

IDEAL IRISH WOMANHOOD CONTESTED IN MARTINA DEVLIN'S SHORT STORY "ALICE THROUGH THE BATHROOM MIRROR"

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Abstract: Throughout the nineteenth and twentieth centuries, the Irish Catholic Church adopted and spread a gendered moral discourse to educate women in chastity, purity and passivity. In the twenty-first century, this religious discourse has been maintained and reinforced with the medicalisation of women's bodies and the pressure put on female subjects to become mothers. Following feminist and resilience studies, we will analyse Martina Devlin's short story "Alice through the Bathroom Mirror" (2003) to see how the female body is objectified, dehumanised and pathologised by men, and how gender expectations can be challenged by resisting subordination and objectification.

Keywords: medicalisation, body, catholic discourse, vulnerability, resilience.

Resumen: Durante los siglos diecinueve y veinte, la Iglesia Católica en Irlanda adoptó y promovió un discurso moral de género con el cual se educaba a la mujer en la castidad, pureza y pasividad. En el siglo veintiuno, este discurso religioso se ha mantenido y reforzado con la medicalización del cuerpo de la mujer y la presión impuesta de convertirse en madres. Siguiendo estudios feministas y de resiliencia analizaremos el relato corto de Martina Devlin "Alice through the Bathroom Mirror" (2003) para ver cómo el cuerpo de la mujer es representado como un objeto, deshumanizado y tratado como patológico, y cómo las expectativas acordes al género pueden ser desafiadas al resistir la subordinación y la objetivación.

Palabras clave: medicalización, cuerpo, discurso católico, vulnerabilidad, resiliencia.

1 INTRODUCTION

Since the establishment of the Free State, the Irish government and the Church became the maximum authority concerning education and health. Once the Catholic Church got control of the education system and became the moral guardian of Irish society, national identity and motherhood were linked. The image of the virtuous Catholic woman was used by the Irish as a representation of their identity to distance them from the English (McCormick 2009: 79). The morality of citizens, especially that of women, was the main preoccupation; sexual behaviour was throughout the nineteenth and twentieth centuries regulated imposing constraints on women's role and place in society. The Medical Act of 1858, The Contagious Diseases Acts of 1864, 1866 and 1869 (Mort 2000: 52-58; Fisher 1997: x; Luddy 2007: 152), The 1914, 1917 and 1935 Criminal Law Amendment Acts (Luddy 2007: 174-178, 237), The Carrigan Report (1933), The Criminal Law Amendment Act (1935), and the 1928 Report of the Commission of the Relief of the Sick and Destitute Poor (Luddy 2011: 113), were some of the laws, passed by the state and supported by the Church, which regulated women's sexuality and morality in Ireland.

As a constitutional right, the family was recognised as the main institution associated with social and national stability (Wills 2001: 38). Within it, women occupied an important place overseeing the education of children and taking care of the house (Article 41):

2. 1° In particular, the State recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved.
2. 2° The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.
3. 1° The State pledges itself to guard with special care the institution of Marriage, on which the Family is founded, and to protect it against attack. (The Stationery Office 2015).

A legacy of the Victorian period, Ireland imposed the concepts of the “double spheres” and the “double standards of morality”. As Maria Luddy states in her work the prevailing ideology of women's role and place in society was that of the good wife and the exemplary mother: “The perfect wife/mother was gentle, kind, patient, moral and spiritual. She tended to her duties within the domestic sphere while her husband, or the male members of her family, went forth into the harsh world of commerce and politics, the public world of work and money” (Luddy 1995: 3). Following the double standards of morality, women's nature was to be kind, pure, chaste, humble and passive. And following the double spheres theory, women, unlike men who occupied the public sphere, were secluded at home dedicated to their families (Luddy 1995: 3). In Western philosophy and Christianity sexual difference has always been reinforced by the dualities nature vs. culture and body vs. mind by which men represent reason and women are associated to nature and matter (Butler 2011: 6-7). Western Christian tradition has always represented the female as sexual temptress—manipulative and provocative beings when using their bodies—so shame has always been inculcated in them (Bordo 2003: 7-8). But women have also been considered vulnerable and prone

to fall; hence moral restrictions and corporeal constraints have been justified from the religious perspective.

The arrival of modernisation in the twentieth century brought a religious and a social crisis altering the family pattern and practices in Ireland. Yet the figure of the mother as a moral preacher educated in the Catholic doctrine of self-denial and purity did not change much (Inglis 1998: 243-259). Female identity, role and place in society were determined by their sex and by gender norms. As Luddy shows in her work, this conservative mentality has always been present in Catholic Ireland hindering the advancement of women in a society where they suffered marginalisation, discrimination and displacement, especially in education, work and politics (1995: 89-92, 157-161, 239-244). Despite the attempts made by the Catholic Church to maintain its hegemony in Ireland, a substantial decrease in religiosity characterised the last decades of the twentieth century given the new social and economic order governing Ireland, when a process of secularisation became more prevalent and Ireland adopted a more inclusive attitude concerning women's place in society.

It was due to industrialisation and public pressure that most social changes were achieved, especially during the 1960s. With the increase of women's action in politics, especially in the last decades of the twentieth century, issues such as abortion, sex, women's role in society, marriage and abuse became part of the public policy in all Europe. In the case of Ireland, women started to form organisations intended to challenge the Constitution of 1937 concerning the power of the Church in determining women's place and role in society (Breitenbach and Thane 2011: 6). During these decades, the role of feminists and women in politics granted several amendments to the Constitution, namely, the fifth amendment in 1972 restraining the power of the Church in the State and favouring religious pluralism (Article 44), the eighth amendment in 1983 guaranteeing the right of the unborn, the thirteenth and fourteenth amendments in 1992 granting the freedom to travel or obtain information about abortion, and the fifteenth amendment in 1995 allowing the dissolution of marriage under certain circumstances (The Stationery Office 2015). These improvements were also granted by the UN's 1985 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The social and economic transformation of Ireland during the Celtic Tiger period contributed to the improvement of women's conditions and their increasing appearance in public spaces.

A more liberal attitude was adopted at the end of the twentieth century, but despite the advancement, the twenty-first century does not distance much from that conservative mentality which considered women mainly as breeders and housekeepers. Discrimination against women persists in our contemporary society at all levels. In the case of Ireland, the Constitution, even today, restricts women's role and place in society referring to their crucial role at home (The Stationery Office 2015: Article 41). This stereotypical and discriminatory language has triggered uneasiness among women who are actively calling for a Referendum to eliminate references to women's role and place in society in the constitution (Ward: 2010). Yet, there seems to be a long path until we can get rid of the vestiges of the past.

This religious discourse, we argue, has successfully functioned along with a medico-moral one supporting a repressive discipline directed to women. From its part, the medical discourse present in Ireland since the nineteenth century has been a coercive one aiming at controlling women's sexual practices (Mort 2000: 24). Generally speaking, the

medicalisation of women's bodies is an ancient practice which renders the subject vulnerable and disposable, treated as a mere object. In the nineteenth century, with the birth of the hospital, the medicalisation of the female body was widespread, especially in childbirth. Surgery techniques replaced old natural methods that posed dangers to the mother and her baby (Gorey 2012). Hilary Marland and Anne Marie Rafferty raise consciousness about a medicalised culture that exists in Western society (1997: 28, 37); by this medicalisation, sexual difference is reinforced and a power relation between the female patient and the male doctor is established by which the female body is degraded. As these scholars claim, with the medical advancements in the twentieth and twenty-first centuries concerning assisted reproduction, childbirth has become more and more a dehumanising process and a violent act against women's vulnerable bodies.

Yet, this vulnerability imposed by sexual difference and the medicalisation of women's bodies is not natural but politically imposed, as Judith Butler, Zeynep Gambetti, and Leticia Sabsay (2016: 5) claim. For these scholars, vulnerability is a condition of resistance; the power others exert on us render us vulnerable, but we can resist it adopting different resistant techniques to grow resilient against adversity. In the case of Ireland, women have always grown resistant to gender norms which have restricted their role in society. Thanks to the arduous labour of feminist movements from the 1960s onwards. The renegotiation of the social and political boundaries women was subjected to allowed them to have a more inclusive role in society with the establishment of a Trade Union, and the gradual introduction of women in politics (Ferriter 569). With the increase of women's action in politics, especially in the last decades of the twentieth century, issues such as abortion, sex, women's role in society, marriage, and abuse became part of the public policy in all Europe. In the case of Ireland, women started to form organisations which dared to challenge the Constitution of 1937, especially the power of the Church in determining women's place and role in society (Breitenbach and Thane 6). Nowadays, women are still fighting to achieve a total inclusion in society and, as I said before, eliminate the references to women's role and place in society in the constitution (Ward: 2010).

Martina Devlin's short story "Alice through the Bathroom Mirror", commissioned for the 2003 Belfast Festival by BBC Radio 4, explores such issues in contemporary Ireland, where the discrimination and precarisation of women are still present. Martina Devlin is a bestselling author and award-winning journalist with an extensive range of novels and short stories. Her concern and publications about Irish women challenging gender norms make her an icon of the Irish twenty-first century novel, together with other writers like Edna O'Brien, Julia O'Faolain or Ann Enright, who employed the novel as a tool to fight for women's rights. Although her works have not received critical attention until now, her fiction raises consciousness about the current situation of women in Ireland and the corporeality of the female body.

In this article we will analyse, on the one hand, how in Devlin's short story the female body is objectified, dehumanised and pathologised—for this part we will follow feminist theories of the body; and on the other hand, how Devlin contests gender expectations by presenting a female character that challenges vulnerability and subordination through embodied resistance and different resilience practices. Then, in order to analyse these aspects, we will make use of Michael Ungar's, Jeroen Warner's, and Sarah Bracke's resilience theory.

2 MOTHERHOOD AND THE MEDICALISATION OF WOMEN'S BODIES

Throughout the nineteenth and twentieth centuries, the Irish Catholic Church adopted and spread a gendered moral discourse in an attempt to educate women in chastity, purity and passivity as the requirement for a good wife and mother; a discourse which is still in use in the vast part of the country since Catholic ideals continue to be taught nowadays. The female body has always been constructed and constrained by gender norms which impose what femininity is. The materiality of the body is an effect of discourse and heteronormative power, as Judith Butler says; our physical attributes are natural, but they gain meaning by the cultural system (Butler 2006a: 155). Female subjectivity, especially in Catholic countries like Ireland, has always been based on the female sexual attributes that determine her reproductive function and her identity: "The very attribution of femininity to female bodies as if it were a natural or necessary property takes place within a normative framework in which the assignment of femininity to femaleness is one mechanism for the production of gender itself" (Butler 2004: 10). Hence, those who contest those norms are liable to be considered less human and therefore rejected (Butler 2006b: 34).

Alice did not meet these requirements mentioned above as she was diagnosed infertile. After that, she immediately became medicalised and considered an "out of the norm", bodily flawed woman:

What was the medical term again? 'Banjaxed.' Alice tested the word on her lips. 'They told me my fallopian tubes were well and truly banjaxed.' This was frustrating considering she'd housed them in comfort for thirty-two years somewhere south of her stomach. Finally invited to earn their keep, they revealed their mutation into a malfunctioning body part. 'A cul-de-sac for sperm,' she complained. (Devlin 2003).

Her disability to have children affects her identity and sense of self according to social norms. For Martina Devlin, infertility seems to be a recurrent motif governing her works; in her autobiography *The Hollow Heart* (2005) we learn she is infertile. This autobiography delves into the physical and psychological havoc this medical problem caused to the sufferer and the trauma it left, but this short story presents a different perspective. Told mostly in the third person, "Alice through the Bathroom Mirror" shows how the protagonist's husband does not accept her wife's condition and urges her to become a mother at any cost resorting to assisted reproduction techniques.

... He was profoundly unwilling to accept Alice's inability to give birth. 'Other men can adopt—no, not children—a healthy self-absorption,' said Alice. 'They channel their spare cash into three holidays a year and state-of-the-art sound systems. Not Leo, he insists we spend our disposable income on fertility treatment. In-vitro fertilisation. Leo's besotted with IVF—I'm starting to suspect it's partly because it replaces foreplay with a general anaesthetic.' (Devlin 2003).

As this quotation shows, Alice's body and her fertility became a commodity for her male counterpart. In turn, her body became objectified once more. Following Butler's and Susan Bordo's theories about the body, a gendered subject is socially constructed under power relations; as political bodies, we are all embedded in power relations, dependent

on others and at the same time vulnerable to others' power and violence: "... through the organisation and regulation of the time, space, and movements of our daily lives, our bodies are trained, shaped, and impressed with the stamp of prevailing historical forms of selfhood desire, masculinity, femininity" (Bordo 2003: 165-166);

The body implies mortality, vulnerability, agency: the skin and the flesh expose us to the gaze of others, but also to touch, and to violence, and bodies put us at risk of becoming the agency and instrument of all these as well. Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite our own. The body has its inevitably public dimension. Constituted as a social phenomenon in the public sphere, my body is and is not mine. Given over from the start to the world of others; it bears their imprint, it formed within the crucible of social life ... (Butler 2006b: 26).

Alice's lack of control over her own body can be explained by that exposure to the public Butler talks about. In this short story, Alice's body is controlled by her husband and the doctor, who make her undergo this medical treatment. Engaged in a power relationship with her husband, Alice is deprived of the control over her reproductive life and motherhood is imposed on her. After the IVF treatment was unsuccessful, Alice proposes adoption, but Leo rejects it. Alice tries to discourage him in his desire to make her undergo the treatment again and, as a result, he abandons her.

What we can see beneath is the objectification and subordination of women to male wishes in a patriarchal society which imposes constraints on women's bodies. Looking at her bathroom glass Alice reflects upon her husband's attitude, equating him to a conqueror: "He needs my womb, you see," Alice explained to the other Alice." (Devlin 2003);

Alice had puzzled over it, concluding her husband was under attack from a virus of his own. 'It's a combination of testosterone and territorialism,' she theorised to her reflection in the bathroom looking glass. Alice conducted numerous conversations with her image these days—not just in the bathroom but in the hall mirror and the dressing table triptych too. It was becoming a necessary outlet for communication as contact with Leo dwindled. (Devlin 2003).

Leo does not only want to be a father motivated by a paternal desire; he also needs to reassure his masculinity, as we can appreciate in the narrators' words: "In Leo's mind, the only way to erase Sam's influence on their lives was to reverse the infertility caused by him. Alice's husband, being of the male persuasion, believed everything was fixable. Particularly if modern medicine waded in" (Devlin 2003).

In the twenty-first century, the religious discourse that considers women natural breeders has been maintained and reinforced with the medicalisation of women's bodies and the pressure put on them to become mothers. Bordo claims that "some of the most resilient inequalities in our legal and social treatment of women lie in the domain of reproductive control" (2003: 71). Women are deprived of their agency, rights and their status as embodied subjects once their bodies are medicalised (Bordo 2003: 86-87). We can see how Alice undergoes a process of dehumanisation when she is deprived of her freedom, her right, her agency and her voice by being considered a mere body: "She'd done it once for him,

she felt she owed him that much—but there would be no repeat performance. IVF exacted too steep a price. It had borrowed her soul and had forgotten to repay it” (Devlin 2003);

Submission was precisely how it appeared to Alice. Once the medics laid their hands on her, scanned her with their instruments, plumbed the depths of her inadequacy with their microscopic cameras, she felt dehumanised. She had the sensation of being caught in a pincer movement. Trapped between the biological imperative of their baby hunger and the bells and whistles of science, which regarded her as matter. Not as a woman. ‘Women have emotions, they interfere with the smooth running of medical procedures,’ Alice had explained, borderline tearful, to a doctor. His eyes had skittered off hers. (Devlin 2003).

Alice’s medicalisation damages the protagonist not only physically but also psychologically, as we can see in the previous quotations. The IVF treatment caused a great sense of humiliation to her and Leo’s lack of empathy aggravates that feeling: “He didn’t know the meaning of humiliation. ‘Nobody expected him to expose his privates to a pair of strangers directing insemination” (Devlin 2003). Leo’s lack of empathy towards Alice when she refuses to undergo the treatment again is clear through his words:

‘We must try again, Alice,’ Leo remonstrated now. He was wearing his pinstriped suit, the one that made him resemble the actuary he was. ‘The clinic recommended three sessions. You can’t back off so soon, it’s cowardly.’ ‘No, it’s not, it’s a mental health essential.’ ‘Drama queen.’ ‘You take a turn then.’ She was provoked and correspondingly irrational. ‘Let’s see how your body enjoys being poked and prodded and made to feel like damaged goods.’ He changed tack and moved behind to knead her shoulders. ‘Be reasonable, love, it will all be worth it when we have our baby.’ ‘Science can have my kidneys when I’m dead, until then I want to be left alone.’ (Devlin 2003).

According to some ecofeminists like Maria Mies—whose main premise is the defence of a connection between the domination of nature and the domination of women, and the necessity of dismantling and rejecting this oppression caused by patriarchy (Gaard 1993: 1-2; Birkeland 1993: 26; Kheel 1993: 260)—reproductive technology attacks the integrity of both men and women alienating them from their bodies and souls (Mies, 1993a: 139). One of the main concerns of ecofeminists has been the regulation of women’s reproduction. To achieve that, they have actively fought against intrusive techniques used against the female body. As we can see in Devlin’s short story, this medical intervention destroys all intimate relations Alice and Leo had, transforming the loving act into a cold and artificial process: “Alice didn’t share Leo’s overwhelming compulsion to reproduce. She wasn’t averse to the idea, far from it—but she would have preferred it to be accomplished in the aftermath of a bottle of Sancerre and crab cakes in her favourite restaurant, in the more traditional fashion” (Devlin 2003). With the arrival of reproductive technology, the female body became an “area of investment” for scientists. Legitimised on humanitarian grounds, Devlin shows in her short story that these technologies destroy the integrity and dignity of women who become objects of knowledge:

Sexist biases permeate the new reproductive technologies and genetic engineering at all levels. In general, they imply that motherhood, the capacity of women to bring forth children, is transformed

from a creative process, in which woman co-operated with her body as an active human being, to an industrial production process. In this process, not only is the symbiosis of mother and child disrupted, but the whole process is rationalized, objectified, planned and controlled by medical experts. More than ever before the woman is objectified and made passive. Under patriarchy she has always been an object for male subjects, but in the new reproductive technologies she is no longer one whole object but a series of objects which can be isolated, examined, recombined, sold, hired, or simply thrown away ... This means that the integrity of the woman as a human person, an individual, as an integral indivisible being is destroyed ... (Mies 1993b: 186).

The IVF treatment reinforces sexual difference since it is Alice who must go through a long and painful process while Leo has just to handle a sperm donation:

Leo thought it defeatist to call a halt after one IVF attempt. Then again, all he'd been required to do was hand over a small but vital donation. He'd moaned about that, aghast at being dispatched to the Gents to oblige. 'There were no facilities,' he'd fretted. 'I had to do it in a cubicle.' 'Next time we'll ask the clinic to supply a geisha girl and some mood music,' Alice had spluttered, but he'd been preoccupied, nursing his sense of humiliation. (Devlin 2003).

As this short story shows, the female body becomes a site of abuse for its male counterparts—partners and doctors—who treat Devlin as a mere reproductive object without considering her feelings. As we have seen in this part, the pressure women stand to become mothers and the intrusive treatments they undergo contribute to the dehumanisation, objectification and pathologisation of the female body. Considered a mere container of life, necessary recipient to bring up a child, the integrity and humaneness of Alice is denied.

3 GROWING RESILIENT AGAINST GENDER EXPECTATIONS

Butler, Zeynep Gambetti, and Leticia Sabsay (2016) claim that vulnerability is politically distributed; some groups adopt a logic of disavowal, claiming themselves invulnerable and placing that condition on other groups. Following this reasoning, phallogocentric societies have always adopted a discourse of sexual difference by which women are the ones labelled as vulnerable and in need of help. According to these scholars, vulnerability is a condition of resistance; we are exposed to power and vulnerability, but that exposure does not deny our resistance. On the contrary, vulnerability is a general condition of any human being which can be resisted (Butler et al. 2016: 1-2). To reduce that vulnerability, the concept of "resilience" has been adopted by scholars. Resilience is defined as the ability to adapt well in the face of adversity, trauma or threat using external and internal resources available (The American Psychological Association 2017). In the book *Social Ecology of Resilience*, Ungar and other contributors offer an ecological understanding of resilience, that is, the interaction between the individual and the environment (family, community and government) and the resources it offers to their personal growth (13). Uppett Yates and Katherine Pasteur also pinpoint the importance of the context—family, community, government—in the process of reducing vulnerability and of increasing resilience (Yates et al. 2015: 776; Pasteur 2011: 7). Although most of the literature on resilience tackles vulnerable sectors of society exposed to natural risks and socio-economic changes, in social resilience the focus had

been on children who grow up in conflict-ridden settings. More and more, a wider scope has been adopted including women and marginalised sectors of society on the grounds of race, class, gender and ethnicity. Recently, resilience has been rethought in connection to vulnerability and resistance in our present society, attacked by terrorism or war (Miller et al. 2010; Georg et al. 2011). According to Butler, resistance appears out of the necessity to reduce that vulnerability imposed on us (Butler et al. 2016: 15). We resist power through different performative acts that challenge the norm (Butler et al. 2016: 18). In this article, we take the concepts of resilience and resistance together to show how the protagonist of Devlin's short story reacts and overcomes her medical condition and to challenge the male power which subjugates her.

Devlin contests here the widely spread idea of women's innate vulnerability by presenting a female character who resists vulnerability; a powerful and thoughtful woman who, contrary to Leo, accepts her condition and carries on:

Technically Sam was to blame for Alice's childless situation. A charming but sporadically unfaithful partner, he had been the source of the infection. It could have been no-one else because there had been no other boyfriends. Alice, however, didn't hold anyone accountable—she pointed the finger at natural selection, which had deselected her. It was painful, if she allowed herself to dwell on it; the great geneticist in the sky judging her DNA unsuitable for replication. But she was a realist: what can't be cured must be endured, as her Granny used to say. Folk wisdom was inherently pragmatic. 'Also inherently irritating,' noted Alice. (Devlin 2003).

To overcome the trauma her infertility may cause to her, she uses some survival techniques that make her more resilient. Yates et al. and Pasteur claim that offering resilience resources to the victim is a way of empowering him/her, but in the case of Alice that empowering is achieved by herself being agentic and resisting those who damaged her (Yates 2015: 776; Pasteur 2011: 7). One of those techniques of resilience we can appreciate throughout the story is humour. By making a parody of her condition and of the medical terms used to refer to her, Alice tries to reduce the burden of the trauma. Moreover, the parody she makes of her husband's attitude and his desire to be a father makes the reader laugh at the same time she alleviates her internal distress: "My husband. Who's so in touch with his inner woman, he's developed a biological clock. A clamouring one.' It was an image which always reminded her of the ticking crocodile in Peter Pan" (Devlin 2003).

Medicine can be considered a resilience resource since it helps patients to overcome illnesses, but, as we have seen, it has produced more damage to the protagonist than help. Moreover, her husband does not seem to contribute to the improvement of her state due to his selfish attitude. The alternative for her is, as she does, to draw on her internal strength to reduce her vulnerability and achieve her aim, or rather her husband's aim, of having a child. As the narrator tells us, she would like to be a mother, but she does not let the illness overwhelm her. She is always looking on the bright side of her condition: "Being able to afford three holidays a year was some compensation, and she liked having a spare room. Infants colonised spare rooms, re-designating them as nurseries. There were advantages to the motherless condition, if you searched long enough" (Devlin 2003);

She liked babies, with their scrunched-up monkey faces and starfish hands, and sometimes she felt a twinge that she didn't have one of her own. Alice was adept at distracting herself when those urges intruded, before the ruffle of loss consumed her. The survival instinct had taught her to do it. (Devlin 2003).

This resilient attitude she adopts gives her the strength to fight back against the social pressure of becoming a mother.

Devlin contests gender expectations by presenting a female character that subtly resists subordination and objectification. Devlin here links resistance and resilience towards overcoming her infertility problem; it is this resilient-resistant attitude that leads her to cheat on Leo to achieve her goal. At the end of the short story, it is implied that the son is not Leo's but Sam's. The week Leo abandons her she visits Sam. Nothing is said explicitly in the story but before the meeting, she says to herself: "The end justifies the means" (Devlin 2003). During the conversation, she asked Sam for a favour which may imply she had asked him for his sperm, and she had brought the sample to the clinic: "Any idea why you can't have children?" 'It's down to Leo,' she lied. 'But there is a way to bypass it—you can help me, if you're willing'" (Devlin 2003). This hypothesis is reinforced by the conversation Leo and Alice have after she delivers the baby:

... 'Why were you more at ease during the second IVF treatment? Was it because you knew the drill?' Beguiled by domesticity, she became unguarded. Just a fraction. Her eyes glinted with suppressed triumph. 'I think it was because you didn't have to go into the clinic to supply your contribution to the proceedings. I was allowed to bring it into the laboratory for you, in a container they supplied. Sperm can live for a little while outside the body, after all. It was more... convenient my way.' 'I'd forgotten about that,' he frowned. 'You're right, it was infinitely more convenient than having to do your business in a toilet. So demeaning. I'm glad you thought of it, love.' (Devlin 2003).

Finally, the detail of the baby's black hair reminds us of the description she had given of Sam, who resembles the child. Moreover, her final words make clear she has not been sincere with Leo: "A smile tweaked at Alice's lips as she tangled her fingers in the murmur-soft tendrils of her baby's black curls. Through the window, where the curtains lay open, she glimpsed the constellations of the night sky. Her reflection wavered against the darkened glass. 'Not as glad as me,' she mouthed at the other Alice" (Devlin 2003). The irony here is that she got pregnant immediately, which suggests that Leo was the infertile one and not she. Furthermore, Leo became the father of another man's child despite his refusal to adopt. We can see here how the protagonist challenges the commandments of being pure, chaste and passive that make up the Irish ideal of womanhood, and defends her rights and ownership over her own body.

It is undoubted that Alice finally surrenders to her husbands' wishes. Yet, the way she does it can be considered a challenge to power constraints. By that final twist which Devlin introduces in the story, she gives agency and voice to the protagonist, who had been subjugated and objectified by her counterparts—husband and doctors—following gender and social restrictions. She uses her own body as a site of political struggle to challenge power constraints and at the same time to fulfil her aim. Contrary to first-wave feminists

who have adopted a paternalistic attitude to help vulnerable women considering them naturally vulnerable and who have therefore reinforced that vulnerability, Martina Devlin shows in her short story that this vulnerability which everyone shares enables us to resist that condition imposed by those in power. Devlin empowers the protagonist here giving her agency and ownership over her body. Although it seems that she finally commits to gender expectations by becoming a mother, her constant resistant-resilient attitude accounts for the opposite. This attitude has been common to all women throughout history who have contested oppressive regulations in a subtle way. As Butler has repeatedly said in her theory of performativity, we cannot destroy power, but we can resist it by not citing the law (2004: 218; 2006b: 60-73; 2006a: 198-199; 2016: 18). In our case of analysis, Alice resisted the gender impositions of being a mother by deceiving her husband.

4 CONCLUSIONS

Religion has always limited the performance of women's sexuality and gender in Ireland. The Catholic Church supposedly wants to protect people's integrity in society, but it has always curtailed women's gender and sexuality performances. In the religious doctrine, women are required to follow gender norms—they should take care of the house and the family and they should beget and educate children—but these norms do not belong to the male gender description. Engaged in power relations, women's role and place in society have been restricted not only by the Church but also by the state, as the Irish Constitution shows. This phallogentric economy that imposes sexual differences has hindered the advancement of women until the twentieth century, when certain improvements for them were achieved. Yet, discrimination against women is still present in Ireland, as article 41 of the Constitution proves. Discrimination against women is common not only in Ireland or in the twentieth century; it is a reality in our contemporary society, practised in a wide variety of forms. Here we have focused on the gender discrimination which requires women to be exemplary mothers and wives and on the vulnerability which these social requirements produce on women.

Moreover, the medico-moral discourse, established since the nineteenth century in Ireland, has also coerced women and has rendered them vulnerable and disposable. In that power relationship between doctor and patient, women have been treated as mere objects of analysis. Furthermore, the most unequal treatment women receive is in the domain of reproductive technology, by which the female body is objectified, pathologised and dehumanised. As Devlin's story shows, if women are unable to be mothers medicine supplies this bodily fault. The social pressure Alice receives in a society which sees maternity as the natural state for women is aggravated by her husband's demands to have a child. The relationship between Leo and Alice can be considered one of power in which motherhood through assisted reproduction is imposed on her.

The contribution of medicine to the reinforcement of sexual difference and Alice's precarisation has been seen throughout this short story. Through Alice's and the narrator's comments, we could appreciate how she was deprived of her status of embodied subject and of her rights to express her feelings, and how she was damaged psychologically and physically. Yet, she resists that vulnerable condition to which she is reduced through different

resilience practices. Despite her infertility and the trauma it may have caused to her, she is able to adapt well to this adversity and to carry on. Moreover, she finally succumbs to the social exigencies which require her to become a mother, but she uses her own body to challenge power constraints and to restore her agency and voice. Overall, the Irish ideal of womanhood is contested here by giving agency to this female character who uses her body to resist gender and social norms. Instead of being pure and passive, Alice is presented as a powerful woman who resists vulnerability and objectification through resilience practices. By that final twist introduced by the author, Alice's subjectivity is restored, inverting the power relations in which she has been engaged with her husband and with doctors.

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