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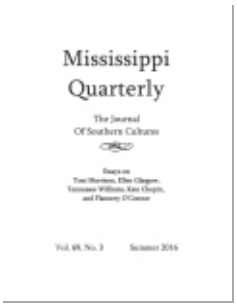

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Haunting the Hospital: Medicine and Gender in Ellen Glasgow's "The Shadowy Third"

IN ELLEN GLASGOW'S "THE SHADOWY THIRD," WE ENCOUNTER A GHOST hardly frightening in the traditional sense. A little girl "dressed in Scotch plaid, with a bit of red ribbon in her hair," Dorothea is marked as an uncanny figure only by the "look of profound experience, of bitter knowledge" in her eyes (56). In this story, the ghost functions not to scare but to expose the terrifying conditions of subjugation and confinement experienced by women in a culture of male dominance. Interacting exclusively with women, as is often the habit of literary ghosts, Dorothea's presence creates a haunted space that subverts the male gaze and facilitates a powerful relationship between two women: the Victorian relic, Mrs. Maradick, and her independent modern nurse, Margaret. Through the characters' interaction, Glasgow makes significant claims regarding the persistence of patriarchal oppression in modern American culture, particularly in the fields of medicine and psychoanalysis. Building on feminist readings of Glasgow's ghost stories previously undertaken by Pamela R. Matthews, Stephanie R. Branson, and Emma Domínguez-Rué, I argue that in "The Shadowy Third," Glasgow imagines the haunted house as a queer space in which women are able to convene without masculine interference. Through the fantasy of a daughter who avenges her own and her mother's deaths at the hands of the ultimate patriarchal figure—both father and doctor— the story suggests the power of intergenerational bonds between women to unsettle the patriarchal order. Illustrating the harm done by male domination in the modernizing twentieth century medical establishment and suggesting a feminist critique of Freudian psychoanalytic theory, Glasgow uses the haunted relationship between Margaret and Mrs. Maradick to expose the insidious new forms of masculine tyranny obscured, in the modern day, by conventional narratives of historical progress.

In "The Shadowy Third," Glasgow demonstrates skepticism for modern medical practitioners—undoubtedly informed by her own

lengthy history of illness—through the characters of Doctor Maradick and the esteemed alienist Doctor Brandon. When Margaret Randolph, a young nurse, is charged with caring for Mrs. Maradick, the ailing wife of the excessively popular Doctor Maradick, she is able to see the ghost of Mrs. Maradick's daughter, Dorothea, which the doctors insist is the patient's hallucination. The older woman reveals to Margaret that Doctor Maradick killed Dorothea for her inheritance, but the nurse has little power to argue with the doctors, who ultimately send Mrs. Maradick to an asylum where she dies. As is often the case with ghost stories, Glasgow allows room for disbelief, and some earlier critics read Margaret as an unreliable narrator whose belief in the ghost demonstrates her psychological abnormality. Julius Rowan Raper understands the ghost, who, at the end of the story, causes Doctor Maradick to fall to his death, as "the phantasy through which Margaret deals with her guilt" for startling him and making him trip while harboring feelings of hatred towards him, "as much for his choosing a woman other than herself as for whatever he did to Mrs. Maradick" (81). Though his reading has some basis in the text, it relies heavily on stereotypes of feminine jealousy, and fails to consider the complexities of gender relations in American medicine at the time of the story's publication. As Branson argues, "One of the consistent ironies of the story is that medical men (Drs. Maradick and Brandon) whose job it is to heal harm instead" (82). An understanding of the changing place of doctors in American culture at this time and the effect of this shift on women prompts a reading that gives more credit to Margaret and Mrs. Maradick, situating Doctor Maradick as a representation of the dangerous allure of twentieth-century medicine and its harmful results for women.

The doctor's mystical appeal to women creates a cult-like aura reflective of the male-dominated culture of the rising American medical industry in the early twentieth century. In *The Social Transformation of American Medicine*, Paul Starr describes the industry's growth in this time period: "During and after the First World War . . . physicians' incomes grew sharply; and their prestige, aided by the successes of medical science, became securely established in American culture" (260). Oddly, though, this growth did not open doors to aspiring female doctors; as Ruth J. Abram reports in *Send Us a Lady Physician*, the number of female doctors in the United States plummeted by 1920 due to new barriers to entry in the field. Regina Morantz-Sanchez examines some causes of this reduction, attributing it in part to a consolidated

effort by medical practitioners to improve their social and financial positions through a series of reforms: "the raising of professional entrance standards, the standardization of medical school curricula, the suppression of weak proprietary institutions, and the overall reduction in the number of medical school graduates" (233). In the period between 1910 and 1930, Morantz-Sanchez explains, a rise of corporate influence in medicine led to many changes as philanthropic foundations backed by the wealth of Rockefeller and Carnegie donated over $300 million for medical education and research. In 1910, the Carnegie Foundation published a study by Abraham Flexner that pointed out the inadequacies of American medical training and called for structural changes, including incorporating medical schools into universities, increasing standards, and affiliating medical schools with hospitals. Medical practitioners, aiming for less competition and more prestige, welcomed these changes, and they were implemented in many schools through sizeable foundation donations (233-34). However, "among those schools denied the largesse of the new philanthropy were the three women's medical schools that had survived into the twentieth century" (235). Due to the reforms spurred by the Flexner Report, Starr explains, the "increased . . . homogeneity and cohesiveness" (123) of the medical field caused the profession to grow "more uniform in its social composition" due to "high costs of medical education and more stringent requirements" as well as "deliberate policies of discrimination against Jews, women, and blacks." He traces the reversal of opportunities for women in the medical field partially to the reduction of Victorian concerns regarding men examining women's bodies, which had created a need for female doctors—an interesting point to keep in mind while considering the male doctors treating women in Glasgow's stories—as well as to an increase of discriminatory practices fueled by a desire to increase prestige by reducing the number of medical school graduates. "As places in medical school became more scarce," he states, "schools that previously had liberal policies toward women increasingly excluded them" by establishing "quotas limiting women to about 5 percent of medical student admissions" (124).

Additionally, Morantz-Sanchez explains that "the late-nineteenth century scientific revolution in medical therapeutics . . . disarmed the arguments that earlier women physicians had used in support of female medical education" (237). Earlier forms of American medical care were more holistic, attempting to encompass all aspects of a patient's life, and

thus the stereotypical casting of women as caring and sensitive was effectively used to make a case for their importance to the medical community. As medicine shifted towards more technical and specialized approaches, Morantz-Sanchez states, "total patient 'care' has become increasingly dissociated from the specialist's concerns as he busies himself with patient 'cure'" (238). The holistic approaches previously associated with female practitioners shifted from the domain of medicine to those of nursing and social work. Leaders in the nursing field responded to this shift by attempting to "professionalize and claim nursing for women," playing "an important part in shifting the so-called feminine and nurturant aspects of medical care from the doctor to the nurse" (238). In a 1913 appeal for the importance of tuberculosis nurses, the New York City Health Department's superintendent of nurses, Elizabeth Gregg, wrote that "the nurse, with her knowledge of home conditions and the family's principles of living, and with her instinctive woman's insight into the causes of trouble, is the physicians right hand" (238). Morantz-Sanchez also explains that many female doctors were displeased with the loss of the human in medical discourse; she quotes M. Esther Harding, a psychiatrist who wrote, in 1930, "We women are more nearly concerned with the human problem presented to us and relatively less absorbed with the collection and classification of scientific material" (239). The shift away from holistic medical approaches, along with the social acceptance of men examining women's bodies and increased discrimination as a means of building prestige, reduced the accessibility of medical education to women. And, as we see reflected in Glasgow's work, the move towards a strictly scientific and specialized medical industry was questioned, particularly by women, as reductive and dehumanizing for patients.

This historical background adds a great deal to a reading of "The Shadowy Third," which, first published in 1916, sharply critiques the changes in the medical establishment occurring at that time. Doctor Maradick's intense appeal to the young women in the story reflects the successful push for greater prestige led by male practitioners, hinting that the increased status of medical men automatically positioned women as submissive admirers of masculine talent. Margaret describes the doctor as "born to be a hero to women" and "assigned to the great part in the play," simultaneously relating the intangibility of his aura and revealing that it is, in fact, part of a constructed narrative in which a woman may play only a supporting role (53). Doctor and Mrs.

Maradick's disagreement regarding her old house, which he endeavors to sell for a more modern abode, can also be related to evolving medical practices. As Morantz-Sanchez explains, while medical procedures in the nineteenth century took place largely in the homes of the patient or doctor, twentieth-century medicine moved into offices and hospitals due to professionalization and standardization issues as well as to decreasing home sizes (238). This shift in location further led to the exclusion of women from medicine, as women were associated with the home and thus seen as less suited for modern, public medicine. Whatever gains women were able to make in the medical industry by leveraging their skill in the home was thus subverted, with traditional lines of male dominance redrawn in the medical community.

While Doctor Maradick's public image is that of an enlightened modern man, the private sphere of his home enables him to enact violent patriarchal dominance. This suggests that, as modernity solidifies the concept of home as a strictly private space, men are permitted to oppress women within the safety of their homes even as women are making gains in the public sphere. In "The Shadowy Third," Margaret—an educated, forward-thinking woman—is forced back, by the doctor's orders, into the traditional female domain. This coerced regression, and her ability to empathize with Mrs. Maradick, ultimately allows Margaret to see through Doctor Maradick's aura and to witness the harm done to women both in public, by the modern medical establishment, and in private, by their husbands. In her discussion of queering temporality through encounters with the past, Elizabeth Freeman proposes the value of engaging with the painful failures of past feminist undertakings in order to better understand the movement's current limitations.[1] In "The Shadowy Third," the haunted house operates on queer time, creating a space for this kind of exchange to occur. While Domínguez-Rué describes the house as a representation of "an inner world of confusion between past and present, alive and dead, real and imaginary" (435), the space's apparent confusion can be read as a productive queering of boundaries that facilitates an exchange between Mrs. Maradick, the oppressed Victorian woman, and Margaret, the ostensibly empowered New Woman. In *Dead Women Talking*, Brian Norman echoes sociologist Avery Gordon's assertion that "haunting is one of the ways

[1]See *Time Binds*, Chapter 2: "Deep Lez: Temporal Drag and the Specters of Feminism."

that systems of oppression and exploitation make themselves known in everyday life" (6); in "The Shadowy Third," oppressive forces concealed by their categorization as part of the past are unveiled when the dead girl returns, destabilizing the assumption of "past" and "present" as distinct categories. Glasgow exemplifies the revelatory potential of haunting through Margaret's encounter with a disenfranchised woman of an older generation, which illuminates for her the shortcomings of her own role. In this case, the encounter serves to demystify the figure of Doctor Maradick, who, as evidenced by the affections of the nurses under his power, has heretofore effectively obscured his role of patriarchal dominance with his professional credentials and modern charm.

Margaret describes Mrs. Maradick's home as "an old house, with damp-looking walls . . . and a spindle-shaped iron railing which ran up the stone steps to the back door, where I noticed a dim flicker through the old-fashioned fan light." Mrs. Maradick's reluctance to leave this antiquated space illuminates her position between generations. As "a woman . . . of strong attachments to both persons and places," who "had been born in the house" and "never wanted to live anywhere else," she is unwilling or unable to eschew traditional domesticity for the role of New Woman. Her adamancy suggests a crucial question: what place exists for women like Mrs. Maradick in the modern world? That is, in the modernizing twentieth century, "women with strong affections and weak intellects" who were conditioned to rely on their wealth, physical beauty, and social grace—and had, in fact, been discouraged from developing other skills—now found themselves without a space to occupy as their previously sought powers were no longer valued. Margaret reflects, "Those sweet, soft women, especially when they have always been rich, are sometimes amazingly obstinate" (55). Their obstinacy is a failure of temporal normativity; unwilling or unable to embrace the modern value of progress, they turn toward the past to grasp their disappearing positions in society. Mrs. Maradick's refusal to leave her old house despite her husband's wishes to move uptown reflects a conflict of temporalities—the comfort of an old home associated with memories as opposed to the progressive temporal ideal of moving *up*. For Mrs. Maradick, the old house is a symbol of the traditional albeit problematic domain she was born into; this is, of course, not an attempt to romanticize the domestic abilities of the Victorian woman, but rather to examine the displacement of those women in modern society, when the traits of softness and emotionality bred into them by societal

expectation became sources of ridicule—especially as the modernization of medicine rendered these traits all the more useless beside the ideals of standardization and empiricism. As Domínguez-Rué describes, while "Mrs. Maradick's only power resides in the domestic, her husband reinforces her powerlessness by turning her house into a prison" (431). The old house is also, of course, where the ghost of Mrs. Maradick's daughter resides. In addition to responding to the Freudian conception of normative mourning, which I will discuss in more detail below, this ghost figure acts as a physical representation of patriarchal violence and guilt—literally, as a female child killed by her stepfather, and as a figure for the women harmed to guarantee the prestige and success of men like Doctor Maradick. Behind the doctor's appealing demeanor lies a haunting secret: that his position as a modern man in the rising middle class has been acquired through the displacement and, in this case literal, destruction of women.

Glasgow further reinforces the connection between haunting and queering through the figure of a female ghost who prefers women, rendering the spaces she appears in exclusively female and ultimately ridding the house of its masculine presence. The notion that women are more likely than men to encounter ghosts was common in Glasgow's time. In her 1924 review of Glasgow's stories, Louise Collier Willcox explains, "The colored race, subject as it is to superstition, is notably susceptible to supernatural influences; children are more susceptible than women; and women, than men" (233). Incidentally, this perception remains a fixture in contemporary horror movies. While the sensitivity thought to make women more susceptible to hauntings is typically linked to an assumption of feminine weakness, Glasgow transforms it into a source of strength. By appearing only to women (with the notable exception of an African American servant), Dorothea's ghost evades the dominant male gaze, creating a space in which the two women are able to share a transformative connection. While I will refrain from partaking in speculation over Glasgow's sexuality, we know that she placed a high value on female friendships in her own life and in her writing. From the letters collected in Matthews's *Perfect Companionship*, as well as numerous autobiographical and biographical accounts, it is evident that close connections with women constituted a crucial system of support and pleasure for Glasgow. Furthermore, her passion for these connections appears to have stemmed from disillusionment with heteronormative relationships; according to Matthews, Glasgow viewed

female friendship as a means for providing "a female image in which a woman can view a reflected female self instead of a reflected image of otherness," while she came to believe "that for a woman to see herself in a man's eyes is to experience a death of self" (*Woman's Traditions* 44). This construction can be read as a reaction to Freudian psychoanalysis, which, as numerous feminist scholars have unpacked, defines women in relation to men, equating female identity to the lack of the phallus. By depicting relationships with other women as central forces in a woman's inner life, Glasgow pushes back against Freud's understanding of women through heterosexual development (or deviance from heterosexuality). In "The Shadowy Third," as well as in Glasgow's other supernatural short stories, women as ghosts are able to avenge the death of the self they experienced in life. They do so by appearing only to women, and by haunting spaces so that women are able to see themselves through relationships with other women, not as *other* to a man or through the lens of the masculine medical gaze. Embodying what Matthews refers to as a feminine "death of self," Mrs. Maradick demonstrates to Margaret the dangerous potential of heteronormative relationships for women. The demise of Doctor Maradick, then, suggests the potential for female coalitions to subvert the masculine symbolic order by emboldening women to claim an identity independent of the male other. Although he succeeds in causing Mrs. Maradick's death, Margaret has ceased to long for his approval and started to question his authority as a medical professional by disputing his diagnosis of his wife. She comes to recognize the doctor as a flawed character, realizing the danger of his vanity as she watches "him flush with pleasure when people turned to look at him in the street" and observes that he is "not above playing on the sentimental weakness of his patients" ("Shadowy Third" 68). Prior to the doctor's physical death, then, the story's supernatural female forces have already depleted his symbolic masculine power.

While Margaret appears to be the classic modernist woman figure—educated, independent, professional, unattached—she fails to live up to the medical field's emerging standards of modernity. In a conversation early in the story, Miss Hemphill, the hospital's superintendent and Margaret's distant relative, critiques her "sympathy" and "imagination," suggesting she may have been better suited to the life of a novelist, and warns, "When you are drained of every bit of sympathy and enthusiasm, and have got nothing in return for it, not even thanks, you will understand why I try to keep you from wasting yourself" (53).

Considering the trajectory of women in medicine in the early twentieth century, it is unsurprising that an older nurse would caution her younger counterpart in this way. The qualities of sympathy and personal care—Margaret laments, "I can't help putting myself into my cases"—were part of what, in the nineteenth century, allowed women to make a claim for their inclusion in the male-dominated medical field (53). As these qualities became less valued attributes for doctors, women were redirected into nursing, which, while allowing them independence and public identities, was still very clearly a subordinate field—a hierarchy exaggerated by the nurses' worship of Doctor Maradick. "Sympathy" and "imagination" are essentially synonymous with the feminine sensitivity believed to cause the tendency of women to encounter ghosts, which illuminates Glasgow's inclination to situate her critique of modern medical practices in the ghost story genre.

Margaret's clash with the medical establishment mirrors what Morantz-Sanchez describes as common protests from mid-twentieth century women in medicine. From her first interaction with Doctor Brandon, "the famous alienist," Margaret describes him as the kind of physician who "had formed the habit, from long association with abnormal phenomena, of regarding all life as a disease. . . . who deals instinctively with groups instead of with individuals," and who has been taught "to treat every emotion as a pathological manifestation" (62). She is critical of Dr. Brandon's objectivity, lack of emotional attachment, and inattention to the patient as a whole, which is consistent with the increase of specialization and professionalization in twentieth-century American medicine. As Miss Hemphill suggests when she refers to Margaret as a novelist, her impulse to situate patients in a narrative rather than focus on only one symptom or body part sets her in opposition to prevailing modern medical values. She provides an alternative to the male/medical gaze, which renders the patient/woman as other, by putting herself into her cases—that is, by relating to and empathizing with her patients, being willing to learn from them rather than reducing them to textbook definitions of disease. The male doctors' view, in contrast, is limited by their strictly empirical approach. Their tunnel vision is self-serving as it allows them to dismiss the harm inflicted on a woman by patriarchal forces as merely a medical condition, and, by diagnosing her as psychologically unsound, rendering her plight invisible to a society that fully trusts their professional opinions. The power of haunting in this story transforms feminine

sympathy into an advantage as it enables the women to collaborate, unseen by men, with the ghost and each other; as Linda Wagner attests, Glasgow's female characters "can apprehend the spirits in the ghost tales because of their uncritical sympathy, their willingness to respond to needs, whether or not human" (68). The ghost, as a literal manifestation of feminine invisibility, turns her invisibility into a powerful force she ultimately uses to avenge her own death and the death of her mother.

While female ghosts often appear as a narrative tool for revealing a silenced, oppressive past, Jeffrey Weinstock points out that we must not ignore "the inherent *power* that ghosts possess" (17). Glasgow's portrayal of women as uniquely sensitive to hauntings works, in one sense, because the disempowered are ghosted by society in their own right and can therefore connect most easily with ghosts. But, Weinstock argues, there is also an element of desire and wish fulfillment in connections between women and ghosts. In *Cultural Haunting*, Kathleen Brogan states, "As an absence made present, the ghost can give expression to the ways in which women are rendered invisible in the public sphere," but "The uncanny power of the ghost reflects the disruptive force of strong women in societies that restrict the expression of female power" (25). As a figure that is disempowered in the same ways that women often are—made silent, invisible, confined to a specific space—but demonstrates a great power to scare the living and unsettle social order, the female ghost can represent a fantasy of agency for the ghosted woman. The ability of women to see ghosts, then, can be linked not only to sensitivity but also to a real desire to believe in these figures, who, though silenced and often invisible, are able to provoke terror and alter reality.

In *The Woman Within*, her 1954 autobiography, Glasgow discusses the silent suffering of her mother who, as Lucinda H. MacKethan notes, "was emotionally removed from her by an incapacitating mental illness that only by inference, yet very strong inference, she associates with her father" (91). Glasgow describes the way her mother "walked the floor in anguish, to and fro, back and forth, driven by a thought or a vision, from which she tried in vain to escape," and is critical of "helpless" physicians who "solemnly advised her to divert her mind by cheerful thoughts, or to try a change of scene" (*Woman Within* 62). In exploring her mother's struggle as a young wife who bore and lost many children and struggled to raise a family through the financial devastation of the Civil War, Glasgow implies that the tragedies of many women's lives are ignored or treated as frivolous by a medical institution which, failing to see

individuals holistically or narratively, prescribes oversimplified, generalized cures for complex problems. Ridiculing the notion "that one may cure a broken heart by a simple change of address," she goes on to address the tragedies of her mother's life that led to what she importantly terms "her period of melancholy" (62, 63). Glasgow notes that her mother "refused steadfastly to take even a mild sleeping potion," which, from a Freudian perspective, would have been considered a symptom of melancholia, a refusal to simply *get over*, or *move on from*—colloquialisms which demonstrate our still-present cultural ideal of forward-moving temporality—loss (62). In the literal sense, sleeping potions keep women from occupying the time of night associated with haunting, in the form of ghosts or, in this case, thoughts and visions. In "Queer Temporality and Postmodern Geographies," Jack Halberstam describes people who "could productively be called 'queer subjects' in terms of the ways they live (deliberately, accidentally, or of necessity) during the hours when others sleep" (10). In "The Shadowy Third," Margaret is charged with administering "a mixture of bromide and chloral" to Mrs. Maradick to make her to sleep through the night (61). In the space of the night, the two women create a bond from the shared experience of haunting, defying the standard scripts of practitioner and patient. In the climactic scene in which Mrs. Maradick is taken away to an asylum, Doctor Brandon and Miss Peterson, the *day* nurse, invade the space, disrupting the night to separate the patient from her ghost by physical force. The violation of their domain, which has come to belong to Margaret and Mrs. Maradick alone, catalyzes Mrs. Maradick's disastrous ending. The regulation of sleep is thus used as a means of temporal control, a way to prevent women from engaging in supernatural encounters with the past that might allow them to see the oppressive structures inherent in the present. By forcing deviant women to sleep through the time of night in which a haunting is likely to occur, the male doctors are able to prevent the collaboration of women that evades the clinical gaze and threatens the absoluteness of the doctors' power.

The theme of sleeplessness resonates, again, with Glasgow's use of the terms "melancholy" and "melancholia" to describe Mrs. Maradick as well as her own mother. Using a term common to the psychoanalytic discourse of her time, Glasgow implies a critique of psychoanalytic approaches to grief. Glasgow, we know, expressed complicated feelings about Freud and his followers, stating that, "though I was never a

disciple, I was among the first, in the South, to perceive the invigorating effect of this fresh approach to experience," and recognizing "an incalculable debt" owed by the novel to Freudian and Jungian psychology while remaining critical of certain elements of Freud's work and its applications (*Woman Within* 269). Matthews describes Glasgow's large collection of psychology books, in which her numerous annotations "most often discount Freud or Freudian psychology, often (along with other critics) holding Freud responsible for what she saw as an overemphasis on sex and for a misreading of women" (*Woman's Traditions* 195). Particularly, as Domínguez-Rué describes, she critiques the way "His studies also gave a sexual component to relationships among women, marking them as potentially lesbian and hence deviant" (425), a marginalization which Glasgow pushes back against with her portrayals of female camaraderie. Predicting that, by the time her autobiography is published, "the name of Freud may have been long, or perhaps latterly, discredited" (*Woman Within* 269), Glasgow is critical of "the current patter of Freudian theory," explaining that, "Instead of molding both causes and effects into a fixed psychological pattern" in her work, she has "tried to leave the inward and the outward streams of experience free to flow in their own channels, and free, too, to construct their own special designs" (227). Her avoidance of adhering to the fixed patterns designated by psychoanalysis echoes her critical attitude towards medical standardization, as she is wary of a psychological method that reduces individual experience to predetermined diagnostic templates.

In "Mourning and Melancholia," Freud distinguishes between normal mourning, which is "completed," leaving the ego "free and uninhibited again," and melancholia, in which the subject is unable to complete the process of mourning properly and remains fixated on the his or her lost object (245-46). "The sleeplessness in melancholia," he explains, "testifies to the rigidity of the condition," as the melancholic is unable to stop dwelling on the lost object even to sleep, and the melancholic draws in "cathetic energies" that prevent it from desiring sleep (253). Sleep is cast, in his formulation, as a tool to promote forgetting the source of one's distress, and as an essential part of normative progress out of mourning. In ghost stories, the night—when one should be sleeping—is most commonly when characters convene with their lost objects in the form of ghosts. Thus, regulating a patient's sleep is a means of separating her from her lost object, prompting her to forget the source of her trauma.

What Glasgow calls into question is the doctor's impetus for encouraging his patient to forget. Through the example of Doctor Maradick, she suggests the dangerous power of the modern doctor to control memory: if men dominate the medical establishment, men have the power to decide what trauma is worth remembering and publicizing, and what should be devalued as an irrational preoccupation with the past. While Mrs. Maradick's reasons for refusing to get over her loss are obvious, as her daughter's murderer has not been brought to justice, they serve to represent the plight of women who, like Glasgow's mother, have experienced lives of unrecognized pain and sacrifice. As the dead traditionally appear as ghosts when their lives have been taken unjustly and without recognition, the women Glasgow represents suffer melancholia when the real tragedies of their lives have been insufficiently acknowledged, or purposefully covered up, by those in power.

It is noteworthy that Margaret briefly refers to Mrs. Maradick's affliction as "her mania—or hallucination, as they called it" ("Shadowy Third" 59). "The most remarkable characteristic of melancholia," according to Freud, "is its tendency to change round into mania—a state which is the opposite of it in its symptoms" (253). In *Time Binds*, Freeman describes Freud's cursory mention of mania in "Mourning and Melancholia," which he admits he cannot fully explicate, and instead discusses mania as a means of inappropriately taking pleasure in the past (120), which is a worthwhile frame for considering the supernatural female relationships Glasgow depicts. For the men who wield power, it is threatening for women to find pleasure and camaraderie in haunted spaces to which men are denied access, and these spaces become sites for revealing the history of masculine harm. Margaret is told that Dorothea's toys have all been sent away because "Doctor Brandon thought, and all the nurses agreed with him, that it was best for [Mrs. Maradick] not to be allowed to keep the room as it was when Dorothea was living" ("Shadowy Third" 62). Mrs. Maradick's instincts for mourning her daughter's death are discounted, as it is strictly deemed unhealthy for her to find pleasure in the presence of her memories. Her connection to her daughter's spirit symbolizes a deviant form of mourning, one in which the affected party might find pleasure in her lost object, or in tangible reminders of that object, despite knowing they are gone. Through this alternative ritual, and in the queer space of night, Margaret and Mrs. Maradick are able to convene with the ghost in a manner unsettling to

the men dependent on maintaining a patriarchal structure and, in Doctor Maradick's case, concealing guilt.

The practice of removing suffering patients from their surroundings, which Glasgow mocks in *The Woman Within* and illustrates in "The Shadowy Third," further reflects the prevalent psychoanalytic theories regarding mourning in her time. A component of the infamous rest cure popularized by Silas Weir Mitchell, who is thought to have had some influence on Freud, this practice supposed that a change of scenery combined with a strictly enforced abstinence from activity would cure any number of psychological ailments. In the schema of modernity, the prescription of relocation represents a temporal push forward, out of old spaces and into new ones, as well as a means of removing reminders of the past from public sight. In "The Shadowy Third," this method is illustrated when Mrs. Maradick's doctors move her to the asylum with a false explanation: "We are so anxious to cure you that we want to send you away to the country for a fortnight or so" (66). Sending the patient away, in this case, is a means of further silencing her so that the doctor's crime remains undiscovered. The removal of a patient from her physical setting is portrayed as an attempt to prohibit her from finding pain or pleasure in the past, as well as a means of obscuring her valid complaints of harm incurred by the oppressive forces still present in modernity. By isolating the psychologically deviant woman, doctors and husbands are able to prevent her from sharing her story or being validated by empathy from other women who have suffered similar emotional harm. In "The Shadowy Third," Glasgow creates a female ghost who subverts this practice by appearing to the woman forced into isolation, and facilitating a narrative space in which women from disparate generations can share their experiences.

The particular relationship between Mrs. Maradick and Dorothea resonates with Glasgow's own experience of a mother-daughter bond. In her autobiography, Glasgow describes her mother as the "supreme figure" in her universe, claiming, "Everything in me, mental or physical, I owe to my mother" (83, 16). The connection between the two is deepened by their common experiences of illness and, implicitly, emotional harm from Glasgow's father. With the ghost of Dorothea, Glasgow reflects the fantasy of saving her mother from her father's tyranny. Throughout *The Woman Within*, Glasgow characterizes her father as a responsible but cold presence who "gave his wife and children everything but the one thing they needed most, and that was love" (15).

Describing him as "more patriarchal than paternal," she depicts his propensity for casual cruelty in two parallel incidents: one in which he gives away her beloved childhood dog while her mother is away and cannot defend her, and a second in which, shortly after her mother's death, he sells her favorite mare to be used for hauling by an iron company. In each of these stories, Glasgow reflects the powerlessness of mother and daughter—each subordinated by both gender and disability—to protect each other from the dominant presence of the father. Her conflation of father with doctor in "The Shadowy Third" reaffirms the connection she hints at between her mother's illness and marriage. In her autobiography, Glasgow frequently illustrates the tenderness of medical care offered her by women, including her beloved Mammy, in stark contrast to the ineffective physicians who were unable to help her mother. In one anecdote, she describes refusing to let her father hold her when she was sick with diphtheria as a two-year-old child, believing that "'the thing in my throat' would leap up and choke me if Mammy took her hands away" (87). This description of early consciousness encompasses Glasgow's belief that the holistic methods of care considered feminine hold a crucial healing power absent from objective masculine modes.

As Linda Kornasky argues in "Ellen Glasgow's Disability," Glasgow's personal experiences of illness and disability were closely tied to her experience of gender. Society typically considers disabled women to be "excluded from traditional female vocational choices, primarily homemaking and childrearing, because these women's disabilities destroy, either literally or symbolically, the wholeness of their maternal bodies" (283). Glasgow's illness removed her from the economy of heterosexual marriage, thus separating her from psychoanalytic norms of sexual development. The character of Dorothea, then, may reflect something of Glasgow's own exclusion from a socially accepted definition of womanhood; like Dorothea, she saw her mother suffer in a heterosexual union she was denied—or perhaps excused from—by virtue of her disability (or, in Dorothea's case, death). By ultimately imbuing Dorothea with the power to kill, Glasgow contends that women prevented from attaining cultural standards of womanhood, including normative sexual development, marriage, and motherhood, may in fact be granted access to greater opportunity for personal agency. While, as Kornasky states, the artistic achievements of women like Glasgow have been "belittled by the social assumption that their work is not freely

chosen, but rather taken up as a last resort after they have failed to qualify for the superior occupation of wifehood and motherhood" (283), "The Shadowy Third" demonstrates that Glasgow's exclusion from the marriage economy enabled her to observe gender relations, in the private sphere as well as in the medical establishment, with the keen eye of an outsider. Her work remains a haunting reminder of the female casualties of modern progress who, like ghosts, exist on the periphery of accepted understandings of historical development.

Through the critiques of modern medicine and psychoanalysis implicit in "The Shadowy Third," Ellen Glasgow insinuates that modern institutions rooted in systemic oppression continue to harm women living in an ostensibly progressive age. She emphasizes the importance of remembering, reexamining, and engaging with the subjugated female figures of the past for the modern woman who experiences a new mode of patriarchy obscured in its progressive trappings. Reimagining the haunted house as a queer space impermeable to the male gaze, Glasgow activates this setting to allow her narrator to form a valuable relationship with an older woman who alerts her to her own disenfranchised conditions, reminding her of the female sacrifices that helped build successful professional men like Doctor Maradick. Their uncanny connection generates the power to disrupt and subvert the hidden structures that maintain patriarchal dominance in modern American society, suggesting the necessity of female relationships in a society that glorifies heterosexual coupling as the only path to proper womanhood. Resisting the normative temporality of forward motion, Glasgow asserts the importance of looking back, recovering the overlooked narratives of the past, and memorializing those female figures modernity has banished to the realm of ghosts.

Works Cited

Abram, Ruth J., ed. *"Send Us a Lady Physician": Women Doctors in America, 1835-1920.* New York: W. W. Norton, 1985.

Branson, Stephanie R. "'Experience Illuminated': Veristic Representation in Glasgow's Short Stories." Scura 74-86.

Brogan, Kathleen. *Cultural Haunting: Ghosts and Ethnicity in Recent American Literature*. Charlottesville: UP of Virginia, 1998.

Domínguez-Rué, Emma. "Madwomen in the Drawing-Room: Female Invalidism in Ellen Glasgow's Gothic Stories." *Journal of American Studies* 38.3 (2004): 425-38.

Freeman, Elizabeth. *Time Binds: Queer Temporalities, Queer Histories*. Durham: Duke UP, 2010.

Freud, Sigmund. "Mourning and Melancholia." *The Standard Edition of the Complete Psychological Works of Sigmund Freud.* Vol. XIV. Ed. James Strachey. London: Hogarth P, 1957. 237-58.

Glasgow, Ellen. *Perfect Companionship: Ellen Glasgow's Selected Correspondence With Women*. Ed. Pamela R. Matthews. Charlottesville: U of Virginia P, 2005.

—. "The Shadowy Third." *The Collected Stories of Ellen Glasgow*. Ed. Richard K. Meeker. Baton Rouge: Louisiana State UP, 1963. 52-72.

—. *The Woman Within: An Autobiography*. Ed. Pamela R. Matthews. Charlottesville: UP of Virginia, 1994.

Halberstam, Judith [Jack]. "Queer Temporality and Postmodern Geographies." *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*. New York: New York UP, 2005. 1-21.

Kornasky, Linda. "Ellen Glasgow's Disability." *Mississippi Quarterly* 49.2 (1996): 281-93.

MacKethan, Lucinda H. "Restoring Order: Matriarchal Design in *The Battle-Ground* and *Vein of Iron*." Scura 89-105.

Matthews, Pamela R. *Ellen Glasgow and a Woman's Traditions*. Charlottesville: UP of Virginia, 1994.

Morantz-Sanchez, Regina. "So Honored, So Loved?: The Women's Medical Movement in Decline." Abram 231-45.

Norman, Brian. *Dead Women Talking: Figures of Injustice in American Literature*. Baltimore: Johns Hopkins UP, 2013.

Raper, Julius Rowan. "Invisible Things: The Short Stories of Ellen Glasgow." *Southern Literary Journal* 9.2 (1977): 66–90.

Scura, Dorothy M., ed. *Ellen Glasgow: New Perspectives*. Knoxville: U of Tennessee P, 1995.

Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic Books, 1982.

Wagner, Linda W. *Ellen Glasgow: Beyond Convention*. Austin: U of Texas P, 1982.

Weinstock, Jeffrey Andrew. *Scare Tactics: Supernatural Fiction by American Women*. New York: Fordham UP, 2008.

Wilcox, Louise Collier. "Ghosts and Others." *Ellen Glasgow: The Contemporary Reviews*. Ed. Dorothy M. Scura. Cambridge: Cambridge UP, 1992. 233.