Sino-US English Teaching, July-Aug. 2026, Vol. 23, No. 7-8, 152-160
doi:10.17265/1539-8072/2026.04.002

Diagnostic Hegemony, Bodily Pain, and Narrative Reclamation: Illness Writing in Joyce Carol Oates's *Butcher*

ZHAO Yuxi, ZOU Jing
China University of Geosciences, Wuhan, China

Joyce Carol Oates's novel *Butcher* draws on real scandals in the history of 19th-century gynecological surgery to expose how a system of power, dressed in the language of medicine, systematically exploits the bodies of lower-class women. By mobilizing Michel Foucault's critique of clinical power alongside Elaine Showalter's feminist historiography, this essay first demonstrates how the protagonist Dr. Weir's diagnostic discourse disguises patriarchal discipline as medical fact. It then investigates the double exploitation inflicted upon lower-class female bodies whose pain is systematically devalued or erased, before drawing on narrative theory to analyze how the oppressed protagonist, Brigit, achieves narrative reclamation. By redrawing, from a contemporary perspective, the suffering that women have historically endured in the name of illness, the novel exposes a mechanism of social oppression disguised as medicine and builds a narrative structure that mirrors this system of power at every turn. In doing so, Oates produces a distinctive work of illness writing whose implications remain deeply relevant today.

Keywords: Joyce Carol Oates, *Butcher*, illness writing, medical discourse, bodily pain, narrative reclamation

Introduction

Joyce Carol Oates's novel *Butcher* (2024) is set in mid-19th-century America and draws on a notorious chapter in medical history: the controversial career of the early gynecological surgeon J. Marion Sims[1]. Oates (2024) transplants and expands this historical fact, centering the novel on the fictional Dr. Weir and depicting the systematic persecution of lower-class women, including Irish immigrants, indentured servants, and poor women abandoned by their families, inside a women's asylum in New Jersey. The novel's narrative framework is elaborately constructed: It is nominally a biography published in 1898 and compiled by Weir's son, Jonathan Weir, built primarily around excerpts from the elder Weir's autobiography and the memoir of Brigit Kinealy, a former asylum servant and at the same time one of Weir's patients, along with other people's recollections. This framework alone raises a question about the ownership of narrative authority:

1. Whose record gets to define history?
2. Whose testimony is preserved only as a fragment within someone else's account?

ZHAO Yuxi, B.A., School of Foreign Languages, China University of Geosciences, Wuhan, China.
ZOU Jing (Corresponding author), M.A., associate professor, School of Foreign Languages, China University of Geosciences, Wuhan, China.

[1] James Marion Sims (1813-1883), later celebrated as the "father of modern gynecology," developed his technique for repairing vesicovaginal fistula between 1845 and 1849 through repeated experimental operations, performed without anesthesia and without the women's own consent, on approximately twelve enslaved Black women in Alabama. He later applied the perfected procedure, this time with anesthesia, to wealthy white patients.

As a critical lens, illness writing has developed a fairly mature body of scholarship in the Western academy, from Susan Sontag's critique of illness as metaphor to Arthur Frank's construction of a typology of illness narratives, gradually establishing that "How illness is narrated" is a question worth asking, with much of this scholarship focused on the work of writers who themselves lived with illness. For example, Neil Vickers (2017) analyzes Hilary Mantel's memoir with the focus of Mantel's early family life, demonstrating how Mantel's early family dynamics shaped her subsequent somatic experiences of illness. Similarly, Pei-chan Liao (2025) examines the memoirs of disabled Vietnam War veterans, advocating for closer dialogue between medical discourse and the environmental humanities. Related scholarship in Chinese has also developed in recent years, though it tends to concentrate on the metaphorization of illness, or to combine this perspective with other theoretical frameworks, such as new materialism and ecological narratology. Li Fang (2022) combines ecocriticism with illness writing, emphasizing that humanity must recognize the embodiment of nature and achieve harmonious coexistence with it, thereby overcoming the ailments of both body and environment. Meanwhile, from a new materialist perspective, Mu Yonghua (2026) interprets how illness in Alice Munro's fiction continually intervenes in and reshapes human life through its immanent agency. However, applying illness writing to interrogate the complicity between medical discourse and narrative power in contemporary historical fiction and how institutional victims reclaim their voices remains relatively rare.

This essay investigates *Butcher* through three central dimensions: (a) the diagnostic pathologization of female bodies by the medical establishment; (b) the systemic erasure of marginalized women's pain under a logic of double exploitation; and (c) the fraught reclamation of narrative within Brigit's memoir. Ultimately, it argues that Oates exposes not only the legitimation of institutional violence and the commodification of women's flesh for medical prestige, but also the subversive potential of subaltern testimony under extreme power asymmetries.

The Power to Name Illness

In *Butcher*, illness is never a neutral medical judgment. It is a discursive apparatus actively produced by the medical power structure that Weir represents. On the surface, diagnosis appears to be an objective judgment grounded in observation and evidence. But within the system *Butcher* depicts, this causal chain is in fact reversed: it is not illness that gives rise to diagnosis, but diagnosis that gives rise to "illness." A female inmate is first deemed undesirable and marked for institutional removal. Medical discourse merely arrives after the fact to legitimize this exclusion under the guise of scientific objectivity. To designate an institutionalized woman as a "patient" is never an innocent clinical act aimed at recovery, but a carceral verdict determining who must be contained and subdued. Once entered into the medical record, this label erases her bodily sovereignty, justifies her institutionalization, and validates any form of intervention inflicted upon her. The diagnostic power to name is thus transformed into a visceral instrument of subjugation, the precise machinery of which is directly visible in Weir's own handwritten records.

Weir's list of symptoms for women's mental illness offers a direct entry point into this mechanism. In his autobiography, he catalogs symptoms, such as untidy hair, broken fingernails, failure to wear corsets, strong body odor, and failure to dress suitably. What this alarming list actually describes is not any medical symptom at all, but a checklist of 19th-century norms for female appearance and comportment. Any act by which a woman refuses to conform to patriarchal bodily norms can, through the form of medical discourse, be converted into a diagnosable and detainable "symptom."

Weir writes these diagnoses in objective, scholarly language, yet their content is nothing more than a judgment of social norms. The authority of the form conceals the arbitrariness of the content, and this concealment is the central mechanism by which medical discourse operates as a tool of power. In *The Birth of the Clinic*, Foucault (1976) argues that the modern medical gaze, by turning the body into an object that can be read, classified, and disposed of, establishes a circuit in which knowledge is power, a circuit whose operative core is the "sovereignty of the gaze": "The eye that knows and decides, the eye that governs" (p. 89). Weir's diagnostic journal is the material product of this circuit: it packages an intention of social control in the form of medical knowledge.

This diagnostic checklist is in fact a faithful appropriation of real medical history. The case records of the Victorian gynecologist Isaac Baker Brown, documented by Elaine Showalter (1985) in *The Female Malady*, form an almost literal historical prototype for Weir's list: One girl sent for a clitoridectomy had her condition recorded as being "disobedient to her mother's wishes" and "too forward" in pursuing men (p. 77); another girl's symptoms were described as "restless and excited ... and indifferent to the social influences of domestic life" (p. 76). Discussing photos taken in asylums, Showalter (1985) also notes that a female patient's madness "is represented by untidy hair," while her recovery is marked "primarily by appropriate feminine costume" (p. 87). That "untidy hair" carries diagnostic weight in both *The Female Malady* and Weir's journal shows that the absurdity of the symptom checklist is a historical norm of this very discursive system: beneath the medical authority of the form always lies social discipline as its content.

This checklist is able to produce real institutional force in the first place because of Weir's own positional authority. As the superintendent of the asylum, his judgments are automatically granted unquestionable credibility; family members and subordinates rarely question a record produced by the superintendent. But more fundamental than this authority is the structure of social oppression against women on which the checklist itself depends: every "symptom" on the list, like "untidy hair, strong body odor, refusal to obey," was already, at the time, a widely recognized marker of a "problem woman." In other words, the checklist appears credible, because it merely repeats what this society already wanted to believe: "A disobedient woman is a sick woman." People are willing to trust it, because it confirms the prejudices they already hold.

The absurdity of the checklist lies not in its medical validity, but in its reliance on Weir's institutional authority aligned with broader patriarchal control. Cloaked in an objective guise, it gains trust from doctors and families, because they share Weir's normative assumptions about womanhood. The novel further reveals a more fundamental truth: "A woman did not need an actual mental illness to be committed to an asylum, even by the standards of the time." These are women abandoned by their families, because of poverty, because they were "disobedient," and because they had become a burden. Within this system, "abandoned by one's family" and "diagnosed as mentally ill" are effectively synonymous. The diagnosis is nothing more than the medicalized expression of family will and social exclusion. What the asylum performs is a social function rather than a medical one. It is an apparatus for disposing of so-called "troublesome women," and medical discourse supplies this disposal with a veneer of legitimacy.

More cruelly still, some women only fall ill after entering the asylum. Abuse by male staff causes real bodily injury, including fistulas resulting from obstructed labor or assault, ruptures of the bladder or rectum that leave patients with persistent, uncontrollable leakage, and odor. These injuries, inflicted within the institution, then become the very reason these women cannot leave: Their smell and appearance make it impossible for them to survive in ordinary society, and they were reduced to "staining the ground wherever the afflicted woman stood

for long, which caused others to shun her, or shoo her away irritably, like flies" (Oates, 2024, p. 94), so they are left with no choice but to remain in the asylum. This is a self-enclosing circuit of power: "The asylum is not merely a place that houses illness, but a site that manufactures illness."

In *Butcher*, the case of fistula receives particular focus, and it vividly illustrates how diagnostic naming precipitates social death, a trajectory that exemplifies the punitive moralization of illness. On a physiological level, a fistula is a treatable injury; but the novel moralizes it as shame rather than simple suffering, so that the patient is regarded as disgraceful rather than merely afflicted. The text provides direct evidence of this: afflicted women are described as "filthy, abominable, accursed," and Brigit's own description of her fistula confirms this internalized shame even more directly: "For it was a curse of God, how my body leaked filth. For I could not deny, it was a curse. For I could not even speak, out of shame at such a curse" (Oates, 2024, p. 260). The phrase "Could not even speak, out of shame" is a literal loss of speech: "Shame strips her of the ability to voice her affliction."|

This dynamic is what Susan Sontag identifies as the punitive logic of illness metaphor. Sontag (1978) argues that "nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one" (p. 58), and she shows how a disease so moralized becomes "felt to be obscene—ill-omened, abominable, and repugnant to the senses" (p. 8). For Sontag (1978), the whole project of *Illness as Metaphor* rests on the claim that "illness is not a metaphor" (p. 3) in any true or necessary sense; it only becomes one through this imposed moralization. The metaphorization of illness not only shapes how others see the patient, but also produces the patient's silence about her suffering, exactly as Brigit's shame silences her before it silences anyone else.

The authority of diagnostic discourse comes not from the truth of its content but from the social position of whoever utters it. What a diagnosis records is never the true state of a woman's body but the position that body occupies within a structure of power and a fabric of social prejudice. To hold the power to name is to hold a writing privilege that stands in for the entire social structure: Whoever decides "What illness actually means" holds the power to turn prejudice into "fact."

The Differential Recognition of Bodily Pain

Once women's bodies are absorbed into the medical system, what happens to their pain? One of the most powerful critical details in *Butcher* is Weir's double standard in the use of anesthesia. A close reading of the text, however, reveals that behind this double standard operates a more complex logic of exploitation. For Weir, the bodies of lower-class women serve two entirely different purposes at once—as experimental material and as a source of economic profit. And together these two purposes constitute a structure of double exploitation.

Weir's ambition is to become "the father of gynecological psychiatry," to leave his name in the history of medicine. Lower-class female patients serve as data sources for this goal. Their bodies are the raw material from which knowledge is produced, and their pain is a necessary condition for the experiments to proceed. Weir uses almost no anesthesia on lower-class women, one of his reasons being his belief that these women are "like animals," naturally insensitive to pain. This pseudo-scientific prejudice of race and class has a real historical prototype: the novel's model, J. Marion Sims, used the claim that "Black women are insensitive to pain" as grounds for repeatedly experimenting on enslaved Black women without anesthesia, perfecting techniques for fistula surgery before applying them, under the protection of anesthesia, to wealthy white women. This logic reframes an ethical question—whether she should be subjected to such agony—into an ontological one: whether she can feel pain at all, thereby dissolving all moral culpability.

This judgment is riddled with self-contradiction. If Weir genuinely believed that lower-class women were insensitive to pain, then their struggling, screaming, and convulsing on the operating table should have counted as meaningless physiological reflexes, not worth recording. Yet, in the novel, Weir records these reactions in detail. This act of recording is a tacit admission: he knows perfectly well that they are in pain. In other words, "they cannot feel pain" is not a fact he genuinely believes. He is simply incapable of empathizing with these lower-class women—he cannot perceive their real pain. "Because he did not *feel* it. He saw, he heard, he understood; yet, he did not *feel* another's pain" (Oates, 2024, p. 269).

That this self-contradiction can coexist so smoothly within Weir is not simply a matter of deliberate self-deception. At times, the very way Weir perceives pain has already diverged from the basic understanding that "pain ought to be relieved." Wayne Booth's concept of "inconscience" in *The Rhetoric of Fiction* offers an explanation for this phenomenon. The defining trait of the unreliable narrator is that "the narrator is mistaken, or he believes himself to have qualities which the author denies him" (Booth, 1961, p. 159): "Weir is not lying, but is simply unaware of the flaw in his own way of knowing."

As the novel shows, Weir's record of Brigit's labor is far more than a simple case history, nor does it treat her as an ordinary patient. Brigit's very presence in the asylum is rooted in profound exploitation: "sold to the institution by her mother as a child, she is later raped by the former superintendent, a trauma that culminates in an obstructed labor and leaves her with an obstetric fistula." It is under these harrowing circumstances that she falls into Weir's hands for treatment. He often devotes considerable textual space to describing her appearance and bearing. He describes an image of her rising unbidden in his mind: "Visions of the girl—Brigit—came to me unbidden: angelic beauty, innocence befouled, and cruelly contorted in agony" (Oates, 2024, p. 75). Here, what Weir is doing is not medical observation but an aestheticized, even eroticized, gaze. The word "unbidden" casts his own gaze as something he passively suffers, as if he were merely the recipient of this vision rather than its author, which is a narrative sleight of hand that lets him off the hook. The juxtaposition of "angelic beauty" and "innocence befouled" turns her into an object of veneration, an icon to be gazed upon, whose "innocence" only acquires aesthetic value because it has been "befouled." Here, suffering is not an injury to be stopped, but a compositional element that heightens the drama of the picture, a spectacle to be gazed upon and savored. This is why he can, on the one hand, record the details of her struggling in such careful detail, and on the other, refuse without hesitation to relieve her pain: "He genuinely 'sees' the pain; it is simply that this seeing is never incorporated into the chain of moral reasoning that would demand mercy. He never conceals this. He simply cannot see it. This is inconscience."

Weir consistently believes that "the interior of the vagina is known to be insensitive to sensation, like the birth canal. There are no nerve endings in these organs" (Oates, 2024, p. 155). This misogynistic pseudo-science is disproved on the spot, on Brigit's own operating table. Although Brigit was mute at the time, the sheer intensity of the agony forces a scream from her on Weir's operating table. Yet, despite this visceral disruption of her trauma-induced silence, Weir's conviction remains unshaken: "He simply scolds her for writhing (in fact, trembling in agony), lest it interfere with the operation." Even faced with a patient upon whom he lavishes extra attention, even fascination, this inconscience does not loosen at all, let alone toward the other patients who are, to him, nothing more than experimental material ("...for the patient is but the material upon which the physician-surgeon labors") (Oates, 2024, p. 162).

The second reason Weir withholds anesthesia from lower-class women is his view that using it on them would be "a waste of resources" and "too costly to waste on the doomed" (Oates, 2024, p. 269). Unlike the first

reason, this is a purely economic judgment, and it stands in direct contrast to the careful, attentive treatment Weir gives his wealthy private clients. The surgical techniques Weir practices and perfects on poor patients and asylum servants are ultimately used, in his private practice, to treat wealthy clients at high fees: "That I might hone my surgical skills, it was necessary for me to experiment with laboratory subjects" (Oates, 2024, p. 229). Foucault's (1976) argument about how, within the hospital system, "benevolence towards the poor" is converted into "knowledge applicable to the rich" is a theoretical condensation of exactly this structure: "What is benevolence towards the poor is transformed into knowledge that is applicable to the rich... Helping ended up by paying, thanks to the virtues of the clinical gaze" (pp. 84-85).

Ironically, these two reasons are not even compatible with one another, yet they coexist without friction in Weir's logic. If these women were truly insensitive to pain, then withholding anesthesia from them would be irrelevant to the question of waste, since anesthesia would already be superfluous. But the claim that anesthesia is a waste of resources tacitly concedes that anesthesia could and should relieve their pain, yet it is judged not worth spending on them.

These two forms of exploitation depend on each other: on the question of anesthesia, their pain is judged as not worth treating, because treating it is of no benefit. Yet, on the question of accumulating knowledge and technique, it is this repeated and untreated pain that enables Weir's skill and reputation to grow. Their bodies are sustained within the asylum, because they are useful, yet stripped of any claim to decent treatment, because their pain does not matter. The first serves to absolve responsibility and the second serves to accumulate capital. The one thing sacrificed and the one thing consistently left out of account is the body itself. It is never treated as an object deserving compassion, nor ever truly treated as a person, but only as a resource to be consumed, refined, and resold.

These two layers of differential recognition ultimately point to the same conclusion: the criterion is not the true state of the body or the pain, but the position the sufferer occupies within the structure of power, and whether her body can generate value for whoever holds that power. The symptom checklist disguises social discipline as medical fact; the decision over anesthesia disguises class prejudice as physiological judgment; and the production of knowledge and profit disguises exploitation as medical progress. All three are the same discursive mechanism repeating itself across the stages of diagnosis, treatment, and accumulation. From the moment it is inflicted, bodily pain passes through an ideological filter: "Whether it is acknowledged, alleviated, or commodified is not an objective medical question, but an assertion of institutional power."

The Reclamation of Narrative

Having established how medical discourse suppresses female subjectivity through diagnostic naming and the selective erasure of pain, this essay turns to the possibility of narrative reclamation: "Can institutionalized women recover their status as narrating subjects under conditions of absolute subjugation?" In "*The Laugh of the Medusa*," a foundational feminist essay urging women to write their own embodied experiences, Hélène Cixous (1976) argues that writing the body allows women to claim their place in history. In the novel, this proposition is realized through Brigit's memoir, which, despite being framed and interpolated into Weir's biography, asserts her bodily reality against his patriarchal record. Her reclamation does not happen all at once but unfolds as a layered, progressive process: from relearning how to raise her own voice, to rewriting the self that others had written, to finally arriving at a verdict of her own on that history, in a posture of complete self-possession.

Brigit's "voice" undergoes a complicated process of recovery, and this process of recovery is the starting point of her capacity to write. She is not deaf and mute from birth; her deafness and muteness begin as a trauma response after her mother's death: "Since my mother died, hearing had faded... And when I tried to speak, my throat shut up tight" (Oates, 2024, p. 281). This condition begins to loosen after she becomes friends with Jonathan. Jonathan had originally been sent by the elder Weir to administer a whipping to Brigit. But being of a gentler disposition, he could not bring himself to do it, and it is through this incident that Brigit first comes to know her master's eldest son, from which feelings between them gradually grow. Brigit recounts: "He would teach me to speak (again). Already, I could hear (again)—his words" (Oates, 2024, p. 280). The repeated word "(again)" in parentheses reminds us that what she regains is not a wholly new ability but one recovered after loss. She further writes that this recovery is gradual and requires overcoming fear: "I could feel, hearing would not be injurious to me, hearing would not be terrifying to me, I could accept hearing again" (Oates, 2024, p. 281). Phrases like "Would not injure me" and "Would not be terrifying to me" show that, for her, sound had once been equated with danger, and that reclaiming sound was an act of self-repair requiring courage, even though, at this stage, this repair still depends on Jonathan's healing.

From relearning how to listen, to relearning how to speak, to finally learning how to read and write, Brigit's path of recovery unfolds as a kind of stepwise accumulation: The recovery of each ability lays the foundation on which the next can be built, and writing is the furthest, and most complete, point this path can reach. For only through writing can she not merely "make a sound," but fix that sound in place, so that it can be read again and again, taken seriously, and regarded as a text carrying the same weight as Weir's own autobiography. It is for this reason that the act of writing Brigit later completes in her memoir carries such extraordinary weight: "It represents a voice that is independent, reclaimed in the first person, on her own terms. Without needing anyone else's 'cure,' she wins back, on her own, the capacity for expression after passing through the years of her own muteness, and she transforms this voice into an enduring textual artifact capable of entering the historical archive and challenging patriarchal records."

Brigit's reclamation of narrative is most clearly visible in the contrast between her account of her own labor and Weir's account of the same event. As discussed above, Weir's record often places its emphasis on describing Brigit's beautiful appearance and angelic bearing, while her actual suffering seems, by comparison, to matter far less. He casts Brigit as an object of his own aestheticized gaze, calling her "my Ophelia." This kind of gazing description sits side by side, in the same journal, with clinical, procedural writing, producing a peculiar double register: "One medical and ostensibly objective, the other aestheticized, even eroticized." But both registers share the same blind spot: regardless of which register he is writing in, the grammatical subject of the sentence, the site where feeling comes to rest, the place where meaning belongs, is always Weir's own perception and desire, while Brigit's own fear, feeling, and longing are nowhere to be found.

Brigit's own writing accomplishes its reversal at the most basic grammatical level. In her account, the narrative's core is her own fear, her own pain, and her feelings about the child soon to be taken from her. "There is no way for me to scream how my baby was pulled from me, pulled from my body howling in pain... cried for my baby to be returned to me..." (Oates, 2024, p. 258). This is a wholesale reversal of narrative subject and object: In Weir's text, "she" is the object being watched, measured, and aestheticized; in her own text, "I" becomes, once again, the subject who feels, fears, loves, and decides. Two texts, the same event, yet two utterly different grammatical universes: Who occupies the subject position, and whose experience is granted the syntactic center of the sentence, is a distribution of power. This reclamation is not confined to the scene of her labor; it continues

through her account of her entire experience in the asylum: Wherever Weir dresses up a scene with unreliable narration, Brigit retells it in her own way, rewriting, point by point, a record that belongs to her.

Crucially, Brigit's memoir is ultimately incorporated into the biography of Weir edited by Jonathan, who made the decision of publishing this book to give "a fair representation of the life and career" of his father, bound together in the same volume as the elder Weir's own journal. This fact of inclusion means that the very man who once decided whether she could be diagnosed, whether she could be treated, and even, at one point, whether she could speak or read, has now, in turn, become an object she writes about and redefines. Once, Brigit needed even the right to read and speak to be granted to her. Now, she possesses not only the ability to write, but the ability to write "him." The Weir who appears in her pages is no longer the absolute authority who signs diagnoses and holds power over life and death, but a character framed and judged by her own narration. This is a thoroughgoing reversal of position: The one once defined has become the one who defines; the person once forbidden to read or write now has her words placed alongside the words of the very man who once confined her. And her words, in turn, frame how his will be read by future generations.

After escaping the asylum, Brigit becomes more self-possessed than ever before. The novel describes her: "... now a straight-backed young woman with uplifted head, determined to stand her own ground" (Oates, 2024, p. 329). This description marks the completion of her journey toward reclaiming narrative. She is not the object once watched and described by others; she is a woman who stands on her own two feet. This self-possession is also evident in the way she renames the past: When Jonathan, years later, declares his feelings to her, she responds that she does not "believe" he was serious, that it was merely pity. Rather than directly denying that feeling ever existed, she renames its nature, redefining "love" as "pity." She is no longer the one who is named and defined, no longer the helpless girl too afraid to speak. Instead, she has gained the power to rename the feelings and intentions of others.

This escape, and the self-possession it makes visible, does not happen in a vacuum: "It is only made possible by the uprising that precedes it, an uprising that shatters the structure of power within the asylum and does bring genuine new life to some of the women." Brigit and another hired servant, Gretel, later find refuge in Philadelphia and begin lives of their own. Brigit herself describes this rebirth in her memoir: "One of us, spared by a miracle. Of so few of us, granted life, & the privilege of reading & writing, to bear witness for all" (Oates, 2024, p. 292). Here, she calls reading and writing a "privilege," and calls her own ability to "bear witness" for everyone a "miracle." This choice of words is the precise summation of her entire journey toward reclaiming narrative: "from a girl stripped even of hearing and speech, to a writer and witness capable of writing independently, of passing judgment on her own history, and even of writing about and evaluating the very man who once confined her." Ultimately, Brigit attains what medical institutions sought to deny her: the sovereign capacity to bear witness and write her own history.

Conclusion

Taking illness writing as its critical lens, this essay has illuminated the interlocking mechanisms of medical power in *Butcher* across three primary axes: (a) the diagnostic manufacturing of pathology, (b) the differential erasure of bodily pain, and (c) the fraught reclamation of narrative. These three analytical strands collectively demonstrate that the mechanism of power depicted in *Butcher* operates as a self-reinforcing institutional matrix. Weir's own eventual illness and death, together with the fact that Brigit's memoir is ultimately absorbed into his own narrative, more fully unveil the cruelty of his character, suggesting that this system is not entirely closed. It

can delay, distort, and co-opt almost every act of resistance, yet it can never fully monopolize how memory itself is passed down. Reclamation is never a victory completed once and for all, but a costly struggle that must be taken up again and again. Through fictionalizing this brutal chapter of medical history and its oppression of women, Oates (2024) portrays those who were abused, abandoned, and neglected, and in doing so gives voice to history's "voiceless." As the novel's own dedication states: "For all the Brigits—the unnamed as well as the named, the muted as well as those whose voices were heard, the forgotten as well as those enshrined in history."

References

Booth, W. C. (1961). *The rhetoric of fiction*. University of Chicago Press.

Cixous, H. (1976). The laugh of the Medusa (K. Cohen & P. Cohen, Trans.). *Signs, 1*(4), 875-893. https://doi.org/10.1086/493306

Foucault, M. (1976). *The birth of the clinic: An archaeology of medical perception* (A. M. Sheridan Smith, Trans.). Vintage Books.

Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.

Li, F. (2022). Materiality and embodiment: Ecosickness in Solar Storms. *Contemporary Foreign Literature, 43*(2), 19-25. https://doi.org/10.16077/j.cnki.issn1001-1757.2022.02.010. (in Chinese)

Liao, P. (2025). Vietnam Veterans' agent orange-related illness and disability narratives: The pursuit of solidarity, justice, and truth. *Concentric: Literary and Cultural Studies*; *Taichung, 51*(1).

Mu, Y. H. (2026). A study of disease narratives in Alice Munro's fiction from the perspective of new materialism. *Journal of Social Science of Hunan Normal University, 55*(1), 84-91. https://doi.org/10.19503/j.cnki.1000-2529.2026.01.011. (in Chinese)

Oates, J. C. (2024). *Butcher*. Alfred A. Knopf.

Showalter, E. (1985). *The female malady: Women, madness, and English culture* (pp. 1830-1980). Pantheon Books.

Sontag, S. (1978). *Illness as metaphor*. Farrar, Straus and Giroux.

Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson and L. Grossberg (Eds.), *Marxism and the interpretation of culture* (pp. 271-313). Macmillan Education.

Vickers, N. (2019). Illness and femininity in Hilary Mantel's *Giving Up the Ghost* (2003). *Textual Practice, 33*(6), 917-939. https://doi.org/10.1080/0950236X.2017.1371221

Xu, Q., & Li, B. (2025). Towards a trans-ethnic representation of survival: Illness and medical writing in *The Rag Doll Plagues*, *Kritika Kultura* (Vol. 48, Article 7). https://doi.org/10.13185/1656-152X.2203