Gender, Power, Madness: The Narrative Possibilities of Hereditary Mental Illness in Louisa May Alcott’s Sensation Fiction

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GENDER, POWER, MADNESS: THE NARRATIVE POSSIBILITIES OF HEREDITARY MENTAL ILLNESS IN LOUISA MAY ALCOTT’S SENSATION FICTION

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DEDICATION

For Richard and Rita—thank you for introducing me to mysteries and the women who pen them.
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While she was better known for her career as a writer of children’s fiction, Louisa May Alcott published sensational stories of drugs, madness, and revenge both anonymously and under the pseudonym A.M. Barnard. Since this was revealed by Madeline Stern and Leona Rostenberg in the 1940s, there has been much scholarship exploring how gender, sexuality, disability, class, race, and genre function in Alcott’s sensation fiction. Many scholars went on to investigate how Alcott’s sensational stories explored both the social boundaries of gender and the scientific boundaries of mental illness. In this thesis, I am interested in how Alcott used the tropes of sensation fiction and contemporary theories of the mind to create complex stories about women’s power, control, and subjugation. While the portrayal of hereditary mental illness was frequently used for thrills, if Alcott’s work is contextualized within nineteenth century theories of the mind it becomes clear that she was not simply following convention. Alcott intentionally used sensation fiction for its preoccupation with hereditary mental illness and drew on the ambiguity of contemporary theories of the mind to create complex narratives wherein her heroines both assert and struggle with control.
INTRODUCTION

While she was better known for her career as a writer of children’s fiction, Louisa May Alcott published sensational stories of drugs, madness, and revenge both anonymously and under the pseudonym A.M. Barnard. The unmasking of this “double literary life” (Stern, *Collected Thrillers* xi) was done by Madeline Stern and Leona Rostenberg in the 1940s, which led to the publication of multiple volumes of Alcott’s thrillers and decades of scholarship exploring how gender, sexuality, disability, class, race, and genre function in Alcott’s sensation fiction. Many scholars went on to investigate how Alcott’s sensational stories explored both the social boundaries of gender and the scientific boundaries of mental illness. In this thesis, I am interested in how Alcott used the tropes of sensation fiction and contemporary theories of the mind to create complex stories about women’s power, control, and subjugation. While the portrayal of hereditary mental illness was frequently used for thrills, if Alcott’s work is contextualized within nineteenth century conceptions of heredity it becomes clear that she was not simply following convention. Instead, Alcott intentionally used sensation fiction for its preoccupation with hereditary mental illness and drew on the ambiguity of contemporary theories of the mind to create complex struggles for control for her heroines.

Hereditary mental illness frequently reared its head in sensation fiction, striking fear into the heart of many a heroine and scandalizing many a reader—but the nineteenth century was fascinated by hereditary madness in more than just a literary sense. The concept of hereditary madness—how it looked, how it was triggered, and how to treat it—was a source of great public and scientific interest as well. Though our understanding of heredity has greatly evolved since the nineteenth century, conceptions of inheritance have been around for far longer than our understanding of genetic material. In the history of medicine, the idea that mental illness can be
inherited or “run in the family” is not a strictly linear development that begins with Mendelian genetics, Darwin’s theories of evolution, or even the eugenics movement in America. This is not to say that Mendel, Darwin, and eugenics did not have significant influence on the public understanding of hereditary traits and, consequently, hereditary mental illness. However, inherited madness as an idea did not emerge overnight or only because of scientific proof of the ways that traits are passed from parent to child. Instead, the concept of heredity developed in tandem with our political and cultural world.

The nineteenth century’s understanding of heredity relied on four major presumptions about inherited traits, according to Charles Rosenberg in his book No Other Gods: On Science and American Social Thought. First, it was assumed by both physicians and laymen that acquired characteristics, and possibly even behavior, were inherited. Second, people believed that inheritance as a process began with conception and lasted all the way through weaning. Third, people believed that the inheritance of character, disease, and temperament was about tendencies and predispositions, not individual, discrete qualities. Fourth and finally, contemporaries agreed that the sexes played a necessarily different role in heredity—largely this meant that mothers had more responsibility and influence over children’s development (Rosenberg 32). In this conception of heredity, the transmission of mental illness is not an entirely clear process. Both external factors—such as parenting choices and external influences from conception all the way through weaning—and internal factors like predispositions and inherited tendencies could be responsible for hereditary mental illness. There was no shortage of causes for madness—even madness that was categorized as inherited. “Natural endowment, environmental stress, inadequate or improper diet, climate” (Rosenberg 33)—all of these could produce a diseased mind or trigger madness in someone who was already predisposed. And these prolific
possibilities surrounding mental illness and the mind were of interest not only to doctors and patients, but also to Alcott.

As Rosenberg argues, these attitudes and understandings of heredity indicate more than just the nineteenth century’s evolving medical knowledge—these understandings of heredity also indicate broader assumptions and attitudes in the cultural context. Rosenberg emphasizes the influence of culture on science by arguing that the history of science is incomplete without an examination of its cultural context: “We must not look at the internal logic of the scientific ideas appropriated, but at their external logic—their social function” (Rosenberg 10). While Rosenberg’s argument discusses “social function” as it relates heredity to moral movements of the nineteenth century, the social function of heredity is also deeply engrained in Alcott’s sensation fiction. An examination of Alcott’s work in tandem with an understanding of nineteenth century theories about hereditary mental illness illuminates her work’s complicated portrayal of women’s struggles for power and control in the nineteenth century. But by no means was Alcott the only author to use the signs and symbols of hereditary mental illness in her sensational stories—the genre was filled with similar stories and their fascination with the mind.

Despite the fact that the boundaries of the genre are quite blurry, sensation fiction does include many tropes that highlight the nineteenth century’s cultural fascination with hereditary mental illness. While the genre’s relatively short history and deep connection to the gothic make it difficult to provide exact definitions, Shelly Streeby defines sensational fiction as a genre that “emphasizes temporal coincidence, stages moments of truth that expose villains and recognize virtue and tries to move its audiences to experience intense feelings, such as thrill, shock, and horror” (Streeby 180). Beyond the thrilling sensations that the genre was intended to inspire, sensation fiction also frequently included stories involving bigamy, marriage plots, and hidden
identities. There were also many tropes that intentionally played off the nineteenth-century fascination with and fear of mental illness, including involuntary confinement in asylums and the untimely discovery of hereditary madness. In just the two of her sensation stories that will be discussed in this thesis, Alcott managed to include involuntary confinement, marriage plots, a scheming uncle, a conniving but charming half-brother, and potential bigamy. But Alcott’s investment in the hereditary insanity experienced by her heroines and the narrative possibilities that it provides for stories of women’s control is the guiding force of the plot in both “A Whisper in the Dark” and “A Nurse’s Story.”

Sensation fiction was popular amongst women as both readers and writers, and its stories frequently confronted gendered social issues in the nineteenth century, albeit in a highly sensationalized way. As Laurie Garrison discusses in her book Science, Sexuality and Sensation Novels, the authors of sensation fiction were in touch with the scientific conversations happening in the culture around them and were actively engaged in applying those theories, in a dramatized manner, to their female characters. As Garrison argues of sensation novels and their connections to theories of human evolution in the nineteenth century: “the sensation novel’s growing association with women writers, women readers, and women’s sexuality throughout the 1860s made it the most suitable medium for the representation and interrogation of this new form of femininity and newly sensational heroine” (180). Alcott played a part in this history by using the conventions of sensation fiction pertaining to mental illness in order to interrogate simplistic notions of women’s subjugation in nineteenth-century America. But instead of relying on theories of human evolution, Alcott applied theories of the mind and their rhetoric, ambiguities, and concerns to her sensational stories. In both “A Whisper in the Dark” and “A Nurse’s Story,” hereditary mental illness is a foundational component to the stories Alcott told.
In “A Whisper in the Dark,” Alcott depicts a 17-year-old Sybil struggling to exert and maintain control over her financial and marital future against the machinations of her uncle—and when her control slips, Sybil’s uncle uses her perceived madness to lock her in an asylum. Using the trope of involuntary confinement, Alcott shows us how the asylum itself becomes a trigger for genuine madness within Sybil. Sybil eventually discovers the other inmate is her mother and the root of her madness is exposed as hereditary. And when Sybil escapes the asylum and her story is neatly wrapped up in a matter of paragraphs, the certainty of her successful recovery and regained control is thrown into question by the specter of hereditary madness that haunts her in the final line of the story.

In “A Nurse’s Story,” the asylum is traded for a large family home and the hereditary madness is known to the audience from the start. Kate Snow becomes a nurse to the Carruth family and cares for their eldest daughter Elinor, using moral therapy and mesmerism—contemporary treatments for insanity—to mixed effect. As Kate attempts to exert control through care, Elinor attempts exert control by thwarting the marriage of her younger sister and preventing another generation of hereditary mental illness. In both women’s storylines, hereditary mental illness serves to complicate their triumphs and the ways in which they wield power.

What we can see by looking closely at these two stories is that Alcott used the conventions of sensation fiction as a means to tell stories about women’s control. Sensation fiction’s preoccupation with hereditary mental illness provided a convenient vehicle for stories about women’s control. Though each story is about a woman’s individual struggle with mental illness, in each story Alcott also engages with the ambiguities and cultural complexities of mental illness in the nineteenth century. Her portrayals of her heroines draw on the rhetoric of these theories and the results of this in both “A Nurse’s Story” and “A Whisper in the Dark” are
stories of women who manage to wield power over the men around them while also still being victim to the domination of these men.
GENRE, GENDER, AND MADNESS

In the 1830s and 40s, sensation fiction was becoming popular in America—but in the 1850s and 60s, women were becoming increasingly important figures in the genre both as readers and writers (Streeby 180-6). This included Louisa May Alcott, who was publishing her tales of “blood and thunder” (Stern, Biography 175) with great frequency in the 1860s—including both “A Whisper in the Dark” and “A Nurse’s Story.”

“A Whisper in the Dark” was published in 1863 in Frank Leslie’s Illustrated Newspaper. This weekly newspaper reported, quite graphically, on “every cause célèbre from murders to executions, from revolutions to prizefights, from assassinations to scandals” (Stern, Collected Thrillers xvi). The illustrations continued this sensational theme with “bloody battle scenes of the Civil War,” and disasters both political and natural (Stern, Collected Thrillers xvi). While this weekly’s focus was national events, the periodical also provided “serial stories that spiced domestic tranquility with a touch of violence”—among them was “Pauline’s Passion and Punishment,” “Taming a Tartar,” and “A Whisper in the Dark” (Stern, Collected Thrillers xvi).

“A Nurse’s Story” was published in Frank Leslie’s Chimney Corner, another of Frank Leslie’s newspapers albeit with a much different slant from his Illustrated Newspaper. The Chimney Corner was instead a story-focused paper, promoted as “an illustrated fireside friend that would supply mothers with domestic tales, daughters with romances, sons with dramatic escapades, and youngsters with adventures and fairy tale” (Stern, Collected Thrillers xvi). Neither of these tales were published in the other of Leslie’s periodicals to which Alcott also contributed nearly a dozen stories—Frank Leslie’s Lady Magazine.

The Lady Magazine was focused on fashion news, but each issue included a short story “that might have feminist undertones but must have feminine overtones” (Stern, Collected Thrillers
And while Alcott contributed to *Lady’s Magazine* regularly, she chose to publish “A Whisper in the Dark” and “A Nurse’s Story”—which both contend with feminist issues—in the more shocking *Illustrated Newspaper* and the more domestic *Chimney Corner*. As Stern describes it, the *Lady’s Magazine* published “a modified and acceptable sensationalism” (Stern, *Collected Thrillers* xvii), while the other Leslie periodicals were much more concerned with lurid stories and gave Alcott a much wider berth to explore and critique her cultural moment. Despite the fact that both “A Whisper in the Dark” and “A Nurse’s Story” engage with feminist ideas and are not among the most violent or shocking of Alcott’s sensational stories, Alcott clearly wrote them with Leslie’s more melodramatic periodicals in mind. This publication choice shows the priorities with which Alcott developed these stories—she intentionally sought publications that centered sensation fiction as opposed to stories with “feminine overtones.” This decision shows that Alcott actively chose sensation fiction as a genre—likely because of the ways that the genre lent itself to the stories Alcott wanted to tell. Both “A Nurse’s Story” and “A Whisper in the Dark” rely on how the ambiguities of hereditary mental illness complicate the heroines’ relationships to control. Stories that required the “feminine overtones” that Stern refers to would not have provided the same opportunities to explore mental illness and its complications.

Because Alcott’s work took up the tropes of sensation fiction, it is important to note that despite having clear patterns in storytelling, sensation fiction is a genre that scholars find difficult to define precisely. Sensation fiction owes much to the gothic for its plots and counterplots, it draws from contemporary culture for its fascination with the fragility of the mind and women’s bodies, but it also arguably owes quite a bit to the genre of realism.
In discussing sensation fiction’s relationship to the medical context of the nineteenth century, Pamela K. Gilbert argues that sensation fiction, despite its clear connection to the gothic genre, was also “deeply indebted to the realist tradition” (184). In making this argument, Gilbert does not deny that sensation fiction shares much with the gothic—both genres have “an emphasis on the unique and unrepeatable. Improbable coincidences, unusual situation, and extraordinary emotionally challenges abound…characters are thrust into extreme situations—and come up with equally extreme responses” (183-4). However, there is much that sensation novels share with realist novels as well: “The characters tend to be ordinary middle- to upper-class folk. Stories are set in the present or recent past, and in familiar locations. Their struggles have to do with ordinary Victorian challenges and the typical stuff of the novel—debt, bankruptcy, identity and the legitimacy of marriages, children and heirs” (Gilbert 184). Despite all its drama and captivating psychological and physiological plots, sensation fiction is grounded in the reality of nineteenth century anxieties and struggles. Many of the genre’s plots rely on the same contemporary concerns and tensions that exist in genres more explicitly tied to reality, but the intensification and dramatization of those problems is what makes sensation fiction distinctive. The debt sensation fiction owes to its realist counterparts and its contemporary anxieties is worthy of note—and it plays an important role in how certain authors engaged with the genre. Sensation fiction was a booming business, an opportunity for melodrama, and a venue in which contemporary issues could be examined without being held to the same standards as realism. The genre conveniently provided paths to critiquing culture while keeping the audience captivated with psychological spectacles.

But despite disputes about the exact definition and heritage of the sensation fiction genre, there is one thing upon which scholars tend to agree—sensation fiction’s ability to evoke shock,
horror, and intense emotions. This version of defining sensation fiction necessarily relies on a bodily reaction—which brings us to conversations about the contemporary beliefs about bodies and minds, but also brings us to conversations around audience reception of the genre.

**SCIENCE AND SENSATION FICTION**

The fascination with the mind and body in sensation fiction is deeply ingrained in the genre. Marriage plots and bigamy evoke issues of reproductive control. Asylums, mesmerism, and madness bring into question how bodies and minds can be influenced, controlled, and broken. And in the nineteenth century, there was an ever-growing range of theories about the mind, its functions, and how to control it. These included phrenology, hereditary mental illness, and mesmerism, among many others. Some faded in and out of style quickly, some were largely for public entertainment, and some developed into theories that continue to shape our understandings of the mind to this day. Of these nineteenth century theories, one is essential to this thesis—the growing understanding of hereditary mental illness.

As noted earlier, our modern conceptions of heredity are not wholly in line with the nineteenth-century version of heredity. This difference is noticeable even in the language used to refer to mental illness. Both medical professionals and laymen in the nineteenth century referred to mental illness in a variety of terms, but the one largely used by sensational stories is “madness.” In my own language choices, I will largely defer to the terms “mental illness” or “insanity” rather than “madness,” but the language of the texts I am citing and analyzing frequently uses these terms interchangeably. But just as texts from the nineteenth century refer to mental illness with much different language, they also theorized the functions of mental illness much differently than modern scientists.
Rosenberg argues that in the nineteenth century, heredity was an important part of the fabric of society in terms of both scientific thought and cultural productions. Heredity influenced moral campaigns, became the rhetoric for the growing eugenics movement, and shaped the way that people perceived the most basic aspects of their personhood. The assumption that like creates like was “so primitive that it demands an effort of imagination to understand that it was, indeed, an assumption, and how fundamental a role it played in the explanation of health, disease, and behavior” (Rosenberg 26). Hereditary illnesses were understood as inherent to an individual’s bloodline, but also capable of being provoked later in life. Nineteenth-century Americans would have assumed that “acquired characteristics were inherited…that heredity was a dynamic process beginning with conception and extending through weaning…and that inheritance of character, disease, and temperament was a protean affair of tendency and predisposition” (Rosenberg 26-27). Hereditary illnesses could develop on their own from characteristics passed down through the family, but they could also be externally triggered. One might have mental illness run in the family, but never succumb to it over the course of a lifetime—or, on the other hand, “the child of ‘nervous’ and dyspeptic parents might well succumb to business or family stress which would only strengthen the character of an individual endowed with normal emotional resilience” (Rosenberg 33). These dual possibilities gave hereditary illness a significant role in the cultural understanding of medicine and science—but they also led to difficulties in the process of diagnosis and cure. There were no clear ways to note exactly how a mental illness was brought on, nor how to determine whether the affliction had truly been cured. This ambiguity led to uncertainty and pessimism in the scientific community, but it also created huge possibilities for writers and readers of sensation fiction.
Contemporary theories about hereditary mental illness also housed distinct ideas about women’s bodies and minds that found their way into literary conversations around madness. As Gilbert notes, “The connection between femaleness and madness has been often remarked by Victorian scholars, and has been understood to be foundational to the gender politics of the period…women were thought to be particularly vulnerable to insanity due to their physiologies” (186). Attitudes like this presented themselves in scientific circles as assumptions like “the female’s nervous system and emotions prevailed over her conscious and rational faculties” (Rosenberg 55). But this feminine susceptibility to frailty and strong emotions did not appear only in scientific treatises on the mind—it also appeared in the critiques of sensation novels. Critics of sensation fiction were not just concerned with the bodies and minds of the women in the stories themselves—they were also deeply concerned about policing the reactions of the women reading these stories.

**GENRE AND GENDER IN THE NINETEENTH CENTURY**

Sensation fiction was quite a gendered genre—many scholars have noted that the genre was perceived as increasingly feminine over the course of the nineteenth century as an ever-increasing number of women writers and readers flocked to the genre in both America and Britain. The genre’s increasing association with women on both ends of production made it a useful opportunity to interrogate patriarchal structures, but this feminine association also brought with it increasing criticism.

Both in contemporary and modern responses to sensation fiction, there have been detractors of the genre. Some of the modern responses to sensation fiction are concerned with the negative effects of sensation fiction on women, though modern concern stems from whether the genre and the women participating in it were subverting patriarchal structures or perpetuating their
damaging imagery of women. With the work of Alcott’s thrillers in particular, critics have “disagreed about the deconstructive potential of these stories” (Streeby 187), and there remains a debate as to “whether these stories critically interrogate or reinforce nineteenth-century gender roles” (Streeby 187). Some scholars have been much more convinced of the critical and feminist slant of sensation fiction. Madeline Stern has argued of Alcott’s work in the sensation genre: “In almost the entire corpus of sensation narratives that Alcott produced during the 1860s, a feminist theme can be traced as men’s dominance is challenged and women’s power asserted” (Stern, The Feminist Alcott ix). But rather than the strict binary of only critiquing gender roles or only reinforcing their place in society through her fiction, there is room for more complicated visions of Alcott’s work that acknowledges irony, context, and deconstructive work that coexists with reinforcement of certain patriarchal beliefs.

The contemporary response to sensation fiction critiqued the genre differently—critics in the nineteenth century were frequently critical of sensation fiction on the basis that its female readers would be overwhelmed or led astray by the content of the stories. As Garrison notes, “Nerves, senses, bodies and the women who either wrote or read these novels were continually the subject of interest in the press in the 1860s. Such readers eventually came to be considered as existing in unnatural states. They were too effectively stimulated, too seduced by the suggestive pleasure of ‘unwholesome’ excitement” (3). Though some contemporary critics had more measured or ambivalent responses to sensation fiction, much of the contemporary conversation was concerned with the possibility that the genre would negatively affect the women who read and wrote it.

As a writer who only put her sensation fiction out anonymously or pseudonymously, Alcott was likely aware of this critique of both audience and writer. But Alcott continued to write these
stories despite public concern and despite how her work in children’s literature might be affected if she were found out. And with stories like “A Whisper in the Dark” or “A Nurse’s Story,” it seems that Alcott’s choice of genre was deliberate and motivated by more than a paycheck.

**NARRATIVE POSSIBILITIES**

As a genre intended to provoke feeling, sensation fiction was well-suited to draw out the anxiety and ambiguity around theories of hereditary mental illness and capitalize on the narrative possibilities that these ambiguities create in stories of women’s relationships to control. Between the fear of losing control of one’s mind and the anxiety of the increasing number of ways in which it could happen, sensation fiction could produce tremendous feeling in its readers. Though many sensation fiction tropes are exaggerated and improbable, their connections to the social fabric that writers were pulling from shocked and horrified readers—partly because of their exaggerated horror and partly because of their proximity to reality. And in the case of Alcott’s sensation fiction, her sensational stories rely on hereditary madness and its cultural complexities as a dramatizing element in tropes such as marriage plots and involuntary confinement which exemplify the plights of women in the nineteenth century.

The additional layer of heredity in each of these stories of madness provides readers with many questions—if the woman whose struggle we are witnessing is mad, and if the madness is hereditary, then how can we be sure that she is every truly sane again? As we watch a woman descend into madness and lose control of her mind, how can we be assured that her triumph over the men who confined her to an asylum is a complete victory if her insanity is incurable? Is it possible that her madness may come back to haunt her in the future and her freedom is not in fact permanent? And as we watch another character continue to struggle with her mental health
despite the best and most progressive care, how can we see either the patient or the nurse as completely in control? These are the questions Alcott prompts us to ask of her characters in “A Whisper in the Dark” and “A Nurse’s Story.”
A WHISPER IN THE DARK (1863)

On June 18, 1860, Elizabeth Parsons Ware Packard was visited by the sheriff of Kankakee County, Illinois and taken into custody to be committed to an asylum. Before the sheriff arrived at her door, Packard was not aware that her husband, Theophilus Packard, had taken advantage of an exception in the law—the state of Illinois required a public hearing before a person could be committed to an asylum against their will, except in the case of a husband committing his wife. Before she was declared insane by her husband, Mrs. Packard had complained of Mr. Packard’s controlling behavior and restrictive religious views, which she had openly disagreed with (Packard, Marital Power 5). Mrs. Packard spent three years in the Jacksonville Insane Asylum only to be released into the care of her family when, under pressure from her children, the hospital declared that she was incurable. Upon her release to her family, her husband kept her locked in a room with the windows nailed shut until she managed to sneak a note to a friend who brought her case to a judge and secured her a trial (Packard, Marital Power 10).

When the case was brought to court, it was short but highly sensational—the trial lasted a week and the courtroom was filled with observers, many of whom were women who came in support of Mrs. Packard. The jury took seven minutes to deliberate and upon announcing Mrs. Packard sane, the courtroom apparently filled with cheers (Carlisle 104-109). After her trial, Mrs. Packard spent the rest of her life on a crusade to reform asylum laws across America. She published four books and influenced the passage of 34 bills on asylum reform, including a law in Illinois that closed the loophole her husband had used to commit her to an asylum.

Though quite a few of the laws that Mrs. Packard helped pass were repealed by the time of her death, her three years of involuntary confinement captured American attention when her
case was brought to court. In the aftermath of her trial, Mrs. Packard sold nearly 6,000 copies of her first book *The Great Drama* in Illinois. In the years after her sanity was declared, Packard began traveling state to state, selling her book, continuing to write, and gathering support for her reform work (Himelhoch and Shaffer 359). Elizabeth Packard was not the only woman in America confined to an asylum against her will, but she was the example of the century. Her involuntary confinement was an example of how sensation novels dramatized an unfortunate possible reality—the spectacle of Mrs. Packard’s particular situation meant she could have been a character in Wilkie Collin’s *The Woman In White*, Sheridan Le Fanu’s *The Rose and the Key*, or Louisa May Alcott’s “A Whisper in the Dark”.

In “A Whisper in the Dark,” Alcott tells the story of Sybil, a 17-year-old girl who has recently moved in with her adoptive uncle (a close friend of her late father’s) on a property that she is set to inherit when she turns 18. Having read part of a letter that was intended for her guardian, she is aware that she is set to marry her cousin Guy. When she overhears her uncle and her cousin arguing about Guy’s reluctance to lose his freedom to marriage, Sybil discovers that the marriage is not the obligation she was led to believe it was—instead, her uncle is conspiring to keep her property and wealth under his thumb by tricking Sybil into marrying his son. She then plays the men’s affections against each other, which ends with her uncle proposing to her, shocking her at first into silence and then into a frenzied rage. It is this momentary loss of control where everything takes a turn for the worse as her uncle’s doctor walks in and exclaims “Great heavens! Is the young lady mad?” (Alcott, “Whisper” 46).

In a plan of her uncle’s devising, Sybil’s uncle and the doctor drug her, take her to an asylum, and keep her against her will in a series of events that directly parallel many popular sensation stories. Take for instance Eliza Haywood’s anonymous novella published in 1726, *The
Distress’d Orphan, or Love in a Mad-house, which was so popular that it “stayed continuously in print throughout the century, in both authorized and pirated editions” (Scull 140). In some ways, Whisper reads like one of the many sensation stories that borrowed Haywood’s plot. Haywood’s main character is also an orphaned girl with a fortune she will soon inherit who has an uncle who attempts to force her to marry his son and has her carried off in the middle of the night to an asylum against her will where her sanity is threatened by the harsh confinement and horrible sounds of the asylum.

Sybil is slowly driven insane by daily life in the asylum and the constant pacing, rocking, and disturbing noises of the only other patient in the asylum who lives in the room above hers. At night, in her attempts to explore her prison, Sybil hears her fellow inmate’s desperate whisper to “find it before it is too late” (Alcott, “Whisper” 52) and it isn’t until her fellow inmate is dead that she discovers the notes she was meant to find. When Sybil discovers the dead body of her fellow inmate, she discovers that this woman is her exact double—the only disparity being their age difference. Sybil discovers later that this woman was her mother and her uncle had hoped to explain Sybil’s disappearance by saying that she had also succumbed to the same melancholy as her mother. Instead, Sybil escapes the asylum and while running away through the woods she is picked up by Guy, who had been on the way to save her. They get married and live happily ever after.

However, that happily ever after is complicated—the story ends with Sybil telling her audience, “over all these years, serenely prosperous, still hangs for me the shadow of the past, still rises that dead image of my mother, still echoes that spectral whisper in the dark” (Alcott, “Whisper” 58). While sensation tropes like involuntary confinement and marriage plots background this story, at the core of this tale is a narrative about Sybil struggling for control—
control of her future and wealth, her image and property, and her sanity. Sybil continuously battles with her uncle for control and in the moment where she is mistaken for mad, her inability to control herself becomes her undoing. When she is put in the asylum, the external triggers of her environment bring on what we later discover is hereditary madness, and Sybil’s clean plot resolution and eventual return to sanity and control are complicated by this hereditary factor.

BEFORE THE ASYLUM: SYBIL’S SCHEMING

One of the ways in which Sybil attempts to exert control over her situation before her confinement is through a careful cultivation of her image. As a narrator, Sybil frequently makes mention of the effort put into her appearance and the performative aspects of her conduct. Before meeting her cousin and uncle for dinner, she is intensely focused on her appearance with the knowledge that she is about to meet her future husband—“every faculty was intent upon achieving a grand toilette for this first interview” (Alcott, “Whisper” 34). She surveys herself in the mirror feature by feature in a moment that mirrors her later careful composition of her image when her cousin arrives. In both moments, there are long, detailed descriptions of Sybil’s physical appearance and the ornaments she enhances her appearance with—she mentions her “dress of foreign fashion” and how it “enhances the fairness of neck and arms,” and she positions her “pretty foot” and glittering bracelets so that they are perfectly placed to enhance her beauty when her uncle and cousin appear at the doorway (Alcott, “Whisper” 34-36). This second moment where Sybil narrates her appearance feature by feature includes her positioning herself carefully but casually, as if caught in a moment of reading with “an absorbed aspect and a quickened pulse to await the arrival of the gentlemen” (Alcott, “Whisper” 36). While Sybil is conscious of this superficial behavior and “laughing at [her] folly” as she urgently composes an
image of perfect ease, it is important to note that Sybil’s image is one of the few aspects of her life that she can control. As a seventeen-year-old girl, she has yet to acquire money, property, or independence of any sort, but she is highly aware of her physical charm. And so she uses it to her advantage, taking care to compose her body and arrange her surroundings to present an appealing image of a marriageable young woman—poised, pretty, and pretending to read whilst unaware of the men’s presence until they speak (Alcott, “Whisper” 36).

In addition to controlling her physical appearance, Sybil frequently scans her uncle and cousin for their responses and plans her replies to draw specific reactions from her audience. After dinner one night, Sybil asks her uncle to come and sing with her in an attempt to make Guy jealous—as she says, “for I wanted to try my power over them both, to see if I could restore that gentler mood of my uncle’s, and assure myself that Guy cared whether I was friendliest with him or not” (Alcott, “Whisper” 40). While her uncle might be forcing Guy into marriage, Sybil is also repeatedly attempting to control the emotions and reactions of the men in charge of her future. When Guy takes her out for a ride, Sybil uses the same metaphor of taming Guy that her uncle employs. When speaking of his son, her uncle says: “though by nature as wild as a hawk, [he] has learned to come at my call as meekly as a dove” (Alcott, “Whisper” 33). And when Sybil teases Guy about marrying his father instead of him, she is “seized with a whim to try my skill with the hawk that seemed inclined to peck at its master” (Alcott, “Whisper” 38). While her methods are not the same as her uncle’s, Sybil does share the same goals and the same calculated, controlling language—though her attempts at exerting power over others are met with varying levels of success. Alcott does not make Sybil wholly successful—she is still a silly teenager attempting to thwart a much older, experienced figure and Alcott does not ignore that
for the sake of a simplistic story of a woman overcoming a patriarchal figure. Instead, Alcott makes Sybil’s success at control intermittent and complicated, as is evidenced later in the story.

Though Sybil is portrayed as silly, she is just as calculating as her uncle. She might be more childish and emotional, but she makes calculated moves that mirror both the language and methods of her uncle’s manipulations. While her uncle’s motivation is to maintain power over Sybil’s estate, their goal is the same—they both want a marriage between Guy and Sybil. Upon deciding that she enjoys Guy's presence, Sybil states: “I mentally resolved to charm my cousin slowly, and enjoy the romance of a genuine wooing, without which no woman’s life seems complete—in her own eyes at least” (Alcott, “Whisper” 39). Even in the language of her romantic declarations, Sybil puts herself in the position of power—Sybil does not want to be wooed by Guy, she wants to be the one to charm him, to be the one in control of the romance.

But not only interested in Guy’s affection, Sybil’s attempts to wield power over her uncle and cousin are also a ploy to gain control over her property and future. While her uncle schemes to hoard her wealth, Sybil attempts to secure her future in both liberty and affection. When her uncle presents her with a false will that has removed her ability to choose not to marry, Sybil “forgets [her] studied calmness” (Alcott, “Whisper” 43) and becomes furious at her loss of control—both over her romantic life and her freedom to choose. In her argument with her uncle, she says:

“Why should I? It is not binding, you know, and I’m too young to lose my liberty just yet; besides, such compacts are unjust, unwise. What right had my father to mate me in my cradle? How did he know what I should become, or Guy? How could he tell that I should not love someone else better? No! I’ll not be bargained away like a piece of merchandise, but love and marry when I please” (Alcott, “Whisper” 43).

Sybil’s objections are both concerned with her romantic and legal freedom, but both are centered around her lack of control—her fury is focused on the fact that her future would be dictated by
others, particularly the men in her life, and that both her liberty and her love are at stake. As is consistent in her character before she is taken to the asylum, Sybil is—in big and small ways—attempting to exert control over her life and future, and frequently attempting to do so in opposition to her uncle.

Unfortunately for Sybil, she is rarely victorious in her battles with her uncle—but her triumphs are all the more significant because of the intermittent nature of her success. Alcott does not make Sybil wholly successful—she is still a silly teenager attempting to thwart a much older, experienced figure and Alcott’s story takes that dynamic into account. Instead of a simplistic story of a woman overcoming a patriarchal figure with little resistance, Alcott instead makes Sybil’s success at control intermittent and complicated, as is evidenced later in the story.

**SCHEMING UNCLEs, MESMERISM, AND SYBIL’S FINAL STRAW**

Though mesmerism was made popular in Europe in the eighteenth century by Franz Anton Mesmer, mesmerism was on the rise in America in the mid-nineteenth century as both an entertainment and a science. The central tenet of mesmerism was that within every individual was a universal magnetic fluid which could be controlled by certain professionals. Mesmer himself believed that imbalances in this fluid could produce hysterical symptoms, with many theories about the medical implications of mesmerism. While the entertainment aspects of mesmerism captured public interest across America and Europe, the medical possibilities of this theory were not lost on the public either. Mesmerism became an example of the nineteenth century fascination with the functions, qualities, and workings of the mind. Garrison argues that “by 1863, mesmerism and spiritualism were considered prominent subject matter in sensation novels” (57), which brings to light a convention in sensation fiction that Alcott exploits in
conjunction with contemporary theories of the mind. Sybil’s uncle exerts control over her not through physical domination or monetary exploitation, but through mesmeric influence. Where Sybil attempts to control how others perceive and react to her through her image, her uncle attempts to persuade and dominate others through his mesmeric voice.

Her uncle’s voice is always measured, and his calm façade rarely slips. One of his few outward displays of emotion in the text is his “breathless entreaties that I would be calm, and a most uncharacteristic display of bustle” (Alcott, “Whisper” 46) when the doctor is attempting to sedate Sybil. This display of uncharacteristic emotion is only matched by his single flare of anger—shown by “crumpling the paper in his hand” and “sternly demanded” questions (Alcott, “Whisper” 43)—when he discovers that Sybil had been eavesdropping on his conversations with Guy and attempting to manipulate him. These limited emotional outbursts—one a genuine expression of anger at his foiled plan and one a false expression of concern when he finds a new way to succeed—are both tied to the domination of Sybil. Sybil and her uncle’s relationship in this text is frequently a battle of wills, a battle for domination in both conversation and in control of Sybil’s future. While he may seem constantly cool, distanced, and dispassionate—“his countenance was hard to read” (Alcott, “Whisper” 33)—there is a mesmeric quality to his voice and speech.

According to Jimmy Packham in *Gothic Utterance: Voice, Speech, and Death in the American Gothic*, Sybil’s uncle commits “overbearing and mesmeric masculine speech acts” (65), which produce in Sybil “an unconscious sympathy that bypasses conscious antipathy” (63). This mesmeric voice of her uncle is a quality of the genre—as Packham says, there is a “distinctly Gothic quality [to] a speech act which invites the listener to ‘forg[e]t the past’” and obey the uncle’s commands (61)—but his voice also represents a fascination with mesmerism.
that is deeply ingrained in the culture in which Alcott was writing. Alcott is not just using a staple of sensation fiction to build her character—she is constructing his character around contemporary theories of the mesmerism.

While her uncle’s power resides in his voice, “A Whisper in the Dark” makes clear that Sybil’s voice does not have the same power. Sybil is in turns under the power of her uncle’s mesmeric speech acts—she finds herself unwittingly under “the charm of that particularly melodious voice”—while also in turns being indomitable—“...I was mastered. Yet only physically; my spirit was rebellious still” (Alcott, “Whisper” 33). However, her occasional successes in her constant battle with her uncle for dominance do not extend to her declarations of sanity—her protestations are not enough to win her freedom from involuntary confinement. But when Sybil is committed to the asylum, the problem is not a matter of whether she is mentally ill, but whether she appears mentally ill. It is her ability to control how others perceive her, how others read the signs and symptoms of mental illness onto her that is the key issue rather than the presence of any mental illness. Her ability to control her image and how others perceive her would be the solution to her problem—but, as we will see, the asylum makes this level of composure impossible.

When her uncle presents Sybil with her father’s will, he has omitted all reference to Sybil’s choice in marriage and Sybil’s control over her future begins to slip from her grasp: “As I realized the fact, a sudden bewilderment and sense of helplessness came over me, for the strange law terms seemed to make inexorable the paternal decree which I had not seen before” (Alcott, “Whisper” 43). The bewilderment and helplessness that Sybil feels in the place of this paternal decree and the deception behind it is a dramatized version of women’s struggles in the nineteenth
century, but Alcott uses it to mimic the reality of contemporary women’s tenuous control over their financial situations.

As sensational as Mrs. Packard’s story was, Sybil’s story shows how financial freedom for women in the nineteenth century was limited and both Packard’s and Sybil’s struggles were unfortunately predictable. Even after being declared sane and gaining legal protection against her husband’s attempts to confine her to an asylum, Packard was still vulnerable to her husband’s financial domination. When she returned home from court, she found that her husband had taken her children and her belongings and left her with nothing. In her book, Modern Persecution, Packard laments the vulnerability of married women:

“Thus robbed of all my life earnings, and bereaved of my children, in addition to my three years of ‘false imprisonment,’ as the decision of the jury proved it to have been, I now appealed to the laws for protection, as a married woman, when, alas! I found I had no laws to appeal to! My counsel assured me, that before the law, I was merely a ‘nonentity,’ and therefore, as I had no rights, I had no protection in the law, except in a divorce” (67).

The only way that Packard could retrieve her property was to divorce her husband—but even if Packard had wanted a divorce, there was no guarantee that process would have left her with much more to her name.

Packard’s trial took place in 1863 and even though, from the 1830s through the 1850s, “most states enacted laws permitting married women to hold, and in some instances manage, separate property” (Zeigler 65), women were still largely financially vulnerable. As Sara Zeigler states in her analysis of marriage and common law in nineteenth-century America, “A woman’s wealth did nothing to improve her legal status—she became a servant upon marriage” (65). Though these legal protections were in place to allow women to maintain certain property and wealth, these functioned poorly in practice. And while Packard and Sybil’s situations are highly unique, they still have elements of mundane realities.
With the altered will her uncle presents to her, Sybil’s financial security is now tied to her marriage and whatever previous choice she had to remain single and in control of her property is gone. This reveal sends her spiraling and her attempts to keep up her cold façade and manipulation of her uncle become erratic. She forgets her “studied calmness” and frantically asks questions, she declares her independence and assumes her “coldest mien,” but her anger is entirely subsumed by astonishment when her uncle turns her manipulation back on her and asks her to marry him (Alcott, “Whisper” 43-44). Though her previous experiments with controlling her image and how others perceive her succeeded to varying degrees, the moments following her uncle’s proposal are the most significant failure—this loss of composure is what leads to her confinement in an asylum.

When Guy overhears his father propose to Sybil, Guy rejects her completely (Alcott, “Whisper” 44-45) and Sybil, distressed by Guy’s departure and furious with her uncle, loses her temper and control of her speech—“my hot temper rose past control…and for several minutes poured forth a torrent of explanations, reproaches, and regrets” (Alcott, “Whisper” 45). This moment of uncontrollable emotions is witnessed by Dr. Karnac and he declares her mad. It is no coincidence that when Sybil loses control of herself, her sanity comes into question. Alcott is again emphasizing the significance of control in Sybil’s situation—her inability to control herself leads to a label of madness. And once this label has been applied to Sybil, much like Mrs. Packard, it is difficult to detach.

This declaration of madness spurs Sybil’s uncle to act—as is explained in the final few sentences of “A Whisper in the Dark,” there were in fact several clauses in the will that her uncle removed. One of them was that “if it should appear that [she] inherited [her] mother’s malady, the fortune should revert to [her] cousin” (Alcott, “Whisper” 57). It is this clause that her uncle
recalls when Dr. Karnac proclaims Sybil mad, and he immediately takes advantage of it by declaring her emotional state a sign of the same malady her mother suffers from. As Sybil notes, “I unconsciously abetted the stratagem” (Alcott, “Whisper” 58) and her momentary loss of control is what leads to her involuntary confinement.

**IN THE ASYLUM: MADNESS AND EXTERNAL TRIGGERS**

Sybil’s control of her image, which she had so highly coveted and struggled with before, now slips entirely from her control at her time in the asylum. When she tells her nurse that she isn’t in fact mad and shouldn’t be in the asylum, the nurse responds: “You look it, and that’s enough for them as is wise in such matters” (Alcott, “Whisper” 50). This appearance is the most significant problem—what Sybil has lost at this point is not her mind, but her ability to influence how people perceive and react to her. She is not insane—not yet—but she appears so to those in charge of her future, and that is all that matters. Those in charge of Sybil’s fate—her uncle, the doctor, and truly anyone (but mostly men) to whom she could appeal for her release—are invested in her continued confinement in the asylum. Unlike Elizabeth Packard, Sybil has no children to petition her release and though her time in the asylum is much shorter than Packard’s, the experience is equally disturbing for Sybil.

While we later discover that Sybil’s mother is the other patient in the asylum and she suffers from a kind of melancholia that is apparently hereditary in nature, Sybil slips into a kind of madness that seems externally triggered rather than hereditarily linked. Her fellow inmate’s haunting mutterings, cries, and pacing grate on Sybil’s mind and she becomes obsessed with finding the person behind these noises. She fixates on the haunting possibilities presented by the noises coming from the cell above hers—as Sybil says, this cell “possessed an irresistible
fascination. I could not keep away from it by day, I dreamed of it by night, it haunted me continually, and soon became a sort of monomania, which I condemned, yet could not control, till at length I found myself pacing to and fro as those invisible feet paced overhead” (Alcott, “Whisper” 51-52). This obsession or monomania—a term from the nineteenth century indicating a temporary insanity wherein the sufferer has one specific fixation—is beyond Sybil’s control and soon Sybil’s uncontrollable fixation becomes a compulsive behavior. Sybil begins to imitate the other inmate’s habits and behaviors—she paces the same frantic circular path as the patient above her and begins walking in her sleep. These behaviors continue uncontrollably until Sybil is eventually driven to the point of madness by her mother’s crying and pacing, “a tireless march that work upon my nerves, as many a harsher sound would not have done…combined with the solitude, the confinement, and the books I read, a collection of ghostly tales and weird fancies, soon wrought my nerves to a state of terrible irritability, and wore upon my health so visibly that I was at allowed at last to leave my room” (Alcott, “Whisper” 51). The unbearable noises and restrictive environment of the asylum clearly wear upon Sybil and in the descriptions of her deterioration into insanity, her troubles do not seem to come from internal predispositions. It is instead the external stimuli of the asylum that overwhelms Sybil and affects her mind so deeply. This external influence of the asylum is an important factor in Sybil’s mental health—though the narrative repeatedly emphasizes the hereditary connection between Sybil’s insanity and that of her mother’s, it is in fact unclear to what extent her mind is broken by the asylum or by genetic predisposition.

Alcott’s creation of a haunting asylum that only serves to worsen the conditions of the patients it houses is drawn from her contemporary culture. The horrible conditions of the asylum in “A Whisper in the Dark” are a dramatized reflection of the state of American asylums in the
nineteenth century, a time where countless exposés of horrific conditions were being published and social reformers were traveling from state to state to campaign for better care for the mentally ill.

In the previous century, there were not nearly enough asylums to house and care for the mentally ill of America, and the asylums that did exist were established with the primary intent to protect the public from the insane rather than protect the patients themselves. In 1752, the first American institution to provide dedicated care for the mentally ill beyond the home or jail came from Pennsylvania Hospital in Philadelphia. When that hospital initially opened it was in a private home, the former mansion of Quaker Judge John Kinsey. They had strict rules about the morality of their patients—they wouldn’t accept anyone who played cards, gambled, or begged. Some patients, those who were likely to need longer-term care, were deemed incurable and were discharged. Other patients were kept in the basement, chained to the walls. This system of care, founded on the belief that patients were threats to the public rather than vulnerable people in need of protection themselves, led to the neglect and mistreatment of those patients.

But as exposés detailing the treatment of the mentally ill in hospitals and jails were published at the end of the eighteenth century and into the nineteenth century, the reform and expansion of asylums became a great public concern. Beginning in the 1840s, Dorothea Dix, a well-known social reformer and advocate for the mentally ill, began campaigning for the expansion of the American public asylum system. She traveled alone, “from state to state, penetrating into the American wilderness and fording the Mississippi in flood” and she “bludgeoned male politicians everywhere she went with the horrors the insane faced in confinement” (Scull 197). Her tireless efforts were a success and one by one, states heeded her orders and began building more public asylums or reforming those already in existence.
Because of the work of campaigners like Dix and Packard, the nineteenth century saw an increasing number of asylums built, patients unchained from the walls and moved out of basements, and an active effort to improve living conditions for patients. Benjamin Rush, considered the father of American psychiatry, advocated for more humane treatments for the mentally ill, such as occupational therapy. His treatments also included practices that we would consider unethical or harmful in the present but were considered by his contemporaries to be humane steps forward in the treatment of mental illness. These practices included dousing patients in cold water, bloodletting, and strapping patients to chairs or using restraints such as straightjackets. But these improvements are not reflected in “A Whisper in the Dark”—instead, the restriction of Sybil to her room until her conditioned worsened reflects an earlier version of American asylums. Though the conditions that would have been present in asylums at the time “A Whisper in the Dark” was published would have ostensibly been more humane, this imagery of a harsh and cruel environment would have been aligned with the contemporary cultural understanding of asylum life—the life of horrific abuse written about in exposés—and it is certainly more fitting for the drama of a piece of sensation fiction.

This slip into madness in Sybil’s involuntary confinement is, according to both Elizabeth Keyser and Madeline Stern, an example of how Alcott uses staples of Gothic fiction in ways that assure the average woman reading these sensational stories cannot immediately relate. Stern says that “Alcott’s ‘obtrusive Gothic paraphernalia’…assures the ‘total culture’ that their rage and suffering are far removed from normal female experience” (Keyser 4). And Keyser herself agrees with this distance that the average reader would keep from the stories Alcott is telling, adding the argument that instead of excluding the possibilities of an explicitly feminist reading,
“this paraphernalia can convey to ‘a sisterhood of readers’ Alcott’s indignation at their wrongs” (Keyser 4).

However, I want to argue that the average contemporary reader of Alcott would be familiar with more than just the gothic tropes in “A Whisper in the Dark”—an average reader would also be steeped in a culture that is constantly wielding scientific information, terminology, and metaphors in its artistic productions. Alcott uses the conventions of her chosen genre not to distance readers from the experiences women are being subjected to, but to underscore the anxieties and cultural fixations that would have been on those readers minds and surrounding those readers in their daily lives. Asylum reform, the vulnerable position of married women, and the growing intensity of the rhetoric of heredity—though few readers would have lived the life of Elizabeth Packard or Sybil, they would be familiar with these concepts. Alcott carefully weaves these anxieties into the conventions of sensation fiction, using the signs and symbols of the asylum and the mental illness that it triggers to directly influence Sybil’s loss of control. The horrors of the asylum and the rhetoric of nineteenth century insanity are paired with the imagery of Sybil’s slipping control over her life and mind—and for the women reading this story, these images would have conjured the horror of having little to no control your life and liberty.

In this story, as evidenced by the ways in which Sybil is driven mad, mental illness seems less of a genetic predisposition, but more a matter of external influence that takes advantage of predispositions. And as mentioned previously, the nineteenth century conception of heredity was not the same as we understand it to be today—the evolving conversation around inherited mental illnesses in particular was marked by a belief that mental illness could be both inherent to the person’s family line and still be largely triggered by external stimuli like choices made in childcare or traumatic events in adulthood. Though an argument can be made that Alcott would
have been aware of these growing scientific conversations because of her connections to the field of medicine—“A Whisper in the Dark” was published the same year as Alcott’s semi-autobiographical account of working as a nurse in the Civil War—that kind of personal connection would not be necessary to establish how broadly this rhetoric of heredity was being spread.

**HEREDITY AND NARRATIVE COMPLICATIONS**

As we are told in “A Whisper in the Dark,” Sybil and her mother are both suffering from two severe, though entirely unrelated, traumas. Sybil’s mother “had been melancholy mad since that unhappy rumor of [Sybil’s] father’s death” (Alcott, “Whisper” 57) and Sybil herself is driven mad by the conditions of the asylum. While both the mother’s and daughter’s mental illnesses are described as hereditary, both of their experiences of madness are triggered by external influences. Though modern audiences may dispute the hereditary aspect of these women’s experiences, Alcott is utilizing the ambiguities of contemporary psychological theories wherein both external and internal triggers can influence the emergence of a hereditary mental illness. The way that Alcott constructs this mental illness as an author—and the way that the uncle’s plan to confine Sybil to an asylum frames the relationship between these two women’s mental health—is a part of a complicated relationship of nineteenth-century notions of heredity. Sybil’s madness may be triggered in the text by an external influence, but the text also reinforces the hereditary nature of Sybil’s suffering. Alcott draws on both the asylum’s influence and Sybil’s predispositions inherited from her mother’s fragile mental health.

The external influence at work in “A Whisper in the Dark” is not the actions of a parent, nor is it present in the development stages of Sybil’s life—it is instead the asylum itself. Though
modern readers may not list environmental stress among the triggers for hereditary mental
illness, this is not in fact a departure from the contemporary logic. Though at first the madness
represented in Sybil is a projection of what her uncle wants people to believe—as the nurse says,
“You look it, and that’s enough for them” (Alcott, “Whisper” 50)—it also becomes the truth of
Sybil’s situation as she slowly loses control. And Sybil’s descent into madness is also
documented by her mother’s desperate notes that she attempts to leave for Sybil. In her first
letter, Sybil’s mother describes Sybil as “not crazed yet…for your voice is sane, your plaintive
singing not like mine, your walking only caught from me, I hope” (Alcott, “Whisper” 55). But in
the next note that she leaves for Sybil, months into her stay at the asylum, her mother writes: “I
know by your altered step and voice that you are fast reaching my unhappy state; for I am fitfully
mad, and shall be till I die” (Alcott, “Whisper” 56). Here the connections between Sybil and her
mother’s mental illness are made explicit—the signs of sanity that her mother once saw in her
are now transformed into the exact signs of deterioration that her mother experiences. By the
time Sybil escapes the asylum, her madness has become clear even to the mad. Alcott doesn’t
simply present a parallel between the mother and daughter’s uncontrollable behavior, she has her
characters point it out directly.

One of the most fascinating things about “A Whisper in the Dark” is that it is the first of
Alcott’s sensation stories to be published under her name. Though it was initially published
anonymously in 1863, “A Whisper in the Dark” was also published alongside “A Modern
Mephistopheles” posthumously in 1889, the year after Alcott’s death. Thomas Niles, who was
the one to propose that Alcott publish these two stories together, said that “A Whisper in the
Dark” was “a tale too mild for ‘A. M. Barnard,’ too ‘lurid’ for L. M. Alcott” (Stern, Biography
321). To be associated with Alcott’s name so close to her death makes “A Whisper in the Dark”
occupy a strange position in the canon of Alcott’s writing—what about it is too mild, what about it is too lurid? What does Sybil’s return to sanity, her escape, and her story’s neat ending do for Alcott’s reputation that makes it one of the few of these sensation stories that her estate claimed openly? Does the story’s resolution of madness fit with a growing cultural narrative about how we can rid ourselves and our world of madness via eugenics?

As Rosenberg argues, the end of the nineteenth century was rife with the rhetoric of heredity and that rhetoric was being increasingly used as fodder for moralizing. Though the rhetoric around hereditary mental illness when “A Whisper in the Dark” was first published is largely the same rhetoric being used at the time of its second publication, the frequency and intensity of this rhetoric had increased. According to Susan Cruea’s “Changing Ideals of Womanhood During the Nineteenth-Century Woman Movement,” Alcott “actively engaged in producing fiction which sought to initiate social change” (197)—but the author is also famously known for referring to her most popular work, Little Women, as “moral pap”. While Alcott’s sensation fiction is at large much more aimed at titillating than it is teaching, “A Whisper in the Dark” is among the more moralizing of these tales. Though Sybil struggles openly with the complexities of power, gender, and madness, her narrative ends neatly—as soon as Sybil escapes the asylum and is rescued by Guy, Alcott quickly wraps up all story lines in less than a page of summary. Sybil and Guy are married, Sybil forgives her uncle for his plotting, and declares that, for all involved, “it was easy to see our way, easy to submit, to forgive, forget, and begin anew the life these clouds had darkened for a time (Alcott, “Whisper” 58). It is possibly this forgiving tone and clean resolution of the plot that may have rendered “A Whisper in the Dark” just moralizing enough for editors to associate with Alcott’s name. But the neatness of the ending is disturbed by the final lines which bring us back to the haunting image of Sybil’s mother having
died from her mental illness—a hereditary malady, as the story tells us—a return to the knowledge that this hereditary mental illness lingers with possibility in Sybil and disrupts our clean and simple ending.

This ending’s emphasis on the hereditary aspect of this malady and Sybil’s previous experience with mental illness cast doubt on Sybil’s return to sanity and control. If what Sybil had suffered in the asylum was just a monomania—a temporary and specific kind of madness with no lingering effects—then there would be no ambiguity to Sybil’s declaration of her return to sanity. However, since the cause of her madness—though triggered by the asylum—is marked specifically as hereditary, Alcott’s decision to end this story on a reminder of that hereditary factor has much more complex implications for Sybil’s ending. Is her return to control even possible with the ambiguous nature of hereditary mental illness? The hereditary nature of Sybil’s illness is what not only makes her confinement possible in her uncle’s scheming, but it makes her cured state questionable.

Sybil’s confinement in the asylum was justified because Sybil’s uncle capitalizes on the possibility of a hereditary connection between Sybil’s perceived madness and her mother’s malady. While the asylum is what triggers Sybil’s real mental deterioration, her condition is in fact hereditary and, according to nineteenth century conceptions of heredity, no matter how much she improves in health outside of the asylum, there is the distinct possibility that her insanity will return. And it is on a reminder of this possibility that the story ends—with hereditary madness complicating what might otherwise be a quite straightforward ending to the story.

If Alcott had omitted that the final line—“but over all these years, serenely prosperous, still hangs for me the shadow of the past, still rises that dead image of my mother, still echoes
that spectral whisper in the dark” (Alcott, “Whisper” 58)—Sybil might have had a more straightforward and uncomplicated story of triumph and resilience. Though Guy found her in the woods after she escaped, Sybil found her own way to freedom. And the only help she received in this was from her mother, who continuously attempted to offer Sybil help to escape the asylum, though the nurse thwarted her attempts to communicate with her daughter. And Sybil, after a quite traumatizing confinement, seems to recover and triumph over her uncle’s schemes. And in another version of this story, Alcott may have left this triumph over cruel and tyrannical men uncomplicated. But instead, Alcott ends her story by recalling Sybil’s mother, her death, and the shadow of Sybil’s time in the asylum, consequently bringing up not only the spectral whisper of her mother, but the uncertainty of cure for chronic and hereditary mental illness.

The nineteenth century developed many treatments and therapies for mental illness, but the rates of patients who were deemed cured fluctuated quite wildly as asylums and hospitals contended with the difficulty of determining what exactly a “cured” patient was. Eventually, as Andrew Scull argues in *Madness in Civilization*, the dream of truly finding a cure was pushed aside for a more depressing option: “Madness, it seemed, experts notwithstanding, was not something that could be cured by moral treatment (or even a judicious mixture of moral and medical treatment); but rather was a crushing, cruel life sentence” (229). This description of chronic mental illness as a life sentence makes Alcott’s choice to end on the image of Sybil’s mother quite haunting—a reminder of how Sybil’s own mental illness might lead her back to an asylum until her death. Though at the end of the story Sybil is free from the asylum, living an ostensibly perfect life, and described as happy and “serenely prosperous” (Alcott, “Whisper” 58), there is no explicit mention of Sybil’s return to sanity. Alcott ties up every loose end in a straightforward summary of events at the end of the story, but never once explicitly says that
Sybil returns to her former self. Though we can assume that she does recover, this makes Alcott’s decision to end on the reminder of Sybil’s hereditary mental illness all the more notable. If Sybil’s madness is hereditary—and it haunts her now, even in her happy and prosperous life of freedom—how can readers be assured of her triumph and recovery if hereditary madness has no cure? If her mental illness is a life sentence, how can we know that this ending doesn’t imply Sybil’s death will be similar to her mother’s fate? By choosing to end on the ambiguous and haunting question of whether Sybil’s current happiness is a long-lasting sign of recovery, Alcott provides us with a more complicated, nuanced version of triumph—one that may be tenuous and in danger of being ripped away, but a triumph nonetheless.
A NURSE’S STORY (1865-6)

While Alcott uses the asylum and involuntary confinement as a backdrop for Sybil’s loss of control and the trigger for her hereditary insanity in “A Whisper in the Dark,” “A Nurse’s Story” shows how moral therapy, mesmerism, and the humane treatment of the mad might alleviate hereditary mental illness. Using conventions of sensation fiction such as hidden identities and marriage plots, Alcott tells the story of Kate Snow navigating issues of control through her care for Elinor Carruth’s mental illness, and Elinor navigating her desire to exert control through her attempts to prevent her sister’s marriage and future children. While quite a bit of “A Nurse’s Story” is dedicated to the horror of the hereditary mental illness experienced by Elinor, the plot of the story is driven more by Elinor’s attempts to control her family’s reproductive future and the dramatic tension centers around her goal to prevent further generations from suffering her malady.

The conventions of marriage plots and hereditary insanity provide Alcott with the structural possibilities for exploring both Elinor and Kate’s relationships to control and its complexities. By examining “A Nurse’s Story” in the light of its cultural context, we can see that Alcott uses the contemporary discourse around hereditary insanity and its cures—the rhetoric of mesmerism and moral therapy—to build a story around Elinor and Kate’s attempts at wielding control. And by examining these stories in tandem with the cultural conversations around theories of the mind, we can see Alcott using these mental health discourses to complicate and emphasize her points about the dynamics of women’s ability to access power in the nineteenth century.

Garrison connects sensation novels to the scientific discourses circulating in the culture around them, noting that this kind of argument has been neglected because of the “perceived
female nature of the genre: its popularity with women writers and readers” (53). However, Garrison argues that “even if the sensation novel was considered a frivolous genre that promised physical, if not erotic, reading, sensation novelists still put forward serious arguments in their work…As much as the early negative reviewers drew on scientific discourse for legitimacy as well as evidence, sensation novels confronted these sciences as well” (54). As Garrison suggests of sensation fiction in general, Alcott’s “A Nurse’s Story” contends with serious issues of women’s struggles for power and control through the apparatus of hereditary mental illness.

“A Nurse’s Story” begins with Kate receiving a letter from an old employer that leads her to her new position as a nurse for the Carruth family’s mentally ill daughter Elinor. The other Carruth children—Augustine, Harry, and Amy—are not afflicted by the “curse” (Alcott, “Nurse” 304) of hereditary mental illness under which Elinor suffers. However, their lives are all deeply structured around this hereditary possibility—Alcott tells us that every character has made an active choice about their future with this hereditary “curse” in mind. While Augustine and Harry have deliberately chosen to remain single, Amy has chosen to marry regardless of the hereditary mental illness she will pass on to her children. This marriage—and Elinor’s insistence on preventing it and any future children it may produce—is a major portion of the plot of “A Nurse’s Story.”

Though they do not suffer from the family’s hereditary insanity, the rest of the Carruth family is suffering under the control of the “evil genius of the family” (Alcott, “Nurse” 306), Robert Steele, who is described as a close friend of the family with incredible influence over them. The first five of eight total installments of “A Nurse’s Story” are dedicated to Elinor’s attempts, with Kate’s help, to thwart Amy’s marriage, but after Amy is successfully married off despite Elinor’s efforts, the real problem at hand becomes Steele. It is eventually revealed that
the secret he holds over them is his status as half-brother from Mr. Carruth’s first secret marriage—and since Carruth left his first wife with a child and no divorce, Steele has come back to haunt the family with his aunt posing as his mother, threatening to tell the world Mr. Carruth is a bigamist. Through Elinor’s final strategy and final attempt to save her family from their hereditary troubles, she and Kate conspire to keep Steele in the house while other members of the family secure the testimonial of a servant who can confirm Steele’s mother is dead and Mr. Carruth is not a bigamist after all.

However, this day of deception and almost-flirtation that Kate spends with Steele is what becomes his undoing. Having fallen in love with Kate, Steele takes this day as a sign that she might yet love him back and when her deception is revealed, he cuts all ties with the family on New Year’s Day—at the exact moment that Elinor is upstairs dying by suicide. As Steele drives away, Elinor reconciles with her mother and dies peacefully with her family at her side. Kate becomes a sister to the family and when Harry becomes a doctor in the future, she is his nurse. This leads them to a nearby asylum where they discover Steele suffering greatly from a mental illness. In the final moments of “A Nurse’s Story,” a story bookended by mental illness, Steele is reconciled with Kate, and they are briefly in love as he returns to sanity just to pass away.

ELINOR, MARRIAGE PLOTS, AND CONTROL

The underlying horror of “A Nurse’s Story” is the hereditary madness that haunts it. While the plot is driven forward by dramatic scenes of Elinor and Kate’s repeated attempts to thwart Steele from revealing Mr. Carruth’s past marriage and portraying him as a bigamist, the potential terror of public shame is matched by the potential horror of another generation of hereditary madness. While the last chapter of the story shows Steele’s rapid descent into an
externally triggered madness as a counterpart to Elinor’s long-term, internally triggered mental illness, the concern with hereditary madness is not only present in the characters and their individual experiences of mental illness. This story is also driven by Elinor’s deep concern with future possibilities of hereditary madness and the need to thwart these possibilities—the need to control the reproductive future of the Carruth family.

In every marriage that this story includes—both those tangential to and directly relevant to the plot—the threat of passing on hereditary madness is keenly felt. It is present in Mr. Carruth’s broken promise to his own mother that “he would not marry, because there’s madness in the family” and his sorrow that “he had been rash enough to marry [Steele’s mother]” (Alcott, “Nurse” 336). Elinor scorns her mother because of her choice to knowingly marry and have children with a man whose family was afflicted with a “curse of insanity” (Alcott, “Nurse” 304). Elinor’s own love and marriage are thwarted by the discovery of her family’s history of madness and “the fate that was in store for [her]” (Alcott, “Nurse” 306). Even Augustine and Harry both choose to be celibate—Augustine through his religious occupation and Harry as a conscious personal decision. And of course, more than half of the installments of this story are devoted to Elinor and Kate attempting to thwart Amy’s marriage for fear that she follows in her mother’s footsteps and has children.

While this story’s fascination with hereditary mental illness is clear—it undergirds the plot and preoccupies all the characters—I want to argue that Alcott uses the contemporary theories surrounding hereditary insanity and its treatment as way of setting the stage to write about women’s control and power. As “A Whisper in the Dark” is so much about Sybil’s struggle with maintaining control of herself and how people perceive her, “A Nurse’s Story” is also full of narratives about control—both the control that Kate wields over others through her
curative powers and Elinor’s own attempts at exerting control over the marriage plots and her own madness. Kate navigates control through her care—her use of mesmerism and moral treatment on Elinor are powerful, but produce mixed effects that can be traced to the nineteenth century belief that hereditary madness was an incurable disease. Elinor navigates control in this story through her attempts to exert reproductive control over her family’s future and prevent any further generations from suffering under the Carruth family curse. In telling this story, Alcott relies on sensation fiction’s fascination with hereditary mental illness, marriage plots, and hidden identities and draws its complications from the cultural context of the nineteenth century theories of the mind. But these are all in service of her story’s main preoccupation: Elinor and Kate’s experiences with power and control.

Elinor—the one character who we see suffering from the family’s hereditary mental illness from the very start—is constantly attempting to exert control to prevent anybody from suffering what she has endured. While the rest of the family either actively furthers the work of the marriage plot (Steele, Amy, and Mrs. Carruth) or does little to stop it (Mr. Carruth, Augustine, and Harry), Elinor is the only one who actively attempts to thwart Amy’s marriage—besides Kate, whom she ropes into her schemes. The most extensive description we have of the Carruth father is from a tirade by Harry that reveals the father’s passive role in these events: “If father would only exert his authority, only face the world bravely and end all this...but he is so pitifully weak, so entirely under Steele’s control, so afraid to thwart Amy” (Alcott, “Nurse” 315). As Elinor says of her brothers, “Augustine will do nothing but lament and pray. Harry is ill and feels bound in honor to keep this dreadful promise. That is a man’s idea of honor, mine is different, and I will have the truth told at all costs” (Alcott, “Nurse” 320). Elinor genders the notion of honor here—her understanding of men’s honor is that it is external to their control. As
Elinor frames it, men are controlled by their honor—whereas her notion of honor, the feminine version, is marked by a willingness to take control and do whatever is necessary. Elinor’s gendering of honor in this moment is representative of how she and Kate navigate control through this story. Though there are costs to their actions and they do not always succeed, Kate and Elinor actively attempt to wield power in this story, while the men in the Carruth family have resigned themselves to Steele’s control. Though these men ostensibly do not want this marriage to happen, the only person who acts on this concern is Elinor.

Elinor’s motivations in thwarting this marriage plot are the same reasons that she condemns her mother for marrying her father and having children—she wishes to prevent the further spread of her family’s hereditary mental illness. Marriage plots are common in sensation fiction—Garrison argues that “female seizures of power in sensation novels took the form of female selection of reproductive partners, or sometimes the choice of when and whether to reproduce or not. This was partly because sensation novels, regardless of their abundant interest in crime and criminals, remained a genre that was also centrally concerned with courtship and marriage” (119). Elinor personally refuses to choose a reproductive partner because of her hereditary mental illness—as she says, she would “rather be the innocent sufferer I am, than a wretched woman like my mother” (Alcott, “Nurse” 305). But she does attempt to influence the reproductive partners of others. Though the plot of “A Nurse’s Story” does involve the concerns of courtship and marriage, Alcott frames these elements of the story around Elinor’s ability or inability to influence them. The audience is only exposed to Amy’s marriage through Elinor’s and Kate’s attempts to thwart the union and Steele’s control over the proceedings—it is Elinor’s attempts at controlling the family’s reproductive future that are at the center of this plot.
Elinor’s attempts to thwart the marriage—beyond her previous determined protestations to her family that it should not go forth—involves various attempts to have Kate deliver messages to Amy’s future husband that detail the hereditary mental illness that the Carruths have been hiding from him. Unfortunately, each of the women’s attempts are foiled by Steele. But that does not stop Elinor from her final attempt to thwart the wedding—by crashing it herself. Though she arrives too late to stop the vows, Elinor barges into her sister’s wedding, wearing the dress she would have once worn to her own thwarted wedding, and, “pausing on the threshold of the door, lifted her hand with a gesture of solemn warning,” looking like a ghost (Alcott, “Nurse” 332). But as Steele runs to catch her and prevent her from entering the room, she cries out “This must not go on. Before God I protest against it, and declare—” (Alcott, “Nurse” 332) and is cut off before she can finish. And though she may not succeed in thwarting the wedding, her attempts to exert control are not in vain—her mother can no longer cover up the family malady and she must confess to the wedding guests that her daughter is insane, though they attempt to keep the situation under wraps.

Though Elinor fails in her stated goal, the commotion that she causes is undeniable and her family is forced again to reckon with the choices that they have made to remain passive under Steele’s control. While this means that, at best, Elinor’s attempts at exerting control yield mixed results, her efforts are not met with complete failure. Despite Amy’s marriage continuing as planned, she does not have children before she passes away. While Elinor’s plan did not succeed, her desired goal is accomplished in a roundabout way.

While Elinor’s storylines are aimed at controlling the hereditary mental illness of the family by thwarting this reproductive future, Kate Snow’s role in “A Nurse’s Story” approaches
women’s access to power and control through the role of caretaker—her influence is mesmeric, and her curative treatments are her power.

**KATE, TREATMENT, AND CONTROL**

In *Literature and Humanitarian Reform*, Gregory Eiselein argues that in “A Nurse’s Story,” Kate enjoys exerting her power over others in a domineering rather than benevolent way. The story is, he argues, about “being the sympathetic humanitarian and fearing the sympathetic humanitarian. It explores the desire to control and the fear of being controlled…Dramatizing various struggles for control, ‘A Nurse’s Story’ is a story about power” (Eiselein 109).

According to Eiselein, Kate’s controlling behavior is presented by the text as a benevolent action but instead it functions as a dominating and infantilizing method of dealing with the mentally ill. Though I agree that much of Kate’s behavior in this tale is about exerting control over both Steele and Elinor—and the story is at its core about power—I believe that her actions are less a reflection of her desire to dominate and infantilize, but more a reflection of how Kate is working to exert control in the limited capacity she can access. The power at the center of the story is not about the desire to dominate, but instead the desire to thwart the patriarchal domination of Steele. In Kate’s case, her story of navigating power and control is centered around her abilities as a nurse in both mesmerism and moral therapy.

Whereas in Whisper the characters and environment conspire to drive Sybil insane and trigger her hereditary mental illness, in “A Nurse’s Story” Kate makes every attempt to soothe and cure mental illness by providing a more pleasant environment and humane treatment. In this sense, both stories are deeply concerned with how external factors influence minds predisposed to hereditary mental illness. One such external factor in “A Nurse’s Story” is mesmerism—a
theory developed by Franz Mesmer that included the therapeutic use of trances on patients. Unlike in “A Whisper in the Dark” where mesmerism is hinted at in the quality of voices and the power they have over Sybil, the mesmerism in “A Nurse’s Story” is much more obvious—it is the first and most detailed curative treatment that Kate applies to Elinor.

To give Elinor a peaceful night’s sleep, Kate “magnetizes” her patient. Before Kate magnetizes her, Elinor’s behavior is erratic and forceful. At first, she gives Kate “a glance that made [her] tremble” (Alcott, “Nurse” 297) and paces the room “with rapid steps, as if to escape from some desperate thought…like a wild creature in its cage, still glancing furtively at me” (Alcott, “Nurse” 298). And in small increments, she becomes softer towards Kate, drawing nearer to her sympathy and compassion. But then, at the mere mention of her mother, Elinor’s behavior is once again animalistic and fierce—just at the word mother, Elinor jumps up “with a violence that overturned the table” (Alcott, “Nurse” 300) and yells at Kate. But this violent, unpredictable behavior takes a dramatic turn for the better during the process of the magnetism. Kate describes it as: “Without a word I laid my hands upon her forehead, fixed my eyes on hers, and gave myself up to the task of making her sleep…her lids drooped, the rapid throbbing in her temples quieted, the breath came softly from her parted lips, and with a sigh of dreamy satisfaction, she drifted away into a tranquil slumber” (Alcott, “Nurse” 301). The next day, Elinor is in a significantly better mood and tells Kate: “I longed to have you come and see how much good you’d done me” (Alcott, “Nurse” 304). The gentleness of Kate’s therapeutic mesmerism seemingly works wonders on Elinor—but this improvement can also be attributed to the significantly kinder and more respectful handling that Elinor received from Kate than she has received from her other attendants. Kate’s kinder treatment of Elinor is Alcott’s reflection of the growing movement towards moral therapy in the nineteenth century.
Moral therapy, a term coined by Phillipe Pinel, was a treatment for madness that spread across Europe and America in the nineteenth century. Pinel was famous for helping to institutionalize this new approach to the treatment of the mentally ill, and for having published the first account of the French version of this treatment (Scull 161). His version of the treatment involved a three-pronged approach to treating mental illness that was intended to mimic a healthy life outside of the asylum—it involved labor for those willing and able, amusement such as music and walks, and a healthy diet. But at its core, moral therapy was regarded as the slow shift of the medical field towards viewing those with mental illnesses as “fellow creatures, people who, if dealt with in a more nuanced, skillful fashion, could be induced to behave, to curb their madness, to resume a life that had some semblance of normality” (Scull 159). The ways in which Kate interacts with both Elinor and Steele exemplify this shift in treatment of the mentally ill. Much like Sybil’s environment in “A Whisper in the Dark” affects her mental health, the characters in “A Nurse’s Story” are deeply affected by how people choose to treat them—and for the characters that are predisposed to mental illness, this care or scorn seems, to a degree, to determine their fate. In this sense, Kate wields a great deal of power over both Elinor and Steele.

When we first meet Elinor, she is at her worst. Her attendant treats her poorly—though Hannah is “perfectly respectful” on the surface, her voice is “harsh,” her eyes are “cold,” and she gives Elinor used cutlery (Alcott, “Nurse” 299). This poor treatment exacts poor results and is interestingly paired with animalistic descriptions of and reactions from Elinor. When they first meet, Kate describes Elinor as “a wild creature in its cage” (Alcott, “Nurse” 298) with “a tiger’s eyes; infinitely wild and woeful was the expression they wore” that grew “black and fierce” when she caught Kate’s movement out of the corner of her eye (Alcott, “Nurse” 297). In short, when people treat Elinor poorly, her condition reflects that.
However, when Kate treats her with dignity and humanity, her condition radically improves. Even just the simple courtesy of asking for clean cutlery for Elinor makes her visibly brighten and tell Kate “Ah, you treat me like a gentlewoman, though I am a poor, half crazy creature they think it is no matter what they say and do, but I feel the difference, and I’ll eat my dinner to please you Miss Snow” (Alcott, “Nurse” 300). Even the second day, when Kate simply enters the room and before Elinor has even seen her, Kate sees “the frown disappear from her forehead, her eyes grow less intense in their gaze, and her hands relax their tight grasp” (Alcott, “Nurse” 304). When she is exposed to Kate’s kind influence, Elinor improves—“growing daily more docile, quiet, and self-possessed” (Alcott, “Nurse” 312). The influence that Kate exerts is seemingly incredibly strong—Elinor improves in just one day and seems to continue improving for several weeks.

However, this growth is not entirely linear—nor is Kate’s power over the ill entirely infallible. Elinor has several relapses—the most intense of which comes after Elinor’s unsuccessful interference with Amy’s wedding. After she crashes the wedding in one final attempt to prevent it from happening, Elinor is “weak and wandering, and for several days was in a sad state” (Alcott, “Nurse” 332). Elinor herself says to Kate: “The old horror is coming back; I feel it creeping over me; don’t let it come, Kate, stay by me, help me, keep me sane, and if you cannot, pray God that I may die” (Alcott, “Nurse” 333). This deeply upsetting relapse is made even more drastic when it is put into contrast with an observation of Elinor that Kate makes just before her final attempt to get a note to Amy’s fiancée: “I knew she was perfectly sane now” (Alcott, “Nurse” 320). The violent oscillations between Elinor’s recovery and relapse are evidence that, though Kate makes great strides in helping Elinor, her control can only do so much against the power of the hereditary mental illness that plagues her patient. Though Kate
succeeds in supporting and helping improve Elinor’s life, Elinor’s relapses are dark and worrying, bringing her to the brink of death.

However, Elinor survives this dramatic relapse. She is deeply affected by her unsuccessful attempts to thwart Amy’s wedding, but she pulls through this low period with Kate’s care and turns to her as “the good angel of the house” (Alcott, “Nurse” 333). This radical improvement from animalistic to docile is directly attributed to Kate’s interventions—even though her care is not entirely successful. But given the intensity of Elinor’s darkest moments, Kate’s work is considered a radical improvement upon Elinor’s previous care.

**ELINOR AND STEELE**

There is a similar relationship between treatment and behavior in Steele’s character. He is treated like an evil man by the Carruth family, so he consequently acts evil. Even when Kate detests Steele the most, she tells Harry and Elinor that Steele “has got a conscience, I assure you, in spite of the evil spirit that possesses him” (Alcott, “Nurse” 315). She continuously notes to herself—and tells Steele himself—that she believes he could be good if only he were raised better or treated better. And throughout “A Nurse’s Tale,” Kate proves that to be true—as she continues to have her dinners with him and treat him with civility and kindness where others treat him with contempt and fear, his behavior improves. His behavior is dependent on the treatment he receives, proven both by his own words—“I think I could cast out my devil if you tried” (Alcott, “Nurse” 317)—and the words of a servant that is in love with him—“His [heart] would have been honest, if madame had not spoilt it; she has neglected all the good in him and nourished all the bad, what wonder he is what he is” (Alcott, “Nurse” 338). Both of these observations put the power—and the burden—of redeeming Steele’s character in the hands of
women. While his mother’s choices created the monster of Steele as we see him now, it is Kate rather than Steele himself who has the power to cast away his evil side. Though she does exert her control over Steele to deceive him into thinking she might be fond of him, Kate does not use this power over him until the end of the story.

But Kate’s powerful control over Steele, regardless of her lack of desire to wield it, is exemplified when Kate deceives him in an attempt to prevent him from revealing the family secret. Her deception is so traumatic and this treatment so cruel that it drives him mad. Just as her kind treatment of Elinor has radically positive effects, her deceit of Steele has radically negative effects. As her deceit is revealed, Kate sees all his improvement, all of “the noble warmth and sweetness” leave his face, leaving nothing but the “pride, bitterness, and indomitable will” (Alcott, “Nurse” 353) that had dominated his personality before her interventions. When Kate and Harry find him in an asylum, he is described as: “Bent and feeble as an old man, pallid and hollow-eyed, with one half his face concealed by a neglected beard…his vacant eyes fixed on the sunshine, his lips moving rapidly, as he talked inaudibly with some phantom seen by him alone” (Alcott, “Nurse” 357-8). Even decades later, the ghost that haunts him in his madness is Kate. The traumatic effects of his treatment manifest themselves in his descent into madness, a madness so intense that the doctor treating him refers to Steele as “a more desolate creature I never knew” (Alcott, “Nurse” 358).

In this way, Elinor and Steele seem to mirror each other in their experiences of mental illness. While we are introduced to Elinor as the only one in her immediate family who is afflicted by hereditary mental illness, we soon discover that Steele is a half-brother in the Carruth family. And in his descent into madness, triggered by Kate’s deception, his madness mirrors Elinor’s experiences in reverse. Though his madness is triggered by external factors—the
emotional devastation of Kate’s deception—his status as a half-brother would imply that this madness is also of a hereditary nature. This is emphasized by how closely his experiences mirror Elinor’s in the story—from their animalistic faces to their dependence on Kate as their saviors. While Alcott’s framing of this story refuses to explicitly name Steele’s madness as hereditary, his paternal connection to the family indicates that his madness is likely hereditary in nature. Alcott uses the ambiguities of contemporary discourse around hereditary mental illness in Steele’s storyline as she does in Sybil’s—the root of their madness is both internal and external, both hereditary in nature and triggered by external factors. But the lack of explicit mention of these hereditary factors is an intentional choice Alcott makes—Steele’s madness is a parallel to Elinor’s and his experience of madness is only useful to the story in that it serves to give Kate an opportunity to exert power and control. His descent into madness serves to show the audience Kate’s power over him—both as someone who wounds him and heals him. Alcott frames Kate’s betrayal of Steele as the inciting incident that sparks his rapid decline into madness, but when she later finds Steele in the asylum, she also holds the power to cure his madness.

In this sense, the hereditary mental illness in this story is consistently used to show various ways in which women attempt to wield control and exert power over others. Kate is both the reason for Steele’s madness and the only one who can cure it—she exerts power in both healing and destructive ways. And even in her healing, her power is not infallible—Elinor’s fluctuating health and eventual death show us that. But through these plots we see Alcott’s attention to the ways in which nineteenth century psychologists were slowly piecing together how hereditary and external factors produce mental illness—and both Elinor and Steele show us the complexities of how heredity and catastrophic events can bring about madness, and the curative therapies of Kate Snow can soothe these afflictions.
DEATH, CONTROL, AND CURE

The final parallel between Steele and Elinor is their deaths—both of which are attributed to their experiences of madness. Elinor dies by suicide, and this is framed by Alcott as a strategic choice—a choice Elinor makes to control her own suffering. As Kate refers to it, Elinor’s suicide is “the tragic death she has chosen rather than continue the tragic life that lay before her” (Alcott, “Nurse” 354). Elinor’s death is framed as a choice to mitigate and control her own suffering—but it also seems to be the only way Alcott knows how to resolve Elinor’s storyline. In the hours that we see Elinor leading up to her death, she is described as—and describes herself as—suddenly calm and composed, tranquil unlike she was before. She is “silent,” “placid,” and speaks “composedly” (Alcott, “Nurse” 349). She even refers to herself as having returned to being “the old Elinor” (Alcott, “Nurse” 350). Leading up to her death, Elinor seems to be intentionally resolving each of her conflicts, closing the door on each of her relationships. Elinor’s ability to thwart the marriage plots and her own recovery is limited, but she exerts as much control as she can over these situations. And that desire to exert control makes itself known in the way that Alcott frames Elinor’s suicide. Alcott frames Elinor’s death as a choice to control and finally end her own suffering—which also seems to reflect the author’s inability to fathom how to resolve or “cure” hereditary mental illness. This inability to imagine an alternate ending for Elinor’s character is not simply a problem with Alcott—it is also a reflection of nineteenth century society’s inability to fully comprehend and “cure” mental illness at this moment in history. Though Alcott shows Elinor as taking control over her death in this instance, the complication that prevents this moment of control from being a triumph in this story is that this version of control requires Elinor to end her own life.
With both Elinor’s and Steele’s deaths, cure seem impossible to Alcott. While Elinor dies by suicide, Steele’s death is triggered by the apparent cure of his madness. His body is “shattered” and his doctor fears—rightly so—that “the restoration of his mind may be at the expense of his worn-out body” (Alcott, “Nurse” 358). Kate does manage to bring him back to sanity, but this success is fleeting. Though sanity can be achieved, it can only be temporary—Alcott’s narrative cannot seem to sustain the effort of portraying a “cure” and neither Steele nor Elinor can seem to be sane for any extended period of time once they are afflicted. But this is not a narrative failing on Alcott’s part—her work in this story is not in providing solutions to the cultural complexities of hereditary mental illness and its treatments. Instead, Alcott is reflecting and engaging with the complexities of contemporary psychological thought through sensation fiction and its fascination with hereditary mental illness. “A Nurse’s Story” explores the ability to control hereditary madness in both the sense of reproduction and treatment. But just as the culture that Alcott was writing in had a limited ability to fathom what “cure” could be in the context of hereditary mental illness, Alcott herself had a limited ability to explore those possibilities. And in “A Nurse’s Story,” the possibility that Alcott could fathom for Steele and Elinor takes the form of death.

Whereas the ending of “A Whisper in the Dark” leaves readers with haunting questions about cure and Sybil’s potential future relapse, “A Nurse’s Story” ends with a more positive reflection of the contemporary psychological world despite the impossibility of cure. Kate is a kind and dedicated nurse, committed to treating Elinor with compassionate care. Her interactions with Elinor mimic the practices of moral therapy and she uses gentle treatments like mesmerism to calm her patient. Her relationship to control is benevolent, though the incurability of hereditary mental illness makes it clear that her care and control are not altogether infallible. For
Elinor, this means that her complete recovery is not quite feasible. And as Elinor attempts to wield control herself, “A Nurse’s Story” also shows that her control over her bloodline is tenuous at best, and the only real control she has is over her choice to die. In Elinor’s attempts to wield control as Kate does, the story also reflects the darker side of these evolving conversations around hereditary mental illness—one that only sees cure in death. Though both women are frequently exerting control over their situations and wielding power in ways that the men in their lives refuse to, these accomplishments are colored by the difficulties brought about by hereditary mental illness, though their triumphs are not erased by these complexities.
CONCLUSION

In the conclusions of both “A Whisper in the Dark” and “A Nurse’s Story,” Alcott rushes the narratives towards endings that complicate otherwise quite straightforward resolutions. In “A Whisper in the Dark,” the last few paragraphs are a rush to the finish line of a happy and simple ending—loose ends are tied off quickly and all is forgiven in a rush of summary, but the final lines of the story draw readers back to the haunting question of whether Sybil’s sanity is a lasting happiness. In “A Nurse’s Story,” Alcott also closes her final chapter in a similar summary that pushes the reader towards quick and clean resolutions to each of her storylines whilst complicating the idea that cure is attainable or maintainable with the deaths of both Steele and Elinor. While Kate continues to be portrayed as a perfect nurse, both of her patients die as a result of their mental illness—and though both of her patients die in relative peace, their storylines might have ended differently if their mental illness hadn’t been hereditary in nature, and instead had been something that was culturally understood as curable or manageable.

But by imbuing her stories of women’s control with the rhetoric of hereditary insanity and the ambiguities of its origins as well as the struggle with how to fix or cure it, Alcott prevents simplistic endings. The rhetoric of hereditary mental illness—as it was complicated and deeply ambiguous in the nineteenth century—is incompatible with simplistic stories of triumph versus failure. Sybil’s mental illness appears both hereditary and externally triggered, leaving her ability to return to the control she once wielded questionable. Steele’s malady is also depicted as both hereditary and external in origin, but Alcott’s solution to his and Elinor’s struggles with mental illness can only end in ways that reflect the nineteenth century’s inability to fathom a cure for mental illness. The triumphs in these stories are complicated by the impossibility of cure, but thanks to the positive influence of the nineteenth century’s improving mental health treatments,
these failures are not total. In this way, Alcott’s choice of hereditary mental illness as the background for stories of women’s control and power make her narratives inherently complex.

Whereas much of Alcott’s other sensational stories deal with plots of revenge, drugs, or other more intense adventures, “A Whisper in the Dark” and “A Nurse’s Story” both present women’s struggles with control and power in more accessible, almost realistic contexts. Though few of Alcott’s readers would have been put in asylums against their will or would have been plotting to thwart their sister’s marriage, the choice to set these stories of women’s power and control within contexts that reflected the realities of women’s lives more than stories of international revenge plots makes Sybil and Elinor’s struggles with power more legible to Alcott’s readers. Though they were not the first nor the last of Alcott’s stories to contend with thrills and plotlines that depend on contemporary psychological thought, these stories strongly imbue their plotlines with the rhetoric and ambiguities of this growing field of knowledge—and their plots ask us to think more critically about how this field of knowledge influences the lives of women not so far removed from our reality, despite their sensational lives.

As Alcott published “A Whisper in the Dark” and “A Nurse’s Story,” hereditary mental illness and its scientific implications were a growing part of nineteenth century culture that brought into question the extent to which control, choice, and behavior could influence the mind—and Alcott used these same questions to complicate the narratives in her sensation fiction. While hereditary mental illness and its complex relationship to both internal and external triggers was a useful tool in sensationalizing the already sensational plots of her thrillers, its inclusion in Alcott’s narratives also provides us with a more nuanced approach to reading triumph and control in women’s stories. The complications of hereditary mental illness as a subject matter provided an advantage in the narrative possibilities that they gave Alcott, and they provide us
with a more nuanced approach to reading triumph and control into the narratives of Sybil, Kate, and Elinor.
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