intellectually subservient and

existed only to bear children. In the novel, Faber also emphasizes this Victorian approach to education, saying: “No woman can be a serious thinker, without injury to her function as the conceiver and mother of children. Too often, the female ‘intellectual’ is a youthful invalid or virtual hermaphrodite, who might otherwise have been a healthy wife” (Faber 171). Therefore, in the eyes of society, Agnes Rackham is the perfect representative of the unattainable female image of the Victorian era: “Agnes Rackham is likely to be the woman least mistakable for a prostitute. Every inch of her diminutive body speaks of containment and untouchability. How beautiful she is . . . Her hair is the colour a woman’s hair ought to be, and fine as embroidery silk” (Faber 370). However, as the narrative progresses, it becomes clear that Agnes is not the “ideal” woman she is initially portrayed as. Agnes, once considered a symbol of grace, has begun to exhibit significant changes in her behaviour that possibly indicate underlying psychological issues.

Specifically, Agnes suffers from symptoms of loneliness while confined to her bedroom due to an undiagnosed illness she is suspected of having: “Agnes Rackham has a little secret of her own. She is lonely. In the closed-curtained, airless chamber of her room, in the thick invisible fog of perfume and her own exhaled breath, she is suffocating with loneliness” (Faber 219). Agnes’ feelings of loneliness were one of the reasons why her psychological issues intensified because she did not have a good support system in times of need. Her bedroom becomes her refuge and her greatest burden as she longs for someone who can release her from the shackles of loneliness. Even though her house is full of people, she feels as if she has no one by her side. As Faber writes: “Her loneliness, though it aches, is not particularly physical; it hangs in the air, weighs on the furniture, permeates the bed-linen. If only there could be someone next to her in this great raft of a bed, someone who liked and trusted her, and whom she liked and trusted in turn” (219). Agnes’s entire existence is tied to the expectations set by Victorian society, yet her inner thoughts and need for

companionship slowly start to collide with the constraints placed upon her: “More than anything, she yearns for the bliss of being tolerated outside the confines of her own bedroom, dressed in nicer clothes than her much-stained, much-laundered nightgowns” (Faber 159). Her feelings of loneliness and isolation are exacerbated by the societal stigma attached to mental health issues. As Braid argues: “She is, self-admittedly, lonely, and in the eyes of her husband, mad” (Braid 5).

It is not surprising, then, that, at the beginning of the narrative, Agnes is presented from the perspective of her husband, William, who says: “Perhaps all members of the female sex are sickly . . . Perhaps (he tried to reassure himself) my poor sick Agnes is not so unusual after all” (Faber 51). However, instead of being there for his wife in times of need, William’s idea of helping her while also keeping his reputation pristine was to isolate her from the rest of the world, which further deteriorated her mental health and did more harm than good: “For all his chagrin at his wife’s frailty, William hasn’t quite grasped just how ignorant Agnes has become, with every passing month of her seclusion, of what’s what in the world at large” (Faber 51). Moreover, William does not invest much in their relationship. The superficial interactions between the married couple are out of mere civility and kept to the bare minimum. Although Agnes feels betrayed by her husband, her emotional struggles remain unbeknownst to William. His inability to understand her behaviour and provide emotional support has strained their relationship. As Faber writes: “Whatever he does now, however wealthy he makes her, however courteously he addresses her over luncheon . . . however hard he tries to win her forgiveness, she can never forgive” (Faber 220).

William talks about her wavering mind, stating: “The maddening thing . . . I mean, the thing that puzzles me most, is that she changes from day to day. Some days she’s as normal as you

or I, then suddenly she'll do or say something wholly outrageous" (Faber 295). Despite William's apparent doubts about institutionalizing Anger, he concludes that "[sh]e can be cured there," he argues with the passion of conviction. "They have doctors and nurses in constant attendance. She'll come home a new woman" (Faber qtd. in Louati 137). Therefore, Braid concludes that "In his eyes she becomes a dangerous monster who has to be locked up for her own good and the safety of those close to her" (6).

The deterioration of Agnes's mental health is largely related to her undiagnosed illness, which is treated by Doctor Curlew. Doctor Curlew believes that her illness is due to hysteria. As Louati argues, he "seems to adhere to the same belief in the association of women's psychological state with their sex: vagina and uterus" (106). However, Agnes actually has a brain tumour: "In Agnes's head, inside her skull, an inch or two behind her left eye, nestles a tumour the size of a quail's egg" (Faber 218). Doctor Curlew firmly holds the belief that Agnes Rackham should be committed to an institution for the mentally ill because she is "doomed" (Faber qtd. in Louati 137). Therefore, Louati argues that: "In Faber's novel, Doctor Curlew associates the female sex/gender with the inevitability of mental illness and madness and believes that it is only natural that women turn mad because it is simply a biological matter" (164).

He also uses his power as a medical practitioner to harass Agnes, who proves to be nothing but a victim of patriarchy that rules over her body. For example, he treats her "insanity" by feeling her womb, further terrorizing her body: "He is trying to find Agnes's womb, which to his knowledge ought to be exactly four inches from the external aperture. His middle finger being exactly four inches long (for he has measured it), he is perplexed to be having no success" (Faber 165). It is not surprising that Agnes Rackham views Doctor Curlew as a negative figure in her life,

fearing his presence. Regardless of her dislike towards him, she trusts his expertise cure her “illness:” “Like a defenceless victim/ prey, she is unable to fend off this attack and simply ‘leans back in her chair, allowing her eyes to fall shut’” (Faber qtd. in Louati 322). By relying on his expertise, she can finally prove to everyone that she is not a “madwoman:” “If she can only keep on the right side of it, she will be sane, first in the eyes of the world, then in her husband’s, and finally in Doctor Curlew’s” (Faber qtd. in Louati 166). Doctor Curlew uses her mental state to his advantage, further emphasizing the level of dominance men hold over women. In other words, the relationship between Doctor Curlew and Agnes and the injuries she endures reflect the dynamic between a doctor and a patient in the context of the lack of understanding of women’s mental health issues in the Victorian era.

Louati argues that all of “These violations lead to her detachment from the real world in an attempt to spare herself the psychological pain and humiliation she must endure every week” (322). Therefore, the subtle signs of Agnes’ deteriorating mental state occasionally show up in her perception of reality. Agnes distorts her sense of reality by obsessing about the Convent of Health, a place where her emotional and physical needs are taken care of in order to overcome her solitude: “Each night she travels to the Convent of Health, where her heavenly sisters soothe and tend her, but if she’s in too bad a state when she arrives at their ivy-crested gates, they shake their heads and scold her gently” (Faber 331). Accidentally, Agnes mistakes Sugar for one of her guardian angels, who is there to save her from her misery and take her to the Convent. By playing along, Sugar is able to free Agnes, both physically and metaphorically, “by helping her escape the mansion and metaphorically by freeing her from William’s control” (Louati 182). Although the people closest to Agnes view her as “mad,” she exhibits a distinct combination of rational and irrational

behaviour; thus, her character cannot be characterized as either sensible or “insane.” As Louati writes:

Her feeble state, her constant delusions and hallucinations about the Convent of Health as well as her collapses on the floor, her vomiting in the streets and her uncontrolled and inappropriate behaviour in public places and among higher circles are indications of her mental instability and unpredictability. On the other hand, her awareness of her contempt of William, her state of illumination and decision to reconvert to Catholicism as well as her serious thoughts and questions about life and the duties of a perfect hostess align her more with sanity and reason. (170)

Even though Agnes is considered “mad” by society’s standards, she is just a human being whose emotional turmoil is a reflection of the patriarchal society that suppresses women’s voices and their emotional needs. Her cries for help have been silenced due to societal constraints, like the voices of many women in Victorian society. Although her condition is not explicitly defined, some elements in the narrative suggest the possibility that Agnes suffers from “puerperal insanity.” The following chapter aims to analyse the symptoms of this “insanity” and how they relate to the character of Agnes Rackham and her rejection of motherhood.

5. The Cause of Agnes’s “Madness”

“‘She was a sweet, kind-hearted girl when we first married,’ he [William] laments, ‘a credit to anyone. She had some odd ways, but who hasn’t? I couldn’t have known she’d become a candidate for an asylum’” (Faber 295). Agnes Rackham, once considered the epitome of the “ideal” Victorian woman, is now on the verge of a mental breakdown and is viewed as “mad” by

everyone around her. This chapter examines the various factors that could have contributed to the deterioration of Agnes's mental health and the possible diagnosis of "puerperal insanity." In doing so, it draws inspiration from Faber's novel, as well as the 2011 adaptation directed by Marc Munden.

To begin with, Agnes's rejection of motherhood originated in her childhood, during which she experienced the death of her mother. Louati argues that "She links the monstrous and bloody images of her mother's deathbed with her bloody bed when she gets her menstrual cycle" (199). In other words, growing up without a mother figure in a period when talking about bodily functions was deeply frowned upon resulted in her lack of knowledge about human anatomy. Thus, Braid argues that "Motherless, raised by a step-father and married at the age of seventeen, she is not aware of the phenomenon of menstruation and treats her irregular bleeding as literally a curse and an ailment" (6). This is substantiated in the novel as well: "To Agnes bleeding from the belly is a terrifying and unnatural thing. No one has told her about menstruation; she has never heard the word nor seen it in print" (Faber 236). Put differently, due to her lack of knowledge about menstruation, Agnes starts to associate bleeding with death.

In her diary, Agnes writes: "Blood from deep within me, flowing from a hidden wound. Whatever killed my Mama, now kills me. But why? Why, when I am Innocent? . . . Give us more of this divine juice! There can be no Rescue in this house where even the Rosary is forbidden" (Faber qtd. in Louati 200). It becomes clear that Agnes starts to associate monthly bleeding with a form of divine punishment, as she waits to experience the same destiny as her mother. Therefore, although Agnes is an adult woman, she acts like "a child and wishes to be treated like one" (Rees

117): “Am I still your little girl?” (“Episode #1.4” 00:00:33-00:00:34). As her life is turbulent, Agnes clings adamantly to childhood, for it is the only thing she perceives as safe. As Rees states:

At age twenty-three she is married and has given birth, but she still behaves like a child, making up tunes on the piano, playing with new hats, or fantasising about parties . . . Agnes has taken this societal attitude to its logical extreme: when everyone has treated her like a child well into her teens, and when being a pretty, clever little girl has earned her validation and admiration, even from her husband, she does not wish to abandon this privileged position for the more demanding roles of wife and mother. (117)

Although Agnes is privileged as an upper-class woman, it must be remembered that she was still a child when she married. William says that Agnes “was awfully young when I married her – too young, perhaps. Playing with dolls still” (Faber qtd. in Rees 118). Due to her upbringing and her ignorance regarding human anatomy, Agnes lacked knowledge regarding sexual education. When she married William, at the “ripe” age of seventeen, “she’d only bled a few times, and ever since then she’s been ill” (Faber 237). Therefore, Braid argues that “Her rejection of adulthood and sexuality in consequence leads to the rejection of motherhood” (4). In line with Braid, it can be argued that the fact that she was married so young and her lack of knowledge of how her body worked led to a loveless marriage and the rejection of motherhood.

Furthermore, the sexual abuse by her husband on their wedding night certainly contributed to the unloving nature of her marriage, but it may also have affected her rejection of motherhood and worsened her mental health. William says: “I didn’t mean to hurt you that first night. I was made hasty by urgency, and I thought, once we were under way, you would enjoy it . . . You’ll let me know if I hurt you, won’t you? I wouldn’t hurt you for the world” (“Episode #1.3” 00:44:58-

00:46:07). When asked about her husband, Agnes exhibits a feeling of distress when in his presence: “Safe? In this house? With him?” (“Episode #1.3” 00:30:28-00:30:40). However, Agnes was not only abused by her husband but by Doctor Curlew as well, which may have led to further decline. The people who were there to help her were the ones to worsen her condition. Agnes hints at the act of sexual abuse: “Help me, please. They given me poison and they hurt me. He hurts me, and his doctor does the same. In the same place, always. . . He pushes inside. He digs away at me with his sharp beak. They are going to kill me” (“Episode #1.4” 00:48:03-00:48:48). When in the presence of Doctor Curlew, Agnes exhibits the feeling of distress: “He places his hand on my belly, and the demon inside me lunges in rage and terror and then tears its way out of me. Stars burst behind my eyes. I glimpse the vile creature only for an instant. Naked, made of blood and slime” (“Episode #1.3” 00:43:00-00:44:07). The sexual abuse may have contributed to her deteriorating mental health. For example, Marland claims that one of the triggers of puerperal insanity was a household mishap, including husbands, visitors and medical practitioners (63).

However, Agnes’s mental health declines substantially after her pregnancy with Sophie. Completely unaware of the child’s existence, Agnes writes in her diary: “Riddle: I eat less than ever I did before I came to this wretched house, yet I grow fat. Explanation: I am fed by force in my sleep. Now I know that it is true. [A] demon sits on my breast, spooning gruel into my mouth” (Faber 617). She starves herself to be thin, blissfully ignorant of the pregnancy, as she writes: “[Clara] doesn’t appear to listen, and prattles that everyone is very worried about ‘the baby’ – how very late it is, & that it must come soon. Whose baby can this be?” (Faber 526). Braid argues that “Her growing belly, in her belief, is the result of a demon force feeding her” (4). This is why she describes her experience of giving birth to Sophie as giving birth to a “demon,” with the aid of her Holy Sister. Agnes writes:

She places them gently on my belly, and inside me the demon squerms. I feel it pushing and lungeing in rage and terror, but my Sister has a way of causing my belly to open up without injury, permitting the demon to spring out. I glimpse the vile creature only for an instant: it is naked and black, it is made of blood & slime glued together; but immediately upon being brought out into the light, it turns to vapour in my Holy Sister's hands. (Faber 618)

She finds the birth process traumatising, thus further rejecting the idea of motherhood and the existence of her daughter. As Braid argues: "Far from the maternal ideal of the Victorian era, which claimed that a woman's only sense of life is motherhood, she resembles Lilith who rejects and destroys her own offspring" (Braid 4). As Sophie grows older, Agnes's lack of awareness regarding her daughter's existence becomes evident. In other words, the deterioration of Agnes Rackham's mental health is evident in her relationship with her daughter – their relationship is non-existent because she is unable to acknowledge her daughter's existence. Her mental health issues and self-isolation after the birth of her daughter correspond to the symptoms of "puerperal insanity," a mental disorder that was not well known in the Victorian period. According to Bucknill and Tuke, puerperal insanity was characterised by:

A total negligence of, and often very strong aversion to, her child and husband . . . explosions of anger occur, with vociferations and violent gesticulations; although the patient may have been remarkable previously for her correct, modest demeanour, and attention to her religious duties, most awful oaths and imprecations are now uttered, and language used which astonishes her friends. (Bucknill and Tuke qtd. in Showalter 57-58)

Strong aversion to spouse and child was a frequent occurrence in many instances of puerperal mania, which led it to be characterized as the key element of the disease, which is why many medical practitioners “recommended that the woman not be left alone with her infant” (Lambert qtd. in Theriot 74). Specifically, many women were either unaware of their child’s existence or simply rejected the idea that the child belonged to them (Lee qtd. in Theriot 79). Therefore, it was believed that women who experienced puerperal mania, in fact, rejected the role of a mother, a role that many people viewed as the quintessence of “true womanhood” (Theriot 79) in the Victorian era.

Like many women who struggled with “puerperal insanity,” Agnes suffers from similar symptoms. Her perception of children is described as follows: “Agnes is rather fond of children, actually, as long as they’re not babies, and as long as they are someone else’s, and as long as they’re administered in small doses. Small boys in particular can be charming” (Faber 440). Agnes’s worrisome behaviour and her refusal to acknowledge her daughter have led everyone in her surroundings concerned for her mental state. This is why Sophie is purposely kept away from Agnes throughout her childhood. Sophie states: “I haven’t seen her since my birthday” (“Episode #1.3” 00:12:43-00:12:45). In conversation with Sugar, William states that Sophie has not met her mother and that Sugar’s main goal, as her governess, is to keep her away from Agnes. William states: “In this house . . . Agnes is childless” (Faber 546), and “If I’m honest, her madness has blossomed since the child” (“Episode #1.2” 00:45:43-00:45:49).

In addition to her dislike of children, Agnes also shows outbursts of anger. Theriot argues that symptoms of “puerperal insanity” include: “incessant talking, sometimes coherent and sometimes not; an abnormal state of excitement . . . a general meanness toward caretakers; and

obscurity in language and sometimes behavior” (72-73). Agnes’s daughter states: “‘My Mama,’ announces Sophie, in a queer didactic tone, ‘has fits, Miss. She’s awful rude, and she shouts, and then she falls over’” (Faber 570). Agnes exhibits obscene behavior in conversations with other people, for example, Ashwell and Bodley: “‘Don’t tell me what there’s a need for, you fat drunken dog!’ Agnes cries. ‘You are useless and ... and ridiculous, the pair of you!’ . . . ‘Nothing is dear to you except filth! Muck-sniffers! Sewer-rats! Your hair smells like rotten banana! Your skulls are full of slime!’” (Faber 569). Her outbursts of anger and violent gesticulations are evident, especially in a conversation with an unknown woman: “‘You are fat, and ugly, and I’ve never liked you.’ The words ring out distinctly, in a harsh monotone unrecognisable as Agnes’s, issuing from somewhere much deeper than her piccolo throat” (Faber 393).

In summary, Agnes Rackham exhibited many symptoms that could indicate a possible diagnosis of “puerperal insanity,” such as the aversion to her spouse and child, sudden outbursts of anger, violent gesticulations, reduced food or medicine intake, and obscene behaviour. However, Theriot reminds us that “Whether on a conscious or unconscious level, women who suffered from puerperal insanity were rebelling against the constraints of gender. The symptoms clearly indicate that rebellion” (79). The character of Agnes Rackham serves to highlight the limitations placed on women in the Victorian era, especially regarding society’s ignorance of women’s mental health. Michel Faber uses her character to highlight the challenges faced by women like Agnes, whose mental health problems were not acknowledged, leading them to be considered “mad.”

6. Conclusion

In conclusion, the theme of “puerperal insanity” in the novel *The Crimson Petal and the White* provides a captivating insight into the patriarchal society of Victorian England by shedding light on women’s mental health struggles, while highlighting the profound impact of societal expectations on women struggling with postpartum mental health issues. It can be argued that “puerperal insanity,” in addition to a brain tumour, contributed to the deterioration of Agnes Rackham’s mental health. Although “puerperal insanity” is not stated as a disease from which she suffers, there are several elements in the narrative that suggest otherwise. The first factor that indirectly supports this theory is Agnes’s evident aversion to her husband and daughter, whose existence she does not acknowledge. Second, she loses touch with reality several times and is unaware of her actions. Moreover, her obscenity in language and restrictive food or medicine intake is evident in the narrative, further linking her condition to “puerperal insanity.” In a society preoccupied with maintaining appearances, anything less than sophisticated would have been deplorable (Forst 8).

Many women were frequently condemned for suffering from mental health issues, and English culture alluded to the fact that they had fallen from grace in some way, and since women were already portrayed as the weaker gender, pregnancy only made things worse (Forst 6). Therefore, “By the mid-19th century, puerperal insanity had become a recognised condition and considered one of the many ‘disasters’ associated with childbirth” (Hollingworth). Agnes’s illness was met with misunderstanding, which illustrates society’s ignorance of women’s mental health struggles. The analysis of the theme of “puerperal insanity” in the novel *The Crimson Petal and the White* is important in raising awareness of women’s mental health and illuminating the

importance of greater understanding and support for women struggling with their mental health. Even though societal attitudes have changed since the Victorian era, Agnes's story serves as a reminder of the progress that has been made in the treatment of mental health issues, while also highlighting the continued importance of understanding and emotional support

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8. FROM ANGEL TO MONSTER: ANALYZING “PUERPERAL INSANITY” IN MICHEL FABER’S *THE CRIMSON PETAL AND THE WHITE*: Summary and keywords

The aim of this paper is to examine whether the character of Agnes Rackham from Michel Faber’s *The Crimson Petal and the White* struggles with “puerperal insanity.” Puerperal insanity was first described in the 19th century and it refers to a severe mental disease associated with childbirth. Many women who suffered from this disease were regarded as “madwomen” because they exhibited symptoms that were socially unacceptable. At the beginning of the novel Agnes Rackham is portrayed as the ideal Victorian woman who deviates from being the “Angel in the House” to the “Madwoman in the Attic.” Although her condition is not defined, the symptoms of her illness are consistent with those of puerperal insanity. The paper begins with a brief discussion on the opposing roles of women in Victorian society, that is, the differences between the “Angel” and the “Madwoman.” It then reviews various mental health issues that were considered specifically “female” in the Victorian era. The main body of the paper examines the position of women in the Victorian era, while shedding light on its ignorance regarding women’s mental health, specifically in the context of puerperal insanity, using the character of Agnes Rackham as the main example.

Keywords: *The Crimson Petal and the White*, Michel Faber, puerperal insanity, madwoman, Agnes Rackham

**9. OD ANĐELA DO ČUDOVIŠTA: ANALIZA „PUERPERALNOG LUDILA“ U
THE CRIMSON PETAL AND THE WHITE MICHELA FABERA: Sažetak i
ključne riječi**

Namjera ovog rada je istražiti boluje li Agnes Rackham, lik iz romana Michela Fabera *The Crimson Petal and the White* (*Grimizna i bijela latica*), od “puerperalnog ludila”. Puerperalno ludilo je prvi put dijagnosticirano u 19. stoljeću kao teški psihički poremećaj koji se pojavljuje kao posljedica poroda. Viktorijansko društvo je žene koje su patile od ovog poremećaja smatralo „luđakinjama“ jer su pokazivale simptome koji su bili društveno neprihvatljivi. Na početku romana Agnes Rackham je prikazana kao idealna viktorijanska žena, to jest, „anđeo u kući“. No kako radnja romana odmiče, Agnes postaje „luđakinja na tavanu“. Iako Faber ne definira njezin poremećaj, njegovi simptomi koreliraju sa puerperalnim ludilom. Rad prvo pruža pregled dviju suprotstavljenih uloga kojima su žene u viktorijanskom dobu „pripadale“ – onoj „anđela“ ili „luđakinje“. Zatim se usredotočuje na različite psihičke poremećaje koji su se u viktorijanskom dobu smatrali isključivo „ženskim bolestima“. Središnji dio rada razlaže položaj žena u viktorijanskom društvu, pritom naglašavajući neznanje o mentalnom zdravlju žena na primjeru Agnes Rackham.

Ključne riječi: *Grimizna i bijela latica*, Michel Faber, puerperalno ludilo, luđakinja, Agnes Rackham