

A Contemporary Take on Victorian Lunacy: Representations of the Asylum in the Neo-Victorian Video Game *Alice: Madness Returns*

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Abstract

*The asylum, like the workhouse, the prison, the hospital, or the boarding school, was an institution of crucial importance in Victorian England. Initially conceived to support people afflicted by mental illness—promoting outdoor activities, work-based therapies, and physical exercise—these spaces soon became overcrowded, and the therapeutic optimism brought by the Enlightenment failed to yield results. Historical records also came to reveal widespread neglect, abuse, and mistreatment. Considering the historical reality of these institutions, this article explores *Alice: Madness Returns*—a video game inspired by Lewis Carroll’s famous novels *Alice’s Adventures in Wonderland* and *Alice Through the Looking Glass*—as a neo-Victorian reimagining that critically exposes the culture of violence embedded in Victorian asylums. It also investigates how enduring stereotypes from popular culture shape this neo-Victorian depiction, reinforcing certain tropes even as the narrative seeks to subvert them. Through this lens, the game foregrounds the asylum’s most oppressive realities—neglect, coercion, physical and psychological violence, and gendered medical practices—while offering a space for re-writing history by amplifying marginalised voices and envisioning forms of resistance and subversion.*

The Victorian Asylum: From a Benevolent Enterprise to an Abusive Environment

In contemporary culture, the Victorian asylum has emerged as a potent symbol through which the past is reinterpreted and contested, occupying a prominent place in neo-Victorian narratives, and serving as both a historical reference and a site of critical reinvention. As such, neo-Victorianism often engages with the asylum as a charged space where history, memory, and cultural constructions intersect. This article explores how the Victorian asylum

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is represented in *Alice: Madness Returns* (Spicy Horse, 2011), a video game heavily inspired by Lewis Carroll's *Alice's Adventures in Wonderland* (Carroll, 1865) and *Alice Through the Looking Glass* (Carroll, 1871), marked by its gothic and disturbing aesthetic and compelling narrative. It investigates how the game's neo-Victorian approach not only exposes the culture of violence embedded in these institutions but also engages with enduring stereotypes from popular culture in its depiction. In this way, it becomes possible to discern how *Alice: Madness Returns* both perpetuates certain misassumptions surrounding the Victorian asylum—deeply embedded in our contemporary imagination—and simultaneously contributes to an ongoing discussion about these institutions, exposing the very real abuses that once occurred there.

To understand how these fictional reimaginings operate, it is first necessary to examine the historical reality of the Victorian asylum: its stated intentions, its practices, and the social and cultural ideologies that shaped it. Accordingly, this article will begin by examining the asylum as an institution during the Victorian era, illustrating how patients were frequently subjected to mistreatment and how a pervasive culture of violence was sustained. This analysis will, in turn, allow for a deeper understanding of how *Alice: Madness Returns* reflects these historical practices and tendencies, positioning Alice not only as a victim of such institutional violence but also as an agent capable of resisting it.

The asylum, like the workhouse, the prison, the hospital, or the boarding school, was of crucial importance in Victorian England. It offered support to people afflicted by mental illnesses and fostered a sense of community between the patients and the medical staff, while the latter tried to find ways of dealing with the heterogeneity underlying the distinct conditions exhibited by the numerous patients (Rutherford, 2008, p. 5). Largely dependent on the philanthropy of its patrons, the highly recognised Bethlem Hospital was rebuilt in 1674 and became "[t]he first purpose-built building devoted to insane patients" (ibid., p. 8). The hospi-

tal became a place where the so-called “lunatics”, “insane”, “imbeciles” and “idiots”—terms used to describe those that had learning difficulties or were afflicted by mental illnesses at the time—could enjoy (part of) their time outdoors and dedicate themselves to physical exercise, without the need to remain confined to their homes, in prisons and hospitals, or relying on local parishes (Science Museum, 2018, para. 4). However, invasive treatments that did nothing to improve the patients’ condition—such as those based on bloodletting—were oftentimes employed by doctors, and disregard for the patients’ wellbeing was common as well. Throughout the eighteenth century, and largely due to the philosophy of the Enlightenment, various philosophers recommended giving patients greater freedom and reforming treatments to focus on therapeutic methods based on work and exercise, as well as on the so-called moral therapy, which encouraged patients to control their behaviour and demonstrate it through self-discipline (Rutherford, 2008, pp. 7-11). In the nineteenth century, other asylums were built besides the Bethlem Hospital, especially following the Lunatics Act of 1808 which encouraged county magistrates, philanthropists, and patrons to build asylums in suburban areas, thus housing the “lunatics” (especially the poorest) from the countryside.

Despite the benevolent intentions that dictated the development and construction of several asylums, the institutions were rapidly confronted with several problems. Many were unable to cope with the steadily increasing number of patients, and records confirm that asylum staff often mistreated and abused patients. Many asylums were overcrowded, there were no positive results from the range of treatments that were commonly offered, and the employment of therapies based on limiting the patient’s physical movements—such as the strait-jacket—operated through dynamics of submission and control, in which the patient was often tricked by the asylum attendants into accepting the jacket (Wiles, 2015, pp. 172-178). As Wallis (2017, pp. 1-2) states, the body also became a common object of study for scholars and doctors, and there was a consensus in the academic community that mental illnesses had a physical origin, thus justifying constant observations and experiments on muscles, skin, bones, urine, sweat, faeces, and hearts. These ideas also adversely affected women; medicine has always been a gendered practise, with obvious differences between the way men and women were and are treated (Hølge-Hazelton & Malterud, 2009; Mangham & Depledge, 2012, pp. 1-15; Haslem, 2012, p. 35; Staub, 2012, pp. 51-68). This, together with the consideration of women as passive but also complex and volatile entities, and of their reproductive system as a mystery, fostered the perception of women as objects that should be regulated, controlled and subjected to the observations and authority of (male) doctors. The study of women’s bodies also represented a medical and academic challenge, as noted by Mangham and Depledge (2012) in their discussion of Victorian-era medicine:

The common perception of woman as a complex and volatile entity inevitably helped to create an impression of authority for those whose life’s work was the treatment of the female population. It seems inevitable that a physician’s statute would be enhanced if he could show that he had conquered a particularly troublesome problem.
(p. 8)

This control went beyond the body and into women's minds, as there was an obvious feminisation of madness in the Victorian Era. Peschier (2020, p. 5) clarifies that it was believed that women were considerably more susceptible to mental illnesses than men, and that women's deviations from what was considered normal and desirable, such as displays of aggression and sexual desire or strong emotions, were symptoms of these same illnesses. Many women were consequently misdiagnosed with hysteria and remained physically ill, without adequate treatment, while often being subjected to moral therapies which sought to taught them behaviours which were considered appropriate. This disregard for women's wellbeing was not only evident in the recurrent negligence of doctors, who failed to properly understand the different illnesses which afflicted women, but also, and more seriously, in their abuse within the asylums. Hints of sexual abuse can be found, usually indirectly, in patients' records (*ibid.*, p. 35), but the majority was only detected when a woman patient became pregnant. Likewise, authorities rarely investigated allegations of abuse, especially as women were perceived as childlike beings, and the Puritan ethos of the time saw them as being "fallen from grace" if they engaged in sexual intercourse outside of the sacred marriage (*ibid.*, p. 36).

Records also suggest that patients were often subjected to physical violence (Wallis, 2017, pp. 102-104). It was speculated at the time that the attendants were largely responsible for the culture of violence which seemed to thrive within asylums. Since philosophies of the Enlightenment supported a greater freedom for the patients through the reduction of archaic methods of restriction (such as chains), attendants often needed to use force to subdue patients. Additionally, poor education fostered the idea that attendants were inherently dishonest, often displaying a sadistic temperament, with some practices seemingly confirming these prejudices, from high rates of job abandonment, to the habit of deceiving patients to force them to wear a straitjacket. The therapeutic optimism and reforms brought about by the Enlightenment collided, with this bleak reality and with the effective overcrowding of most asylums, which led to a decline in the consideration of patients' wellbeing and a regression in the treatments and control methods employed (York, 2009, p. 245). As a result, staff, patients, and the Victorian asylum itself experienced marginalisation, where individuals with mental illnesses lived with neglect, constant abuse, violence, and sexist perspectives on the part of medical practitioners and attendants.

These institutions constitute an excellent object of observation, study and criticism in neo-Victorian works that set out to expose their most negative aspects. As Llewellyn (2008) explains in his foundational article "What Is Neo-Victorian Studies?", neo-Victorianism allows us to rewrite the historical narrative of the Victorian Era by representing marginalised voices, new histories of sexuality, post-colonial points of view and other different versions of the Victorian (p. 165). This is based on the notable interest for this historical era in contemporary culture, with Whelehan (2006, p. 13) pointing out that bookshops and television content (and, notably, video games and other digital media) were demonstrating a "[a] 'nostalgic tug' that the (quasi-)Victorian exerts on the mainstream identification of our own time

as a period in search of its past” (Llewellyn, 2008, p. 168). Neo-Victorian works of fiction revitalise the Victorian text and its importance (ibid., p. 170), adapting, reinterpreting, and re-evaluating the Victorian Era, thus presenting themselves as an excellent opportunity to observe how imaginary configurations of the historical narrative transmitted through a fictional narrative, and introducing a critical aspect, offer a potential space to work on ideas and concerns that, despite being attributed to the (Victorian) past, still dominate discourses today (ibid., p. 175).

Contemporary fiction, especially that which is presented in digital media and characterised by a gothic atmosphere, often makes use of the asylum as a space where the darkest narratives unfold. The building is depicted as dark, sinister, or haunted, and a place where the patient is subjected to numerous abuses and the most diverse medical-scientific experiments, having their body and mind manipulated and mistreated. As Wallis (2017) states:

[W]hen the body appears in histories of the asylum, it is often being restrained or experimented upon: positioned under powerful baths, laced into straightjackets, or having metal rods inserted into the soft substance of the brain. The asylum has proven a popular backdrop for modern-day fiction, film, and television... In such representations, patients suffer in silence at the hands of doctors whose motives are presented as at best woefully misguided and at worst positively sinister. (pp. 3-4)

However, Wallis advises caution in the way this stereotype of the dark/ sinister/ haunted asylum is conveyed in modernity, as it is erroneous to consider the asylum as being divided into two distinct parts, with the doctors and other authority figures on one side and the patients on the other, with an inherent enmity between the two (ibid., p. 13). Rutherford (2008) also begins her work addressing this issue, stating that, although the asylum does not evoke a pleasant idea in most people’s minds, it was initially envisioned as a place of benevolence and compassion towards vulnerable people (p. 5). However, this initial intention often fell short of the expectations, leading to the Victorian asylum acquiring its “forbidding reputation” (ibid.), which contemporary media sought to appropriate and expand upon, most frequently through the horror film, though not just in that particular genre as Poseck (2007) explains:

Horror films have tended to portray mental institutions as dark, tenebrous places, with cold, high walls, harbouring diabolical nurses and demented directors. However, it is not only horror movies that have used this formula; in general all movies based on such institutions present them in such a light. (p. 62)

Repeated imagery presented in these films, such as the “burly nurses” who restrain the “mad person” with a straitjacket, the collective ward occupied “by too many inmates”, the overcrowded refectory, or the “inhuman and humiliating treatment[s]” imposed on patients (ibid., p. 63), deeply contribute to the perpetuation of a negative vision of the Victorian

asylum. Video games have also made use of these tropes, with notable examples including *Sanitarium* (Dotemu, 1998), the *Silent Hill* series (1999-), *The Town of Light* (LKA, 2016), and, with particular emphasis, *Alice: Madness Returns*.

The Asylum Represented in *Alice: Madness Returns*

Alice: Madness Returns is preceded by *American McGee's Alice* (Rogue Entertainment, 2000), published by Electronic Arts in 2000 and developed by the American studio Rogue Entertainment under the guidance of video game designer American McGee, who also conceived and designed the second game. *American McGee's Alice's* premise is based on the story conveyed by Lewis Carroll in the famous Alice novels, playing with tropes and ideas from these works. However, much of the gameplay and the thematic chapters are divorced from Carroll's worlds, introducing, nevertheless, substantial critiques of various aspects of Victorian society and culture. Indeed, the game is set in a dark and disturbing universe which diverges substantially from the whimsical universe conceived by Carroll, following the trend of the "darker Wonderlands" of the twentieth century (Siemann, 2012, p. 177), of which Tim Burton's film *Alice in Wonderland* (Burton, 2010)—presenting a "dark, cold and foggy" Wonderland with its "grotesque... gates" (Wertag and Flegar, 2015, pp. 230-233)—is a prime example, along with McGee's games. However, a more Gothic and surrealist version of Alice's story is already found, for instance, in Jan Svankmajer's 1988 *Alice*, which, as Siemann (2007) states, "captures the disconcerting aspects of Wonderland effectively through the operation of the uncanny, the familiar made strange" (p. 177). Loose adaptations or works inspired by the novels, such as the video games *Fran Bow* (Killmonday Games AB, 2015), *Alicemare* (Miwashiba, 2016), *Tandem: A Tale of Shadows* (Monochrome Paris, 2021) or *Alice in the Nightmare Land* (Tsukki's Tea Party, 2024), and the screen renditions *Malice in Wonderland* (Fellows, 2009) or *Alice in Borderland* (Sato, 2020-), might, indeed, be found to have a penchant for representing dark atmospheres, haunted characters and fairly grimy approaches to Carroll's tales, even as there are ongoing scholarly and biographical debates around the relationship between these works and Carroll's books, as well as the writer's own relationship with Alice Liddell, the child-friend who inspired his tales.

American McGee's Alice brings all this together, with the narrative introducing Alice and setting the time and space in nineteenth-century England, letting the player know that she witnessed the death of her parents and sister in a mysterious fire at their family home. In response to this traumatic event, Alice starts exhibiting depressive and dissociative states, and is subsequently admitted to the Rutledge Asylum. Once there, Alice suffers various abuses from the part of the staff and, in addition to the trauma deeply rooted in her mind, she mentally travels to Wonderland as a means of escapism, at which point the player gains control of their virtual character (Alice herself) and is allowed to see that this imaginary universe is now deeply disfigured and fragmented, suggesting that the events of *American McGee's Alice* have succeeded those described in Lewis Carroll's works. *Alice: Madness Returns* functions as a sequel to *American McGee's Alice*, and was published in 2011, also by Electronic Arts, but

developed by the Spicy Horse studio, which had been founded in 2007 by American McGee, Anthony Jacobson and Adam Lang. It begins with a supposed improvement in Alice's psychological state and her departure from Rutledge Asylum; however, it is revealed that she is still mentally unstable, and not only returns to a disturbing Wonderland, but also has frequent flashbacks which mingle aspects of her reality, memories and imaginary world together.

One of such flashbacks is presented in the form of a sequence (hereafter referred to as the asylum sequence), in which Alice recalls the time she spent at Rutledge Asylum. The game presents this sequence as a distorted, dreamlike version of the asylum, blending elements of reality with Alice's warped perceptions. The environment is marked by grotesque imagery, such as bloodstained walls and floating figures reflecting Alice's trauma from harsh treatments such as bloodletting and trepanning. As the player navigates this space, Alice's agency is diminished through scripted events, environmental constraints and several cut-scenes that interrupt continuous interaction, mirroring her loss of control during her time in the institution. The sequence serves as a narrative and emotional turning point, illustrating the depth of Alice's psychological scars. Rather than being a mere memory, the asylum is presented as a fragmented space, where the horrors experienced by Alice merge with numerous elements which characterise Wonderland itself, while also being shaped by her experiences in the asylum and what she feels towards the place. Thus, the sequence permanently oscillates between the way Alice experiences her (Victorian) sociocultural reality, the asylum, and her corrupt imaginary world.

Against this backdrop, the game presents the asylum to the player with distinctly horror overtones. In the room that is presumably allocated to Alice during her stay at Rutledge Asylum, furniture and entertainment are absent. The space is visibly dirty, and emphasises Alice's loneliness through the boarded-up walls and dark atmosphere. As soon as the player has control of Alice, it is possible to leave this first space and walk through the corridors of the asylum, which are covered in blood and equally imbued with darkness. While navigating through these spaces, the players hear other patients screaming, which makes for a chaotic and bone-chilling ambience. There are also specific rooms which Alice can visit, such as the "Bloodletting Room" and the "Trepanning Room", which not only directly allude to the activities the staff performed inside, but also denote Alice's physical and psychological suffering. In the first room, grotesque leeches can be observed hanging from the ceiling and, in the second, several bloody screws pierce the walls. This particular way of designing these spaces purposely causes the player feelings of unease, fear, and tension. While tension and release are of crucial importance in video games—since friction points determine whether a game challenges physical or mental skills, perceptions and moves the player emotionally, all of which are essential in the gaming experience (Hodent, 2020, p. 27)—the inclusion of these scenes in the sequence inevitably associates asylums with suffering, despair and grief, confronting the player with a critical and meaningful representation that clearly aims to raise awareness to the most unpleasant side of these institutions, which should ideally evoke

peace, tranquillity, and companionship. The lack of care is also intensely denounced in *Alice: Madness Returns*, as the game vividly represents the frequent abuses that occurred within asylum walls. Spicy Horse Studio clearly chooses to portray Alice's time in Rutledge Asylum as extremely damaging to her physical and mental health, with a clear recurrence of abuse and humiliation, perpetrated by figures of authority who should, contrarily, be responsible for her wellbeing.

A prominent figure who accompanies Alice in Rutledge Asylum is Heironymous Q. Wilson, her assigned doctor. During the sequence, this character is shown on screen for brief moments; however, it is noticeable that his characterisation alludes to the recognisable figure of the sinister doctor in contemporary fiction, as Wallis (2017) points out: "Many readers—whatever their professional background—will be familiar with the trope of the... doctor as a sinister figure" (p. 13). Wilson displays an imposing bearing, a powerful and assertive countenance, and wears a bloody gown, evoking the medical and scientific experiments which he could be performing on patients without their consent. In the first instance when Wilson appears before a sick Alice, he belittles her and argues that she is the one to blame for the inefficacy of the treatments, due to her non-compliant behaviour: "Humiliation, I say... Reputation in ruins! People talk, Alice! I'm an old dog... buried the bone... Don't you know? Loyalty... You must never run away... Stay, Alice. Sit!" Besides this brief dialogue within the sequence, the doctor's contempt for Alice is alluded to in *The Art of Alice: Madness Returns* (Kerslake et al., 2011), the video game's art book which compiles conceptual artwork and comments by American McGee, his creative partner R. J. Berg, and other members of the production team. It is possible to note that Wilson was conceptualised in two versions, much like the spaces and characters that can be seen during the sequence: the "normal" version, and the "insane" one. The latter, which corresponds to how "Alice saw the place" (Kerslake et al., 2011, p. 144), is shaped by her perceptions, which hints at the doctor's mistreatment. His nails appear long and menacing, and his face is devoid of any human features (ibid., p. 149). The *Alice: Madness Returns Storybook* (Electronic Arts, 2011) also sheds a light on Wilson's nefarious actions. This was a phone app launched in 2011—though has since been taken offline—with the objective of promoting the release of *Alice: Madness Returns*, and provides the player with details of Alice's stay at the Rutledge Asylum. The app itself requires minimal interaction, showing several instances of fictional newspaper clippings reporting on Alice's situation, as well as an account by Wilson that is accompanied by several animations which portray the treatments Alice undergoes at the asylum.

Instances show Alice being subjected to a venesection (or bloodletting) using leeches, which Wilson employs to try and obtain some kind of reaction on her part: "Perhaps the leeches will cause her to stir" (henkman00, 2017, 5:25). The use of these animals alludes to a treatment which, despite being traditionally employed for many centuries (and being closely associated with the Middle Ages), began to be contested at the beginning of the eighteenth century. Nevertheless, it was still employed in certain circumstances until the middle of the twentieth. In the nineteenth century, however, the medical community witnessed a per-

sistent debate about the efficacy of bloodletting, disputed between researchers and practitioners with different backgrounds and ideas, and scepticism began growing progressively throughout the century (Thomas, 2014, pp. 73-75). Thus, Wilson subjects Alice to unnecessary, traumatic, and painful treatments. He binds her with leather straps, applies leeches to her skin, and comments: “Restraint, I’m sure all will agree, is quite necessary here... I’ve tried restraint—handcuffs, leg-locks, straightjackets... Yet nothing stirs her.” (henkmanoo, 2017, 11:33-15:10).

The doctor’s frustration stems not only from Alice’s transgressive behaviour (which will be approached later in this article), but also because her condition remains an unsolved riddle. This places her in a marginalised position, as she appears to not allow her condition to be known and understood by the doctor. Besides “not stirring”, the newspaper clippings shown in the app give an account of how Alice eventually got better and was released from the asylum, but not before pointing out that “she has emerged from her intermittent catatonia—but no one knows why!”, while also stating that “the limitations of medical knowledge have been duly exposed” (ibid., 17:58). Thus, Alice remains outside Wilson’s control, and her passivity may be interpreted not only as a means of resistance, but also of subversion, albeit unintentionally. She can disrupt power relations and the tendency towards the constant regulation and observation of the female body in nineteenth century medicine, which was achieved through discourses of shame and humiliation (Mangham & Depledge, 2012, p. 10). Wilson’s medical achievement and good reputation, which could be obtained by understanding and treating Alice’s condition are, therefore, denied. For this reason, the doctor feels threatened, resenting Alice and denying her appropriate care. Ultimately, Wilson’s feelings and emotions towards her take precedence over his duty, resulting in Alice’s subjection to countless abuses and ineffective treatments, with the doctor aiming not to cure her, but to ensure her submission (“Stay, Alice. Sit!”) and her permanence in Rutledge Asylum as long as he deems necessary, so that his reputation is not further damaged (“Loyalty... You must never run away”; “People talk, Alice!”). The trope of the sinister doctor, as described by Wallis (2017), is therefore very noticeable in *Alice: Madness Returns* through the game’s choice to present an almost Faustian character who “cares more for science than for mankind, subordinating human beings to his scientific pursuits, thus transgressing all moral boundaries” (Ramírez, 2015, p. 120) and even acquiring demonic characteristics (McPherson, 1987, pp. 221-222), which are evinced in Wilson’s physical and psychological attributes.

However, the dynamics of submission, humiliation and abuse portrayed in the asylum sequence extend beyond the actions of Heironymous Q. Wilson to encompass other figures like Nurse Cratchet and the Orderlies. When Wilson appears at the beginning of the sequence, Cratchet accompanies him and, just as the doctor is portrayed with an imposing countenance, the nurse’s authority is immediately established through a similar design. This contrasts with the malnourished Alice and the squalid patients who wander the asylum at later points in the sequence. Her sadistic disposition is evident in both her appearance and behaviour: she displays a bloodied apron, and references to her design are also made

alongside Wilson's in *The Art Of Alice: Madness Returns*, where the "knife hands" are also displayed in the nurse's "insane" version (Kerslake et al., 2011, p. 149), underscoring her violent potential. Like Wilson, Cratchet's language intensifies the sense of cruelty. She belittles Alice, and blames her for her own condition, often speaking using a mocking tone—"she's not helping. Oh no! No help at all!"—and derides her attempts at compliance. Other lines of dialogue suggest the nurse's inclination towards sadism, especially when she comments, with a remarkably lively voice, on the lobotomies performed on Alice; "The instruments are gruesome!... Just the thing for your 'stone of madness'. Good for seizures, too, maybe. You must be as sick of those as I am of hearing you whinge about 'em!" She also persists in performing bloodletting, even though Wilson had already proved its ineffectiveness; "Doctor thinks it won't be effective against your symptoms, but I'm at the end of my tether, and these leeches need the work". Her playful yet menacing commentary on lobotomies and bloodletting further reinforces the grotesque and punitive nature of her role, transforming ostensibly medical procedures into instruments of humiliation and control.

Nevertheless, it is the Orderlies who arguably exemplify the most overt embodiment of the stereotypical malevolent attendant. The Orderlies are two brothers who are revealed to be the nephews of the asylum's superintendent. Instead of presenting themselves as kind and concerned for Alice's wellbeing, the Orderlies reveal extremely sadistic behaviour. During the sequence, they show different physical characteristics, oscillating between their real appearance and their manifestation in Wonderland, in the form of Tweedledum and Tweedledee, which are presented to the player as bosses, i.e. "unique characters or creatures that are more complex and challenging to defeat than normal enemies", (Agriogianis, 2018, p. 1). Besides their presentation as bosses (and, consequently, as Alice's enemies), both representations of the Orderlies are also quite grotesque and uncanny, in which the large size and disproportionality of their body parts are emphasised.

Their behaviour is similar to that displayed by Wilson and Cratchet, with one of the Orderlies stating: "If it isn't 'whatsurname', from the idiots' ward". In the "Bloodletting Room", Cratchet takes on the task of putting the numerous leeches on Alice's skin, but the Orderlies compete with each other for it: "A baker's dozen, nurse. Let me put 'em on her. / No, me, me! I can make them hurt." More information on the Orderlies can be found in yet another resource available to the player: "Wilson's Casebook", a bonus item which can be accessed in the first video game, American McGee's *Alice*, and which details Alice's stay in the asylum from the viewpoint of Heironymous Q. Wilson. In it, it is possible to read:

Approaching Alice's room, I heard the muffled sounds of laughter. A pair of orderlies were cursing at her and threatening her with leather straps... Day after day, the orderlies force the medicine-laced broth and other necessary gruel into her... Once again, the orderlies were up to their usual pranks. Weary of prying open Alice's mouth, the orderlies started 'feeding' Alice's toy rabbit, spooning porridge onto the stuffed toy.

Not only is the sadism of the Orderlies evident in these passages, but so is Wilson's passivity, since the doctor seems to somewhat agree with their course of action (seen through describing the gruel as "necessary") and dismisses their abusive behaviours by referring to them as mere "pranks". Faced with these abuses, Alice still demonstrates her will to resist through her passivity and, especially, several very transgressive and violent acts. At one point, it is mentioned in the Casebook that Alice attacks the Orderlies using a spoon as a weapon:

Alice woke from her comatose state and attacked the orderlies. Quite venomous in her outburst, she pursued one of the twins with a spoon. Even in her condition, she was able to deliver quite a gash. She clutched the spoon like it was a butcher knife, gouging into his fleshy cheek.

A similar attack is directed at one of the nurses: "In her most disturbing outburst in quite some time, Alice attacked one of the nurses while being bathed". More evidence of Wilson's bewilderment regarding Alice's condition is made known to the player in the Casebook: the passages "though she appears weak, she must have a strong constitution to have survived until now" and "I'm beginning to doubt anything can bring about a change in this one" (*ibid.*) shed a light, once again, on the doctor's frustration at his inability to bring about a change in Alice.

This places Alice as a transgressive element in the context of the Victorian Era and, particularly, within the asylum and the medical practices of the time. Not only does she challenge the perception of women as weak and volatile, but she also cements her own identity and prevents her voice from being erased by constantly undermining Wilson's control and opposing Cratchet and the Orderlies' abuses. The need for this kind of resistance within an asylum staffed with sadistic, temperamental and abusive personnel is an echo of the stories of abuse on the part of the attendants employed in various Victorian asylums, boasting a propensity for sadism, violent behaviour, the betrayal of patients' trust, disregard for medical and scientific advancement, and abuse of power.

In this context, Alice, despite offering resistance and subverting the power of these figures of authority, is nevertheless presented as a victim. She appears several times during the asylum sequence with straps and other means of restraint which hinder her movements, as well as being stripped of her hair, clothes and personal objects. Her subjection to the most diverse invasive treatments are presented to the player in the form of a cut-scene, making it impossible to intervene and resist them, an issue addressed by Fawcett (2016):

In its representation in an active-media space, the Alice story can play with agency and apathy on the part of the player. The game follows the mode of other narrative games, alternating between gameplay and cut-scenes. This variance enables player involvement while ensuring the flow of the story... The cut-scene is often seen as a passive element of the game: the player is not engaging with the game space, but has

become receptive... Viewing is interspersed with playing, as the convention in gaming is to provide narrative cut-scenes to provide context and purpose for the player's gaming... The role of the cut-scene as a narrative mechanism is not only fundamental to the player's knowledge of the world but it also takes on additional meaning in a game that focuses on a young woman struggling to regain agency in a world trying to silence her. (pp. 497-498)

The importance of Alice's treatments being conveyed as cut-scenes promotes careful observation on the part of the player, encouraging them to empathise with Alice and recognise the harmful environment of the asylum. As Rehak (2003) argues, players exist alongside their avatars in a dialectical relationship whose heterogeneity should not be overlooked (p. 10), and video game avatars can provide "a sense of literal presence, and a newly participatory role" (ibid., p. 121). Even during cut-scenes, which might initially suggest a passive viewing experience, this participatory dimension is maintained, reinforcing the active role that defines video game play. As such, the cut-scene does not encourage a totally passive attitude on the part of the player, but rather "a certain degree of commitment", with it being "a grave error to characterize it simply... as an incitement to 'passivity'" (Newman, 2004, p. 97). Alice's role as a victim is also visible in the way the player moves and controls Alice during the asylum sequence, producing a notorious contrast with her animation in *Wonderland*. In her imaginary world, Alice can be moved freely, and she is able to use an arsenal of weapons to defend herself and destroy her enemies. In the sequence, however, no weapons are available, and Alice shows clear difficulties in locomotion, which intentionally disturbs the player and contrasts immensely with how easily they control her in *Wonderland*.

Thus, the abuses perpetrated by the aforementioned figures, who populate contemporary ideas about the Victorian medical community, are set as the focus of the video game, and clearly invite a negative perspective. Contrary to what this representation might suggest, Victorian asylums were often built and organised with the wellbeing of patients in mind, even if most fell short of this standard. To complement the medical practitioners' intention of maintaining a non-punitive regime focused on personalised therapies, asylums often contained spaces which sought to improve the patients' mood, by providing them with numerous forms of entertainment:

Essential elements of the asylum included lodges, drives, farms, trees, avenues, lawns, flower borders, shrubberies, ha-has, views, garden buildings, orchards and kitchen gardens. Ornamented airing courts were specific to asylums, opening off the wards so that patients had direct access to fresh air and exercise. Courts were usually provided with shelters, sometimes drinking fountains and even urinals for male courts... Sport became important, and cricket and football pitches were common, together with bowling greens... Photographs show that homely touches were introduced, such as carpet runners, table cloths and embroidered antimacassars, with pot plants on tables, and pictures on the walls. Homeliness was to be striven for... (Ruth-

erford, 2008, pp. 22-23)

The asylum was therefore supposed to counteract the coldness and crudeness so typical of the workhouses and prisons of the time. As Wallis (2017, pp. 13-14) points out, close relationships were often built up between doctors and patients, with the latter writing and sending letters to the physicians who had accompanied them, expressing their gratitude. Several doctors also referred to their patients with great affection in their reports. At social events held in these institutions, such as balls or sports competitions, patients would mingle with the staff, and typical power dynamics would disappear during these specific situations (ibid.). Similarly, in the mid- to late-nineteenth century, following the Lunatics Act of 1845 and the creation of an inspection commission (the Lunacy Commission), greater vigilance was exercised over the staff of English and Welsh asylums, with the aim of carefully scrutinising their behaviour and assuring their immediate dismissal when mistreatment and negligence were detected (Shepherd & Wright, 2002, p. 191; Wright, 2001, p. 37). On the whole, it would be “unjust to overlook the beneficial psychiatric reforms that have been brought into play” (Poseck, 2007, p. 58) by the medical research that was, many times, conducted in asylums.

Conclusion

Taking into account these considerations, it is important to clarify that *Alice: Madness Returns* does, in fact, perpetuate common misconceptions and stereotypes about the Victorian asylum, which have been ingrained in our contemporary imaginary through literature, visual culture, and popular discourse. Such representations tend to overlook the benevolent intentions that motivated the establishment of these institutions, as well as the genuine efforts undertaken by many physicians and caregivers to provide treatment and support to their patients. At the same time, however, by foregrounding the more negative and disturbing aspects of Victorian asylums, *Madness Returns* contributes to an ongoing critical dialogue about these historical spaces, denouncing abuses that did, in fact, exist, and which were largely forgotten and dismissed at the time. The game therefore provides a voice to the disempowered and marginalised individuals who endured such mistreatment, allowing contemporary audiences to engage with the ethical and social implications of psychiatric care in the Victorian Era. Faithful to its neo-Victorian atmosphere and perspective, *Alice: Madness Returns* offers a sustained critique of repressive and abusive practices, as well as of the complex and often problematic relationships between patients, physicians, nurses, attendants, and other asylum staff, thereby enabling a more nuanced understanding of the darker dimensions of these institutions while maintaining an awareness of the broader historical context.

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