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Portraying Female Madness within History throughout Michel Foucault's *Mental Illness and Psychology* (1962)

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NOM DE L'ESTUDIANT: Melania Baena Martínez

NOM DEL TUTOR: Gemma López Sánchez

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UNIVERSITAT DE BARCELONA

Coordinació d'Estudis
Facultat de Filologia i Comunicació

Gran Via
de les Corts Catalanes, 585
08007 Barcelona

Tel. +34 934 035 594
fil-coord@ub.edu
www.ub.edu

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Abstract

Women's mental health has been redefined in several ways throughout history. Within the frame of fiction, female characters constantly undergo stigmatized categorizations that present their madness as a product of pathological conditions. Michel Foucault's *Mental Illness and Psychology* (1962) illustrates the concept of madness as a social and cultural construction and explains that its conceptions may change according to the values of each historical period. The present paper aims to approach women's madness and its evolution in history by analyzing two female characters using Foucault's theory as the principal focus. The selected novels are Charlotte Brontë's *Jane Eyre (1847) and* Sally Rooney's *Normal People (2018)*. In addition, the female characters in these works of fiction will be re-examined and re-located in order to deconstruct the archetype of the Mad Woman and its evolution.

Keywords: female madness, Michel Foucault, organic pathology, mental illness, women's fiction, Jane Eyre, Normal People

Resumen

La salud mental de las mujeres se ha redefinido de varias formas a lo largo de la historia. En el ámbito de la ficción, los personajes femeninos sufren constantemente categorizaciones estigmatizadas que presentan su locura como producto de condiciones patológicas. En su libro *Mental Illness and Psychology* (1962) Michel Foucault presenta el concepto de locura como una construcción social y cultural, y explica que sus concepciones pueden cambiar dependiendo de los valores de cada período histórico. El objetivo de este trabajo es abordar la locura de la mujer y su evolución en la historia a partir del análisis de dos personajes femeninos utilizando como eje principal la teoría de Foucault. Las novelas seleccionadas son *Jane Eyre* (1847) de Charlotte Brontë y *Normal People* (2018) de Sally Rooney. Además, los personajes femeninos de estas obras serán reexaminados y reubicados para deconstruir el arquetipo de la locura femenina y su evolución.

Palabras clave: locura femenina, Michel Foucault, patología orgánica, enfermedad mental, ficción femenina, Jane Eyre, Normal People

El propòsit del present treball *Portraying Female Foucault's Madness within History throughout Michel Mental Illness and Psychology* (1962), concorda amb la perspectiva dels Objectius pel Desenvolupament Sostenible de Nacions Unides relacionats amb l'educació de qualitat #4 i amb la igualtat de gènere #5.

La Universitat de Barcelona promou uns valors connexos tant a l'educació pública i de qualitat com a la fomentació dels estudis i la cultura de gènere que han influenciat la metodologia i el procés d'aquesta recerca. Aquest projecte contribueix a l'aprenentatge de les diferents hipòtesis formades sobre la salut mental i afavoreix al desenvolupament del pensament crític al voltant d'aquest àmbit de coneixement. Tanmateix, introdueix una visió que adapta la teoria de l'autor Michel Foucault a l'anàlisi de la salut mental femenina amb la finalitat de contrastar l'enfocament biomèdic que ha estigmatitzat i ha omès l'experiència de la dona al llarg de l'història.

En conseqüència, ambdós logotips de les Nacions Unides amb els objectius d'una educació de qualitat i per la igualtat de gènere han estat inclosos en aquest Treball de Final de Grau de la Facultat de Filologia i Comunicació.

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1. Introduction

Primarily, this paper aims to examine the evolution of female madness and how its conception has changed during divergent periods of time. Although the female body undergoes several uterine symptoms -such as pregnancy, menstruation, and further sexual manifestations- there are other factors that affect their mental health, and those are closely related to the traditional standards that have been imposed on the female anatomy throughout history. Likewise, my inspiration for this project yields from the fact that during the English Studies degree, several subjects touched upon gender studies and helped me realize various issues experienced by women within the economic, social and cultural spheres. On top of that, I have had several periods in my life where I struggled with healthcare misconceptions emerging from the medical area. These have affected my mental health in severe ways, thus, as a woman, I wish to enlighten the difficult experience that this results in, and I cannot think of a better field to display it than fiction.

The main purpose is to dismantle the fundamental discourse within the biomedical domain in regard to women's mental health and its attachments to uterine functions. In order to do so, two different fictional characters will be analyzed through Michel Foucault's theory on *Mental Illness and Psychology* (1962). On the one hand, Bertha Mason from Charlotte Brontë's *Jane Eyre* (1847) and Marianne Sheridan from Sally Rooney's *Normal People* (2018). In order to do so, there were two key starting points for my research. Firstly, to scrutinize the dogma of mental pathologies so as to confirm or refute the traditional biomedical approach. Secondly, to find female fictional characters -if there were any- whose plot exemplified the consequences of stigmatisation towards women's physical and mental disorders and the relationship among these two types of illnesses in different eras.

At first, it was challenging to find information that differed from the medical discourse, but the first session with my tutor was enlightening, as she mentioned Michel Foucault and suddenly the first part of my research had a focal point. Although the author has several works related to the systematic implications of social, cultural and economic matters in human beings, *Mental Illness and Psychology* (1962) captivated me when I started reading it. Therefore, I decided that it was going to be my frame of reference for this paper as his viewpoint illustrates how organic pathologies have negatively influenced mental health treatments accross history, and problematizes the impact of the delineation of corporeal diseases applied to mental pathologies. In relation to the second part of my research, I knew

that Bertha Mason in *Jane Eyre* (1847) was an exceptional female figure who could unfold a massive amount of information relevant to the paper, as had analyzed her character in several adaptations during the 'Narrativa i Cinema' course that I took on the previous term. Furthermore, I watched the TV series of *Normal People* (2020), an adaptation of Sally Rooney's book, and the character of Marianne Sheridan felt interesting to enquire into, as her plot deals with how the twenty-first century society can damage women's mental health. Hence, I read both books and scrutinized several passages that illustrated the female experience in relation to madness.

The objective of this text is to incorporate these primary sources into the female mental health discourse. As in regard to Foucault, he discusses how psychological pathologies are socially and culturally constructed, however, he does not relate his work to the female experience, and hopefully this paper will serve as a guide to observe the journey of women's madness and it's mutations in the course of history through his discourse. Along with that, the research will follow the female characters and their storyline so as to extrapolate how the patriarchal values nourished the medical field during the nineteenth-century and the twenty-first century societies.

To conclude with, a concise description of the main chapters within this end-of-degree paper will be explained. Firstly, a depiction of *Mental Illness and Psychology* (1962) and it's insights on organic pathologies as a problematic affection to mental pathologies. Subsequently, a profound analysis of the historical and teleological constitution of mental illnesses and how medical practices within psychiatry have altered the delineation of psychological disorders. Thereafter, a description of how Foucault's theory can be applied so as to relocate female madness and dismantle the medical discourse throughout history. Then, the last two sections will account for the representation of female madness and the implications of medical methodology across two female characters, primarily, Bertha Mason in Charlotte Brontë's *Jane Eyre* (1847) and secondly, Marianne Sheridan in Sally Rooney's *Normal People* (2018). Eventually, I will include a chapter with the main conclusions and depict a different perspective that serves to dismount the medical discourse towards female madness together with the valuable observations drawn from the research process.

2. Michel Foucault and *Mental Illness and Psychology* (1962)

2.1 Organic Pathologies

First and foremost, it is essential to draw the line between organic pathologies and mental pathologies. Michel Foucault begins his book *Mental Illness and Psychology* (1962) by asking two crucial questions: "Under what conditions can one speak of illness in the psychological domain?" and "What relations can one define between the facts of mental pathology and those of organic pathology?" (1962: 2). In order to address the former question, it is important to define several concepts and the relationship among them. On the one hand, the term 'organic disease' is defined as "any disease in which there is a physical change in the structure of an organ or part" (Collins English Dictionary, 2023) whereas 'mental illness' is defined as "any of various conditions that affect a person's thoughts, emotions, or behaviour in an atypical and distressing manner" (Collins English Dictionary, 2023). When observing both descriptions, there is an inescapable binary between them, as in the former, the disease is produced by an alteration in the physiology of the human being. In regards to mental pathologies, agony, anxiety, and depression become part of the process, but there is no structural deviation that can be reported through medical methods. As Foucault remarks, "between these two forms of pathology, therefore, there is no real unity, but only, and by means of these two postulates, an abstract parallelism" (1962: 6). Hence, the fusion of psychological and physiological diseases in the medical field results in a problematic understanding of the conditions that engender the two of them.

Nevertheless, it is also important to delineate the behaviour of a healthy mind and stipulate the possible factors that can cause alterations in it. According to the World Health Organisation, we understand mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (World Health Organization: 2022). Although some experts within the branch of psychology attempt to create an exclusively medical discourse around mental disorders, the WHO affirms that "exposure to unfavourable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality, and environmental deprivation – also increases people's risk of experiencing mental health conditions" (WHO: 2022). Therefore, illnesses within the mental domain can be triggered not only by a deviant psychological response but also by the systemic conditions that a human being undergoes, which are normally defined through social, cultural, and economic

principles. Foucault's work explains how dubious it is to merge body and mind diseases as a single entity, "beyond mental pathology and organic pathology, there is a general, abstract pathology that dominates them both, imposing on them, like so many prejudices, the same concepts and laying down for them, like so many postulates, the same methods" (1962: 2). For that reason, mental disorders cannot be classified exclusively as something organic, as Cary Federman affirms, "the medical and psychological understanding of psychopathy itself is an empty vessel, a characterization of behaviors without stable symptoms, a disease without a cause" (2009: 39).

Regarding the latter question presented by the author, mental and organic pathologies are generally understood under the same domain, thus, one is determined by the other, "if mental illness is defined with the same conceptual methods as organic illness, if psychological symptoms are isolated and assembled like physiological symptoms, it is above all because illness, whether mental or organic, is regarded as a natural essence manifested by specific symptoms." (Foucault, 1962: 6). On the one hand, organic pathologies require a physical deficiency, for instance, a broken bone in a human body, but medicine itself can repair it by returning it to a previous state of somatic well being, as Hubert Dreyfus states, "when organic pathology gave up treating specific diseases as natural kinds - each caused by a specific agent-and introduced a new notion of the body as an organic unity disrupted by disease, it became scientific" (1987: 10). On the other hand, psychological pathologies cannot establish a predetermined solution to adjust symptoms within the limits of mental processes. As Foucault explains "psychology has never been able to offer psychiatry what physiology gave to medicine: a tool of analysis that, in delimiting the disorder, makes it possible to envisage the functional relationship of this damage to the personality as a whole." (1962: 10). Thus, as Hannah Lyn Venable asserts: "rather than using an abstract parallelism, where unjustified lines of connection are drawn between the methods in general medicine with those in pathology (...) we must see, as Foucault argues, that "mental pathology requires methods of analysis different from those of organic pathology." (2021: 63).

Prior to Foucault's theory, in 1938, The Royal Society of Medicine had conducted research on the connections between trauma and organic nervous pathologies. Many experts in the field of neurology presented several hypotheses:

> "In any given case we have three possibilities to consider. Firstly, trauma plays no part. Secondly, that trauma has been the precipitating factor: here we usually assume

> that the disease was present before the injury, in an asymptomatic form, that it has in some way been stirred up by the injury, and that it would subsequently have appeared even though there had been no injury (though this surmise is of no significance in law). Thirdly, that trauma has accelerated the progress of the disease or increased the severity of symptoms admitted to being present before the accident" (Proceedings of the Royal Society of Medicine, 1938: 589)

Eventually, Dr. Hugh G. Garland discussed that, among others, disseminated sclerosis, neurosyphilis, cerebral tumours, progressive muscular atrophy, and parkinsonian syndromes were interrelated to previous episodes of trauma, "in spite, therefore, of many statements to the contrary, I cannot help feeling that trauma, at any rate to the cord, may produce organic changes, which may be delayed and even progressive" (1938: 590). Especially after the Great War, many controversies have been found within medical studies, as Garland concludes, "neurologists in the past have been too much inclined to dismiss trauma as being of any etiological significance in nervous diseases (...) there are many cases which seem to exceed the bounds of coincidence" (1938: 590). In addition, Dr. William Harris remarks how trauma influenced patients that suffered from progressive muscular atrophy and especially of disseminated sclerosis; in concordance with Foucauldinian thoughts about mental pathologies, he states, "seeing that we have no real knowledge whatever of the pathology of either of these diseases, we have no right to assume that trauma has no influence either in the etiology or in the development of the disease" (Harris, 1938: 592). Moreover, Dr. Denny-Brown describes how the majority of obstacles are related to the fact that traumatic effects develop when the disease is still imperceptible, "the greatest difficulty in allocating a contributory role to trauma in the precipitation of progressive generalized nervous diseases (...) was the establishment of the pathological process occurring in the latent interval" (1938: 592). However, he also recounts that "in his experience of a few such cases, that there had been an emotional disturbance following the injury, sometimes mild, and sometimes severe" (Brown, 1938: 592). As a matter of fact, a much more scrutinized research would illustrate a clearer relationship between trauma and organic and mental pathologies, "close inquiry would elicit that the disorder to which the patient referred was an emotional lability with insomnia and some degree of depression, such as was commonly experienced for an interval after sudden fright, whether an actual injury occurred or was just avoided." (1938: 592). Along with this, "a further difficulty was the explanation of the slight incidence of such generalized disease following severe injuries, as in a war, compared with the effect of

relatively minor injuries." (1938: 592). According to this research, the juxtaposition of physiological and psychological illnesses might result in an equivocal analysis of the disease, therefore, the appliance of medical processes in mental pathologies must be questioned, but not excluded.

Consequently, the simultaneous connection and elusion between organic pathologies and mental pathologies transform psychological illnesses into a hybrid entity, and it's unfolding, as Foucault determines, requires to "analyze the specificity of mental illness (...) determine the conditions that have made possible this strange status of madness, a mental illness that cannot be reduced to any illness" (1962: 13). Henceforth, to understand the course of mental disorders, a distant focus from organic disorders must be applied, not to detach from medicine but to classify the components of both. As Peter Sedgwick comments, "Foucault does not eliminate the psychological and the medical enterprises: instead he brackets them, and shows the text of other human meanings which lies just outside the thin bounds of the parenthesis." (1973: 23). On top of that, the medical approach within organic studies contains patterns that serve to fathom psychological deviations, "the importance given in organic pathology to the notion of totality excludes neither the abstraction of isolated elements nor causal analysis; on the contrary, it makes possible a more valid abstraction and the determination of a more real causality." (Foucault, 1962: 10). Notwithstanding, mental illnesses require an analysis of other elements besides science-based studies, as Foucault clarifies "the illness concerns the overall situation of the individual in the world; instead of being a physiological or psychological essence, the illness is a general reaction of the individual taken in his psychological and physiological totality." (1962: 9). Ultimately, as Hubert-Dreyfus explains, Foucault's theory relocates that each mental pathology can only be explained through the examination of each individual human being:

> "personality cannot be grasped as an organic totality of isolable functional components (...) each aspect of behavior can only be understood as an expression of an individual's basic way of being-in-the-world (...) natural sciences can be right about the functional components of physical and organic nature but there is no human nature for the human sciences to be right about" (1987: 12).

For the purpose of understanding the various components of mental disorders, *Mental Illness and Psychology* serves to explain the different dimensions of the mind and the implications of history, teleology, and psychiatry within the frame of madness.

2.2 Mental Pathologies

One of the most striking features within Michel Foucault's work, is the realization of how an organic description of mental illness invalidates qualities from human nature, "it is impossible to transpose from one to the other the schemata of abstraction, the criteria of normality or the definition of the individual patient" (1962: 13). In order to understand the possible inception of mental disorders there are three dimensions to discuss, which include the historical constitution of mental illnesses, the impositions of teleological discourse over human subjects, and the medical practices within psychiatry.

Primarily, Foucault not only criticizes the medical premises that had covered psychological reactions throughout history but also centralizes the emergence of mental pathologies as a consequence of the specific values deployed in different periods of time, as Peter Sedgwick comments, "psychopathology is not independent of social history, for each age has drawn the split between madness and reason at a different point and in a fundamentally different fashion" (1973: 23). For instance, within medieval times, individuals that showed incoherent behaviours were believed to be bewitched and controlled by unnatural forces, "the madman was regarded as someone 'possessed.' (...) histories of psychiatry up to the present day have set out to show that the madman of the Middle Ages and the Renaissance was simply an unrecognized mentally ill patient" (Foucault, 1962: 64). Hence, it is important to understand the influence of the system on the human mind, and to describe the relationship between social standards and individual experience, as Dreyfus explains, "Western human beings at least are constituted by specific historical practices, one no longer seeks the general structure of the personality and the effects on the personality of objective social arrangements." (1987: 24).

Moreover, during the nineteenth century, mental diseases were entirely delineated through the deficiencies that the patient manifested, "the inability of a confused subject to relate to his situation in time and space, the ruptures of continuity that constantly occur in his behavior (...) lead one to describe his illness in terms of suppressed functions: the patient's consciousness is disoriented, obscured, reduced, fragmented" (Foucault, 1962: 16). Therefore, the foundation of the disorder and the primary stages of the patient were excluded from the diagnosis, "in its abstract division, nineteenth-century psychology invited this purely negative description of mental illness; and the semiology of each was easy enough, confining itself to describing lost aptitudes" (1962: 27). As a consequence, any person who was

categorized as ‘mentally ill’ during the time, was regarded as willingly immoral, leading to the point of considering mental pathologies a trait of inhumanity, “the pathological process exaggerates the most stable phenomena and suppresses only the most labile” (Foucault, 1962: 16). Thus, mental disorders throughout the nineteenth century were not described accurately, as Cary Federman asserts, “part of the problem with various studies of psychopathy is that its most prominent advocates regard its key descriptive elements, a lack of empathy, guilt, or remorse, and manipulative skill, as consciously chosen behavioral traits, without regard to the person's socioeconomic background” (2009: 39). Although the Industrial Revolution brought significant changes in the nineteenth century society, the proletariat suffered a massive growth of precariousness and of poor life expectancy. However, the scarcity of research that connected social status with psychological sickness helped to create a stigmatized description of mentally ill patients:

> “the inability among nineteenth-century alienists and neurologists to locate deviant behavior within the body (or in the brain, in particular) led to the idea that psychopaths willingly act contrary to societal norms, and gave rise to the construction of personal responsibility as a space that is free from environmental and hereditarian influences” (Federman, 2009: 47).

As a matter of fact, there were some notable changes in the medical field that occured during Victorianism, “the Victorian age saw the transformation of the madhouse into the asylum into the mental hospital; of the mad-doctor into the alienist into the psychiatrist; and of the madman (and madwoman) into the mental patient” (Scull, 1981: 6). Nonetheless, medical experts who decided to start approaching mental illnesses through certified diagnoses were deemed, as Scull describes, “mad-doctors" and/or "medical superintendents of asylums for the insane” (1981: 6). After some time, organic and mental pathologies methods collapsed. On the one hand, several specialists within therapeutic sciences claimed that “insanity was a somatic disorder, and that the response was essentially a political and social process, culminating in claims that both moral and medical treatment were essential for the adequate treatment” (Scull, 1981: 8). On the other hand, the morals behind therapy were perceived as a threat to medicine, as Andrew Scull explains, “the physician and his unswerving commitment to the practice of orthodox somatic medicine were seen as bound together (...) anything which tended to weaken or undermine either of the interdependent elements would, eventually tend to weaken or undermine the other as well” (1981: 9). Any trace of irrationality within the sciences of the human being was a menace to the logocentric

structure within the bounds of medicine, as Foucault remarks “the analyses of our psychologists and sociologists, which turn the patient into a deviant and which seek the origin of the morbid in the abnormal, are, therefore, above all a projection of cultural themes” (Foucault, 1962: 63).

Further to this, Peter J. Bowler explains that, later, during the twentieth century, it became common to “speak of the evolution of one particular species from an earlier form, a custom which seems to have arisen as the original connection of ‘evolution’ with a system of general development was forgotten” (1975: 112) these ideas, were applied to the psychological spectrum as well. According to Sigmund Freud, the concept of regression refers to a process “where primitive methods of expression and representation take the place of the usual ones” (1900: 540) hence, it implies a return to earlier modes of mental functioning in which rationality is interconnected to maturity. However, as stated by Foucault, “it would probably be quite useless to say, from an explanatory point of view, that, in becoming mentally ill, man becomes a child again” (1962: 26). Also, he highlights the faultlines of attaching mental pathologies to a state of withdrawal, as Cynthia Erb states, “Foucault criticized the evolutionist implications of regression, in which the mind of the mentally ill person is viewed as deteriorated, like that of a child or primitive.” (2006: 55). The conception of the mental relapse involves the removal of every concept acquired throughout its life, “the idea that an individual can fall back, through illness to an earlier state is myth (...) the analyst should attempt to grasp the spatiotemporal quality of symptoms-the patient's experience-as these function in the present” (Erb, 2006: 55). Although mental diseases imply ‘incoherent’ attitudes in human beings, they should be regarded as another trait within psychological vulnerability. Regression, therefore, must be taken as only one of the descriptive aspects of psychological disorders, “a structural description of mental illness, therefore, would have to analyze the positive and negative signs for each syndrome, that is to say, detail the suppressed structures and the disengaged structures" (Foucault, 1962: 26). Along with this, Foucault highlights that “the historical horizons of psychological regressions is therefore in a conflict with cultural themes” (1962: 81), thus, the notion of regression mutates systematically, in concordance with social values.

Subsequently, during the second half of the twentieth century, the development of social epidemiology and medical sociology caused a shift in the medical discourse in regard to the relationship between physiology and mental health, as James House explains, “physical health and illness are now understood to be as much or more a function of social,

psychological, and behavioural factors" (2002: 125). Social epidemiology detected four key factors that should be considered when inspecting patient's health, among them "social relationships and support; acute or event-based stress; chronic stress in work and life; and psychological dispositions such as anger/hostility, lack of self-efficacy/control, and negative affect/hopelessness/pessimism" (House, 2002: 125). Professor Leo G. Reeder's research explains how medical sociology had "contributed to the social epidemiology of physical remained health, and the increasing recognition that health is a broad state of human functioning and well-being in which mental and physical health are inextricably intertwined" (2002: 126). Also, within this research, theories in relation to 'stress' reveal that "social, psychological, and environmental phenomena could produce a syndrome of physiological reactions and even serious physical illness or death" (House, 2002: 127). Ultimately, the conclusions of these research processes concluded by stating the importance of socioeconomic individual conditions:

> "The last half century has established a clear and increasingly widely recognized and accepted foundation of theory and data showing that individual and population health (...) are equally or more a social or biopsychosocial problem(...) science and health policy are to a considerable degree social science and social policy" (House, 2002: 139).

The transgression between the last part of the twentieth century and the beginning of the twenty-first century brought significant rearrangements regarding the stigma of mentally ill patients. After going through numerous important changes, society moved forward in the fields of science, medicine, and technology, which implied a greater collaboration arising from governmental and specialized organizations such as the European Union, the World Health Organisation, and the Organisation for Economic Cooperation and Development, amongst others. What is more, during the twenty-first century, the recognition of mental illnesses begins to be attributed to social and cultural factors to a wider extent, Gregor Henderson discusses, "in recent years, there have been increasing calls for international, national and local action on mental health" (2015: 370). Furthermore, the implication of major entities into the importance of mental health, mitigated the stigmatized assumptions from previous periods of time, "the WHO in its global Mental Health Action Plan for 2013-20 underlined that mental health is an integral part of health and well-being" (Henderson, 2015: 370). The fact that major federations contributed to this matter, helped to

transform mental well-being into a subject of collective responsibility, thus, public services become part of the project:

> "to consider work and employment, education, housing, health care and other public sector and welfare services; to address health and mental health at every stage of life; to consider the issues we can control and those that need wider international, intergovernmental and national action; to tackle inequalities and the cultural and structural issues that compound inequality and discrimination and to further our understanding of how we do this" (Henderson, 2015: 370).

Despite the fact that nowadays there are divergent points of view in regards to mental illness, the progress and transformation of psychological pathologies has been clearly delineated and re-constructed according to history.

Along with that, teleology has also played an important role in relation to mental illnesses. For the purpose of understanding the implications of teleological thought and how they affected the picture of mental pathologies, a clear definition of the term must be described. In view of philosophy, 'teleology' can be explained as "the study of the evidences of design or purpose in nature" or "the belief that certain phenomena are best explained in terms of purpose rather than cause" (Collins English Dictionary, 2023). Teleology conceives civilization as an entity that progresses linearly with finality in mind, therefore, a lifetime is considered valid when the aims of a human being are accomplished. Considering this, mental disorders are regarded as an element with no grounds, as lack of 'progress' indicates the absence of purpose within human beings that are psychologically ill. Foucault's words do not completely differ from this perspective, "from a descriptive point of view, it is true to say that the patient manifests in his morbid personality segmentary forms of behavior similar to those of an earlier age or another culture" (1962: 28). On top of that, teleology rejects the idea that existence does not follow a linear path, but in *Mental Illness and Psychology* one of the remarkable qualities within mentally ill patients is the dissociation of time "if the patient is ill, he is so insofar as present and past are not linked together in the form of a progressive integration" (Foucault, 1962: 41). Thus, teleological discourse collides with the lack of self-resolution within the behavior of mentally ill patients, "in contrast with the history of the normal individual, the pathological history is marked by a circular monotony" (Foucault, 1962: 41). Opposedly, coined by Charles Darwin, the theory of evolution, -which as previously mentioned, became important during the twentieth century- serves to dismount the

teleological lecture on mental pathologies. As August Weismann asserts, "the 'philosophical meaning' of Darwin's theory lies in the fact that it is founded on a principle "that does not act purposefully, but nonetheless brings about what is suitable for an end" (1902/1904: Vol I. 47). Whereas teleology instigates to find a significant determination in each and every aspect of life, evolution preserves an approach based on ontology, which might be confusing given the fact that Charles Darwin priorly conceptualized natural selection through a teleological explanation. Still, as Ernst Mayr describes, "he gave up teleology soon after he had adopted natural selection as the mechanism of evolutionary change" (1992: 119). Scientific-based dissertations have always been supported by teleology and *vice versa*, however, Darwin's foundation declines purpose as a part of organic processes such as evolution, "natural selection deals with the properties of individuals of a given generation; it simply does not have any long-range goal" (Mayr, 1992: 133). Nevertheless, Foucault stated that the concept of evolution within science was incomplete, as it also required an examination of personal narrative "the analysis of evolution situated the illness as a potentiality; the individual history makes it possible to envisage it as a fact of psychological development" (1962: 42); each generation is composed by a group of individuals that may undergo different conditions within their life experience. The process of evolution cannot entirely escape teleological discourse, but teleology, as any other viewpoint of human nature, is a construction made by cultural beliefs and social principles. Hence, as Dreyfus unfolds "the ontological as opposed to the epistemological view of human being leads to an alternative account of the unconscious, of psychopathology, and of therapy (1987: 19). When examining psychological pathologies, linearity, and purpose become counterproductive, as the illness of the mind implies a backward and forwards movement dictated completely by the personal history of the patient, "the understanding of the sick consciousness and the reconstitution of its pathological world, these are the two tasks of a phenomenology of mental illness" (Foucault, 1962: 46).

Figure 1: Abandoned hospital with caged beds in Germany (Image: Jane Veltmann, *Frost Bite Photography*).

Another factor -if not the most important- that nullified the human condition of mentally ill patients were the medical practices within psychiatry. In *Mental Illness and Psychology,* the conceptualization of psychopathology and its treatments show its negative effects on society. As John Derby asserts, "Foucault critiqued psychiatry as an institutional discourse that

pathologized people with mental illness as irrational, therefore incapable of productivity, and therefore, subhuman." (2011: 97). In addition, Cary Federman remarks on the problematic employment of organic methods into mental pathologies, "for those studies that focus on psychopathy as an organic matter (...) there is no critical or investigative discussion of the social, legal, and historical elements that constitute the core meaning of psychopathic behavior" (2009: 39). On top of that, these assumptions of irrationality as a non-human quality, discriminated sick individuals "establishing the power relationship of doctor-patient according to a sane/insane binary" (Derby, 2011: 97). Brutal practices were exercised towards sick persons with no intention of assisting them, but rather to elude their illness and transform it in a pretext to weaken their reality. Psychiatry developed into "a punitive system in which the madman, reduced to the status of a minor, was treated in every way as a child, and in which madness was associated with guilt and wrongdoing" (Foucault, 1962: 73). Throughout the nineteenth century, some of the methods deployed towards ill patients contained a tremendous amount of brutality. Some of them are mentioned by Foucault, for instance, "a mobile cage was developed that turned horizontally on its axis and that moved in accordance with the patient's own degree of agitation" (1962: 72) -see Figure 1-. The purpose was for the patient to exceed levels of anxiety "until he fainted, or until he came to his senses" (Foucault, 1962: 72).

Figure 2: Bathroom of the Utica Psychiatric Centre (Image: *The Rain-Bath* William Paul Gerard, 1895).

Other practices were related to body temperature, "the shower was used not to refresh, but to punish; it was applied not when the patient was 'overheated,' but when he had misbehaved" (Foucault, 1962: 72) -see Figure 2-. Moreover, these methods were favored by a regulation made in 1838, the "Law on the Insane" -mentioned in the section of 'Some Dates on the History of Psychiatry' (Foucault, 1962: 89). This statute stipulated the creation of asylums to protect patients and to receive medical treatment according to their illnesses. However, the procedures conducted in asylums were influenced by the notion of mental illness as a trait of a diabolical individual, as Foucault asserts, "none of this psychology would exist without the moralizing sadism in which nineteenth-century 'philanthropy' enclosed it, under the hypocritical appearances of 'liberation'" (1962: 73). The debatable conflict between the study of mental pathologies and the social and cultural impositions of each period were not considered during the time, however, as Federman explains, "a critical

analysis of psychopathy cannot be undertaken without considering the historical and sociopolitical aspects of the idea of deviance and violence that have generated the idea of a psychopath as a psychic entity unmoored from society's constraints" (2009: 39). Later, in the twentieth century, two major phenomena included in Foucault's work illustrate the ferocious processes in psychiatry, one the one hand, the first lobotomies executed by Egas Moniz in 1936. As explained in 'The Journal of Criminal Law and Criminology' lobotomy consists of "severing the brain fibers that connect the frontal lobes and the thalamus" (Vol.38, 392). Within this process, the objective is to disconnect the parts of our brain concerned with emotion from the ones in connection to intellectual experience thus "when the communication fibers are cut the interaction of the thinking and feeling factors in the individual are changed" (Vol. 38, 392). At the moment that these practices started demonstrating considerable changes, lobotomy was regarded to be an excellent solution to mental illnesses such as depression, anxiety, or schizophrenia. However, as Gretchen J. Diefenbach et al. explain, "the press described steps in the operation as precise" (1999: 63) but years later, in medical and psychological studies, it has been found that "lobotomy was performed by burring holes into a patients' skull, and then using a knife to destroy fibers connecting the frontal lobe with the rest of the brain" (Diefenbach et. al, 1999: 63). In view of this, lobotomy was risky and unsafe for mentally ill patients, moreover, "this was a relatively crude and 'blind' procedure, during which the surgeon was largely unable to see the areas of the brain being destroyed" (Diefenbach et. al, 1999: 63). Again, the hazardous methods within psychiatric medicine show the detachment that civilization presented from the reality of mental pathologies, as Foucault recounts, "these practices are merely an indication of all the distances maintained by a society with regard to this major experience of the Insane, which, gradually, through successive divisions, becomes *madness*, *illness*, and *mental illness*" (1962: 80). On the other hand, another medical procedure that prevailed during the twentieth century -mentioned in Foucault's book- is the use of electroshock performed by Cerletti in 1938. As described by Peter R. Breggin, "electroshock, also known as Electroconvulsive Therapy or ECT is a psychiatric procedure that involves the passing of 100 to 190 volts of electricity through a patient's head in order to cause a convulsion or grand mal seizure" (1979). The intention of using ETC was to reduce major depression, bipolar disorder, mania, and some forms of schizophrenia, however, a research study conducted by the York University, School of Nursing in Ontario, revealed that "the nurses interviewed believed electroshock culminated in a net gain for patients" (Van Daalen Smith, 2011: 457) yet "a significant gap exists in what information and which perspectives are being given to

nurses" (Van Daalen Smith, 2011: 459). On top of that, several patients have uttered the negative effects provoked by electroshock, "the women described their experience as fraught with powerlessness and one where they had no control. Their experience resulted in loss and damage with the underlying issues (if there were any) being ignored" (Van Daalen Smith, 2011: 467). Ultimately, the nurses interviewed declared that "they had no idea how patients who had received electroshock were post-discharge unless the patients returned for subsequent care or treatment" (2011: 469) further to that, Van Daalen Smith explains "there is a dearth of adequate follow-up, as evidenced by the nurses interviewed reporting not having knowledge about how many patients were doing unless they were readmitted for maintenance ECT" (2011: 471). Seemingly, none of these practices contemplated the personal history and experience of each patient before they executed these procedures, it is fundamental to study and reconstitute the different stages of each mental pathology and how it is endured by the sick person. As Foucault explains, mental pathologies are situated "in relation to human genesis, in relation to individual, psychological history, in relation to the forms of existence" (1962: 84).

In order to conclude with the various forms in which mental pathologies have been unreasonably catalogued, it is crucial to be sceptical about the historical, teleological, and medical spectrums that have intended to define madness. As Tina Besley discusses, Foucault contemplated how "madness or mental illness cannot be seen as a natural fact to be studied scientifically in order to yield both its status as disease and its treatment (...) it emerges rather as a cultural and historical construct, the product of certain knowledge practices in medicine and psychiatry, supported by a grid of administrative routines and techniques" (2007: 54). Considering the different shapes of mental pathologies, female madness represents an important vision of how women's mental illnesses have been deployed according to patriarchy, law and historical values that undermined female subjects, as Foucault concludes in the last pages of *Mental Illness and Psychology*: "the psychological dimensions of madness cannot, therefore, be eliminated on the basis of a principle of explanation or reduction external to them" (1962: 87).

3. Re-placing female madness through *Mental Illness and Psychology (1962)*

During numerous historical periods, as priorly commented, women have been conceptualized through different patterns attached to the patriarchal values that nourished traditional stereotypes in relation to gender roles. On one hand, the male represented the authoritarian figure in the relationship and was regarded as superior, therefore suitable enough to be in control, whereas the female was expected to submit to the masculine figure and follow the norms created by the social, political, and cultural standards. On the assumption that a woman subverted and failed to obey these moral codes, her sanity transformed into a sceptical matter outlined by the jurisdictions of gender boundaries. The present paper aims to relocate female madness through *Mental Illness and Psychology* (1962) and deconstruct the analysis of women's diseases established by the divergent historical perspectives.

As a matter of fact, Foucault reckons that the delineation of female madness is constructed for the sustenance of the patriarchal line, as John Derby remarks, he "critiques the moralistic and gendered undercurrents of specific, historic mental illnesses such as hysteria and melancholy" (2011: 97). Certainly, "women are situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind" (Showalter, 1985: 4). Although an important percentage of the residents within asylums were men, madness was -and still, is- conjectured as a female quality, as a feeble trait that turned these men into 'less masculine'. Following the same line, Joan Busfield asserts, "the material world is socially constructed - that is, it is given significance through the meanings and concepts we attach to it (...) the concept of gender is of value precisely because it highlights the role of social factors in shaping men's and women's behaviour." (1994: 262). In addition, it is crucial to analyze how female madness has mutated through the course of history and how cultural values have fabricated the archetype of the mad woman in association with the organic reading of mental pathologies. As commented by Jane M. Ussher, "a difficult woman of the 16th century was castigated as a witch, and the same woman in the 19th century a hysteric, in the late 20th and 21st century, she is described as 'borderline' or as having PMDD" (2013: 69).

Significantly, during the nineteenth century, the notion of hysteria dominated the discourse around female madness, as it described a connection between organic and mental illnesses suffered exclusively by women. As asserted by Elaine Showalter, "by the 1880s,

gynaecologists and psychologists ascribed nearly all female diseases to uterine malfunction, for which belts, injections, and internal appliances were prescribed" (1980: 176). Moreover, these inferences not only misinterpreted physical difficulties in the female organism but also stigmatized the various psychological illnesses of women, as their mental suffering was reduced and defined by their reproductive functions. Hence, this amalgamation of the physiological and the psychological sets a precedent that silences female discourse around madness, however, as Foucault explains, "the concept of madness is, therefore, to be contrasted both with the concept of illness, where the judgment is of physical functioning, and with that of wrong-doing or badness, where it is the acceptability of behavior that is the issue" (Busfield, 1994: 261). Further to this, it is shown that the merge of organic and psychological diseases did not have a verified relationship. Nevertheless, it served to reinforce the power relations between men and women, as infertility, neurasthenia, or nymphomania were considered traits of female lunacy, therefore, a reasonable motive to justify the inferiority of women's organism and psychology. Additionally, these premises obstructed medical research to assist female patients, "the traditional beliefs that women were more emotionally volatile, more nervous, and more ruled by their reproductive and sexual economy than men inspired Victorian psychiatric theories of femininity as a kind of mental illness in itself" (Showalter, 1980: 180).

Considering everything that has been discussed so far, the discourse within *Mental Illness and Psychology* allows to clarify how the predominant ideologies within different periods misconceived psychological diseases. Besides, Foucault's approach to mental pathologies dismantles the methods by which the Victorian psychiatric system classified mental disorders and helps to replace the concept of women's dementia. As mentioned by Elaine Showalter "some of the disorders for which women were committed to asylums in the nineteenth century no longer exist (...) hysteria has virtually disappeared; nymphomania, puerperal mania, and ovarian madness no longer present acute symptoms" (1980: 181). Eventually, these medical procedures show how historical and cultural beliefs altered the designation of psychological illnesses to such an extent that female madness became another column to support patriarchy.

In spite of the fact that women still suffered numerous social constraints in regard to mental illnesses, the medical field brought several advancements that ameliorated women's health and safety throughout the twentieth century. On the one hand, the contraceptive pill, which was developed during the beginning of the first part of the centennial, started being

used in the 1960s. On the other hand, the introduction of antipsychotic drugs in the second part of the century ceased many practices such as lobotomy, electroshock, and sterilization. As R. Christian Johnson asserts, the contraceptive pill served "to integrate contraception with medical practice, to legitimize contraception, and to help women gain control of their bodies" (1977: 75). Likewise, Joel Braslow suggests that "these recent developments underscore the contingent nature of scientific medicine and suggest the importance of a historical perspective in understanding the nature of clinical care" (2000: 801). Bearing in mind the progressions made during the twentieth century, it is proved how the nineteenth-century medical field imposed a parallel between the man/woman and doctor/patient dichotomy. Consequently, within the second part of the centennial, medical research confirmed the veracity of the viewpoint in *Mental Illness and Psychology*, as madness was not a feminine quality, but rather a consequence of sexual discrimination. To Foucault, "the history of madness must be written in terms of the history of reason, rationality and the subject and the metavalues of freedom and control, knowledge and power" (Besley, 2007: 54). On top of that, it must not be unrecalled that the male/female binary still influenced the perception of mental pathologies, "in the twentieth century, too, we know that women are the majority of clients for private and public psychiatric hospitals, outpatient mental health services, and psychotherapy; in 1967 a major study found more mental illness among women than men from every data source" (Showalter, 1987: 3).

In the forthcoming years, there appears to be a shift of perspective around mental pathologies within women, yet, this illusion may be conferred due to the fact that society is still located in the twenty-first century, which blocks a distant focus from reality. Furthermore, as Ussher explains "femininity is still central to this process, as is evidenced by the diagnosis of the modern 'female maladies', hysterical and borderline personality disorders, and PMDD" (2013: 63). As defined by the National Institute of Mental Health, "borderline personality disorder is a mental illness that severely impacts a person's ability to regulate their emotions. This loss of emotional control can increase impulsivity, affect how a person feels about themselves, and negatively impact their relationships with others" (NIMH, 2023). However, several research projects have shown that gender is still considered a determinant factor when diagnosing mental disorders, "men's sadness and anger was considered to be related to situational factors – such as having a bad day – whereas sad or angry women were judged as emotional" (Barrett and Bliss-Moreau, 2009). Additionally, menstrual diseases and symptoms are considered to be extremely attached to mental health

anomalies, “women who report a range of feminized psychological changes premenstrually, primarily anxiety, tearfulness, and depression, can be diagnosed as having PMDD – as can women who contravene idealized femininity through ‘symptoms’ of anger and irritability” (Ussher, 2013: 67). Through these assumptions that contract the linkage between femininity and madness, it is confirmed that the cultural discourse is so far dominated by patriarchal values. Added to that, as Federman affirms, “Foucauldian analysis casts a sceptical eye to ward any idea that tries to prove that concepts (or persons) exist in an unmediated space, without reference to context, language, and its social effects” (2009: 39). In spite of how the authoritarianism of patriarchy seems to be defeated, its repercussions contribute to the stigma of women’s dementia. Henceforth, it is crucial to scrutinize how the nineteenth-century conceptions of female madness have affected the current society. In order to acquire a distant perspective that allows one to perceive these influences, fiction facilitates a discernible analysis of the social and cultural implications of patriarchy through history. The purpose of this paper is to examine female characters in different timelines through a Foucauldinian perspective that permits to forfeit of social prejudices towards women’s madness so as to relocate these characters and reconstruct their real narrative around mental health.

4. Female characters reviewed through *Mental Illness and Psychology*

4.1 Bertha Mason in Charlotte Brontë's *Jane Eyre* (1847)

For decades, Charlotte Brontë's *Jane Eyre* (1847) has been considered a novel that liberated the female voice and incorporated a discourse that rejected the patriarchal values within nineteenth-century society. The plot introduces the life experience of Jane Eyre, a white middle-class woman who describes herself as "poor, obscure, plain and little" (Brönte, 1847: 251) but also who displays an independent attitude that refuses the idea of needing a male figure. Ultimately, Jane marries Mr. Rochester, and although the 'happily ever after' cliché is reinforced, the protagonist seems to become the feminist heroine in the book. Nevertheless, the storyline implicitly presents a twofold experience that nurtures the classification of women, presenting 'the Angel in the House' and 'the Mad Woman in the Attic' as the only two possible female identities. On the one hand, Jane conforms to marital life, and despite the fact that she appears to be rebellious, she consecrates her survival as a white middle-class woman due to the fact that she conforms to the nineteenth-century ideal of femininity. On the other hand, Bertha Mason is conceived and defined as a monstrous creature who suffers from mental disorders and does not follow the traditional standards of the female gender, thus, she is delineated as 'subhuman' and is finally executed by the end of the book. According to Foucault, the birth of the monster "belongs to the biolegal domain because the monster combines the unnatural, the socially forbidden, and the legally prohibited (...) that has transgressed both the natural and the positive laws" (Federman, 2009: 45). Along with that, *Mental Illness and Psychology* constitutes mental pathologies as a cultural construction. Through this part of the research, the character of Bertha Mason will be explored in order to expose the social demonization of female madness and its consequences in the biomedical field.

Firstly, it is pivotal to explain that the narrative is adjusted in order to generate a negative discourse about Bertha. Although the audience does not know her real name, the author foregrounds a monstrous and sublime aura around her from the beginning of the novel, "the last sound I expected to hear in so still a region, a laugh, struck my ear (...) it was a curious laugh; distinct, formal, mirthless(...) the laugh was as tragic, as preternatural a laugh as any I ever heard" (Brönte, 1847: 108). Also, the first fire created by Bertha -whose identity still remains a mystery- shows her alleged dangerousness, as Jane strongly believes the scary laugh and the fire came from the same person, "I briefly related to him what had transpired:

the strange laugh I had heard in the gallery: the step ascending to the third storey; the smoke,—the smell of fire which had conducted me to his room" (Brönte, 1847: 150). Additionally, Jane's first description of Bertha nurtures this 'monstrosity' that she emanates, "Fearful and ghastly to me--oh, sir, I never saw a face like it! It was a discoloured face--it was a savage face. I wish I could forget the roll of the red eyes and the fearful blackened inflation of the lineaments!" (Brönte, 1847: 281). Bearing these passages in mind, there is a constant anticipation of Bertha's madness, presented as inescapable due to her mental and physical state.

Later in the novel, the audience discovers that she is Mr. Rochester's former wife and she remains confined in a room for the reason that her madness is extremely menacing. Symbolically, the binary of sanity/insanity plays an important part within the story, as Jane represents reason, beauty, and purity, she adheres to the nineteenth-century female role, therefore, she deserves a position in civilization. On the contrary, Bertha is insane, and monstrous and her madness is hazardous, so imprisonment is the only way to ensure everyone's safety. Nevertheless, "Brontë prefigures Michel Foucault's important insights into the constitution of madness in the nineteenth century as a behavioural and linguistic disorder, a divergence from the values and practices of hegemonic society" (Beattie, 1996: 497). The outcome of the novel portrays how 'the Angel in the House' is entitled to get married and live a fortunate life, whereas 'the Mad Woman in the Attic' must be eliminated so as to preserve the values and standards of humankind. Along with that, Elaine Showalter asserts that "Bertha's violence, dangerousness and rage, her regression to an inhuman condition and her sequestration became such a powerful model for Victorian readers, including psychiatrists, that it influenced even medical accounts of female insanity" (1985: 68). Moreover, the denouement of the novel occurs amidst Bertha's death:

> "he went up to the attics when all was burning above and below, (...) we heard him call 'Bertha!' We saw him approach her; and then, ma'am, she yelled and gave a spring, and the next minute she lay smashed on the pavement" (Brönte, 1847: 423).

One of the most striking features within Bertha's character is how her perception has changed throughout history, in the nineteenth century she exemplified the negative consequences of madness and disobedience towards patriarchal conventions. Whereas in the twenty-first century, she symbolizes how women's mental health has been manipulated and blemished unfairly, "the asylum, Michel Foucault explained, is primarily a form of

institutional control. In this context, Bertha Mason, and the figure of the madwoman in general, became a compelling metaphor for women's rebellion" (Donaldson, 2002: 100). As priorly commented, just as the perception of Bertha, the definition of female madness has changed, as Elizabeth Donaldson states, "another factor significantly affecting contemporary readers' sympathy for Bertha Mason is the changing cultural thinking about psychiatry, mental illness, and the asylum from the late 1960s to the present. Psychiatry, feminist critics pointed out, unfairly pathologized women" (2002: 100). Despite the fact that Charlotte Brontë contributed to encouraging Bertha's psychopathy, she also correlated lunacy with other characters, hence, "by relating insanity to supposedly 'sane' characters like Jane, Rochester, and St. John Rivers, Brontë refuses to subjugate it to reason, destabilizes the relationship of signifier to signified" (Beattie, 1996: 496).

Considering everything that has been explained yet, there are three aspects within the novel that discriminate against Bertha's character and implicitly transform her into a demonic female figure. Primarily, the references to her physical appearance continually allude to the fact that she resembles an abnormal creature with vampiric traits, therefore she cannot be regarded as 'human'. As Jane mutters, Bertha evokes "the foul German spectre—the Vampyre" (Brönte, 1847: 281). On top of that, Bertha never speaks within the entire novel, consequently, she is only projected through her madness and monstrosity, without having the possibility of existing outside the 'madwoman' scheme. Another important factor that fosters her madness is the hereditary mental disorder that circulates around her family, as Mr. Rochester mentions "My bride's mother I had never seen: I understood she was dead. The honeymoon over, I learned my mistake; she was only mad, and shut up in a lunatic asylum" (Brönte, 1847: 303). Also, he explains that Bertha's older brother has a "feeble mind" and her younger brother is described as a "complete dumb idiot" (Brönte, 1847: 303). All of these declarations reaffirm Bertha's madness as inevitable, as if she was meant to grow mentally ill. The third point and probably the most relevant for this research, is the fact that Bertha becomes confined so as to castigate her excessive temperament and extreme emotions, Mr. Rochester explains that "her vices sprang up fast and rank: they were so strong, only cruelty could check them" (Brönte, 1847: 304). What is more, he announces that "the doctors now discovered that *my wife* was mad — her excesses had prematurely developed the germs of insanity" (Brönte, 1847: 304), within these lines, Foucault's theory becomes endorsed, as the biomedical discourse shows to be dictated by culture. Eventually, a woman that conceived and exhibited strong emotions was conceived as inherently insane, as Jane M. Ussher

illustrates, “the 19th-century hysteric was deemed labile and irresponsible, as a justification for subjecting her to the bed rest cure or incarceration in an asylum” (2013: 67).

Moreover, the fact that Mr. Rochester confined his wife and dehumanized her in such ways, certainly contributed to the development of her unstable temperament. Parallel to that, the treatment implemented towards patients in asylums is nowadays proved to have an impact on the expansion of mental pathologies, “the situation of internment and guardianship imposed on the madman from the end of the eighteenth century, his total dependence on medical decision, contributed no doubt to the creation, at the end of the nineteenth century, of the personality of the hysteric” (Foucault, 1962: 12). Even so, the fact that Bertha’s brothers are mentally ill as well, proves that the definition of dementia cannot be constrained to gender. Essentially “Bertha Mason, Charlotte Bronte's paradigmatic madwoman, continues to compel feminist criticism to address the highly problematic yet omnipresent conjunction of madness and femininity” (Beattie, 1996: 499) which demonstrates once again that female madness is a cultural and social artifact utilized to validate and sustain patriarchal values. Thus, approaching Bertha Mason through *Mental Illness and Psychology* helps to clarify that the notion of female madness was not defined through psychological symptoms, but rather by the deviations and discrepancies that a woman may present in contrast with social conventions.

4.2 Marianne Sheridan in Sally Rooney's *Normal People (2018)*

During these past few years, Sally Rooney has become one of the most important contemporary writers in feminist critique. Amongst others, *Normal People (2018)* has drawn attention to the cultural implications regarding power relations, social discipline, and female mental and physical subversion. The storyline presents the trajectory and life of Marianne Sheridan, an upper-middle-class teenager that lives in Carricklea, a small town in Ireland. From the beginning of the plot, she is described as 'atypical', "She wears ugly thick-soled shoes and doesn't put makeup on her face. People say she doesn't shave her legs or anything" (Rooney, 2018: 3). Although Marianne is young, she is a highly learned student, but she is shown to be outcasted both at her home and in high school. Through the course of the novel, the reader unfolds how the protagonist's environment deteriorates her mental health across different forms of patriarchal oppression. On the one hand, the audience notices how Marianne "accepted violence as a form of control" (Rupčić, 2021: 14) as her father -who dies before the plot takes place- was physically and verbally abusive towards her mother, her brother, and herself. On the other hand, the protagonist establishes a sexual relationship with her classmate Connell Waldron; nevertheless, this affair is kept a secret, as Connell does not feel sure, Marianne suggests that 'no one would have to know" (Rooney, 2018: 5). Both events contrive an outcome in which Marianne allows her body and her personality to be continually mistreated in order to prove her love for the men that surround her. The aim of this part of the research is to illustrate the consequences of patriarchal values within the medical field and invigorate how Foucault's theory serves to dismount the discourse around women's madness through the character of Marianne Sheridan.

In regards to her relations, after breaking up with Connell, she starts a relationship with James, an upper-class friend whom she meets at university, however, later in the plot she admits to luxuriating in abusive sexual intercourse:

> "It was my idea that I wanted to submit to him. It's difficult to explain(...) It's not that I get off on being degraded as such. I just like to know that I would degrade myself for someone if they wanted me to." (Rooney, 2018: 132).

Afterwards, she terminates her romance with James and travels to Sweden, where she meets a photographer who becomes her new love affair. Nonetheless, Marianne and Lukas -her new boyfriend- arrange an emotional and sexual relationship that evokes a strict definition of gender roles, they call it 'the game', "Marianne is not allowed to talk or make eye contact (...)

If she breaks the rules she gets punished later (...) The game doesn't end when the sex is finished, sometimes after sex Lukas tells her bad things about herself" (Rooney, 2018: 190). What is more, Marianne grows attached to her sexual leverage, but her mental stability begins to clash with these forms of carnal love, as Barros-Del-Río asserts, "these practices of body exploitation become the scapegoat of Marianne's emotional vulnerability, and a form of performative bodily resistance too." (2022: 185). Ultimately, the protagonist realizes the cruelty of these events, "Could he really do the gruesome things he does to her and believe at the same time that he's acting out of love? Is the world such an evil place, that love should be indistinguishable from the basest and most abusive forms of violence?" (Rooney, 2018: 199). In due course, she adopts an active role towards herself and towards other people, thus "her proactive extrication from Lukas suggests an emergence of voice and an epiphany of liberation for Marianne" (Donohue, 2020: 55).

With respect to her family circle, Rooney broadens Marianne's familiar conflict as a subplot, yet this is a crucial point in order to understand the deterioration of the protagonist's mental health. Primarily, her mother -a victim of domestic violence- constantly undermines Marianne and justifies any violence exerted towards her, "Denise decided a long time ago that it is acceptable for men to use aggression towards Marianne as a way of expressing themselves. […] She believes Marianne lacks warmth" (Rooney 2018: 65). As a matter of fact, her brother Alan adopts his father's attitude towards her sister by incessantly employing verbal and physical abuse on her, and her mother acts as his accomplice. Significantly, "Marianne's pervasive sense of guilt is closely related to humiliation and becomes chronic, partly as a result of her mother's contempt" (Barros-Del Río, 2022: 184). In the end, Marianne, after being heavily hurt by Alan, achieves to escape her family and abandons that draining atmosphere. Subsequently, she starts living with Connell -with whom she returns- and his mother, and learns to build a solid and stable relationship with her new environment. What is more, she encourages Connell to follow his dream of moving to New York, which proves that she is capable of building connections without recurring to submissive methods that nurture power relations, henceforth "Rooney is seeking a space outside of such a hierarchical power structure" (Franchino, 2021: 134).

Bearing in mind Marianne's experience, Foucault's assertions in *Mental Illness and Psychology* invoke to dismantle various concepts implied by the biomedical line that predominate within our current society and culture in relation to Rooney's novel. First and foremost, as Ussher affirms, "at the beginning of the 21st century the 'legitimate' symptoms

of madness are laid out for all to see in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)" (2013: 65) however, diseases related to uterus defections, period symptoms and hormonal disorders are stipulated as manifestations of women's mental illnesses. Notwithstanding, as Foucault explains "in mental pathology, the reality of the patient does not permit such an abstraction and each morbid individuality must be understood through the practices of the environment with regard to him" (1962: 12). Considering this, Marianne never displays any uterus malfunction or complex menstrual syndrome, for that reason, it is proved that her psychological disorders originate through the unstability of her family, she "has certainly a damaged personality, but that is only as a result of other damaging characters surrounding her" (Alférez, 2023: 157). As stated previously, one of the main problems is that organic and psychological illnesses are envisaged under the same criteria, yet, "the notion of organic totality accentuates the individuality of the sick subject" (Foucault, 962: 13), thus, it discredits factors that are considered external to the sickness of the patient. Furthermore, it is constantly visible to the reader how Marianne validates herself through corporeal and mental submission expressed through "momentary assertions of power and sustained self-harm, completely devoid of any expression of pleasure" (Cahill 2017: 159).

Consequentially, there are two key elements that exemplify the cultural implications that discriminate against the female gender within the medical discourse. On the one hand, the nineteenth-century insight of female desire was excessively punished, what is more, the medical domain deemed it as a trait of dementia; whereas in the twenty-first century, it seems to be accepted as 'normative' but the exploitation of female bodies is coated through female desire. Moreover, "Normal People denounces the precarious and controversial position of the female body (...) and the destabilizing effects that this objectification has upon women" (Barros-Del Río, 2022: 186) thus, relating female madness to desire is only an excuse to validate violent lustfulness and power emerging from the male figure in our current society. Another factor that must be considered is how the diagnosis of psychological distress is heavily influenced by gender binaries, "we signal our psychic pain, our deep distress, through culturally sanctioned 'symptoms', which allows our distress to be positioned as real" (Ussher, 2013: 65). The fact that women's mental disorders are majorly explained through menstrual, reproductive and sexual functions completely absolves any circumstance external to the patient, which ruthlessly silences the female experience in society. Fundamentally, "Marianne emerges from silence and passivity to make aggressive moves that qualify as quirky in light

of her nature and psychosocial history" (Donohue, 2020: 54) which shows that the origin of her psychological disease was the situation within her familiar nucleus. In the end, *Mental Illness and Psychology* portrays the problematization of mental pathologies being delineated through the patient's symptomatology and not through their individual and psychosocial surroundings. Along with that, Marianne Sheridan illustrates the repercussions that culture and society have on women's mental health, "as a woman, she navigates the narrow margins of her social and sexual condition" (Barros-Del Río, 2022: 185). Although many improvements have been made throughout history, the medical sphere must also validate female madness through the individual background and the psychosocial context of the patient, regardless of uterine functions.

5. Conclusions

As demonstrated throughout this research, the conceptualisation of female madness is hybrid, as it has mutated across several periods of time and each woman can add another layer to it through personal experience. Nevertheless, all of these endurances have a common factor, and that is, the negative consequences that the patriarchal discourse sustained by the medical sphere has had on their mental health. This end-of-degree paper has analyzed two frameworks in order to understand the stigmatization of female mental pathologies.

First and foremost, the theoretical and medical framework have shown divergent thoughts on mental pathologies. Throughout Michel Foucault's insights in *Mental Illness and Psychology* the methodology and research within the medical domain has been dismounted and proved to be incomplete. Significantly, various processes implied by medicine have not only failed to assist patients, but also resulted in hazardous consequences that deteriorated mentally ill individuals. As thoroughly demonstrated, research within the medical area should improve and start centralizing mental health matters as a social and cultural problem that we suffer collectively. Nevertheless, it is crucial to remark that the Foucauldinian viewpoint has been useful to fathom the faultlines within medicine research and methodologies, but his work never approaches female mental health, thus further investigation was required to manifest the cultural and social implications of women in regard to the medical delineations of female madness. The biomedical system is challenged and its dominance has blurred the importance of the patients well-being, yet it never converges feminist critique and how the female body is constantly castigated and used to stigmatize women's psychological distress.

Furthermore, due to the analysis of Bertha Mason and Marianne Sheridan as fictional characters, two main conclusions have been reached. Firstly, the fact that female madness was rather described by the inconsistencies that a woman presented considering the social and cultural rules that they opposed. When diagnosing a mentally ill patient, gender has been deployed as an irrelevant factor towards the mental state of the patient, however, pregnancy, uterine malfunction or sexual disorders are exclusively attached to the female body, and considered a cause for psychological disorders. Other key features such as social, economic, geopolitical and environmental conditions are discarded by the medical discourse, and the female experience is restricted to its reproductive functions.

Considering social and cultural restrictions, the fact that the two female characters belong to different periods of time draws an invisible line that our society still continues to

follow. Across the study of Bertha Mason, the nineteenth-century society is exhibited as problematic towards women's lives, as the ideals deployed during that time unfavored their position in society, placing the male at the top of the social pyramid, and undermining the figure of the female. Notwithstanding, through the analysis of Marianne Sheridan, the twenty-first century society is presented as cruel and threatening for the female experience, as many delimitations from the past have evolved and preserved in the present time. On account of the fact that *Normal People* belongs to our contemporary scheme, it appears to be more challenging to ascribe social and cultural values to the cruelty deployed on the female body, still, a panoptic view of our civilization recounts the justification of women's subversion and the impact that it has on their mental well-being.

In conclusion with everything that has been analysed, *Mental Illness and Psychology* served as a useful device to issue mental pathologies and dismantle the approach of medicine towards patients through the inhuman portrayal of medical methodology and research. A feminist point of view that attaches Foucauldinian perspective to the inconsistencies of gender classification can relocate female madness to break the archetype and delimitations of the 'Madwoman'. Moreover, revisiting Charlotte Brontë's *Jane Eyre* (1847) and Sally Rooney's *Normal People* (2018) female characters, invites to question the repercussions that the patriarchal values had and still have in society, and especially in the construction of female madness as an excuse to overthrow women and their mental health. Eventually, this analytical research has reached its purpose, which was to disassemble the medical discourse in regard to female madness, and has worked as a guide towards the visibility of women's experience in respect of their mental health.

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