
Madness, Gender, and Power in Victorian Literature: A Cultural and Theoretical Inquiry

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Abstract: This paper explores the intricate relationships between mental illness, gender, and institutional power in Victorian literature. Focusing on seminal novels such as *Jane Eyre*, *The Woman in White*, *Lady Audley's Secret*, and *Villette*, this study examines how Victorian writers portrayed mental illness not merely as a medical or psychological condition but as a socio-cultural construct laden with ideological meaning. Through the analytical lenses of feminist theory, psychoanalysis, and Foucauldian discourse, the paper interrogates how narratives of madness were often gendered and weaponized to reinforce patriarchal control and social conformity. Special attention is given to the literary representation of women as particularly vulnerable to diagnoses of insanity, revealing how these depictions served broader cultural functions. Drawing from primary texts, historical psychiatric discourse, and contemporary scholarly critiques, this research contributes to the ongoing academic conversation on literature, mental health, and gender politics, while illuminating the enduring legacy of Victorian ideologies in shaping modern understandings of psychological deviance.

Keywords: Victorian literature, Female madness, Gender and psychiatry, Patriarchy and control, Hysteria.

Introduction: The Victorian period (1837–1901) was a time of sweeping transformations in British society; politically, economically, and intellectually. The Industrial Revolution reshaped labor, urban life, and class structure, while moral codes and gender expectations were rigorously enforced under Queen Victoria's reign. Amid this backdrop, one area of significant change and contention was the evolving discourse around mental illness. Psychiatry emerged during this time as a distinct and institutionalized medical field, yet its conceptual foundations were far from neutral. Rooted in patriarchal ideology and moral

judgment, the nascent psychiatric discipline often pathologized deviations from Victorian norms particularly those related to gender and social behavior.

Victorian literature functioned not only as a mirror to these shifting dynamics but also as a critical space for examining, subverting, and reconstructing societal views on madness. Fiction of this period reveals a cultural ambivalence: while certain texts appeared to reinforce medicalized views of mental illness, others exposed the biases and inconsistencies in these frameworks. Mental illness in Victorian fiction was thus not merely a personal affliction but it was rather a cultural metaphor, a political tool, and a gendered narrative deeply entwined with the mechanisms of social control.

This paper focuses on the intersection of madness, gender, and power as represented in seminal Victorian novels such as *Jane Eyre*, *The Woman in White*, *Lady Audley's Secret*, and *Villette*. These texts serve as literary laboratories where characters negotiate societal expectations and mental distress through layered narrative strategies. Female characters, in particular, were often portrayed as mentally unstable or emotionally volatile, reinforcing dominant ideologies about female irrationality and susceptibility to mental disorder. However, beneath the surface of these narratives lie complex critiques of the patriarchal institutions; medical, legal, and familial that dictated women's roles and silenced their voices.

In *Jane Eyre*, Bertha Mason is introduced with savage imagery: "She sucked the blood: she said she'd drain my heart" (Brontë 241), a line that encapsulates the dehumanization and gothic sensationalism that often accompanied depictions of madwomen. Bertha's madness is rendered monstrous and racialized, reinforcing colonial and gendered fears. Yet her violent presence also exposes the violent repression at the heart of the domestic space.

In *The Woman in White*, Laura Fairlie's institutionalization is never truly justified. Marian Halcombe narrates with indignation: "She was shut up in an asylum... on the false charge of insanity"(Collins 358). This moment reveals how narrative voice challenges institutional authority, exposing the misuse of psychiatric power for financial and patriarchal gain.

Mary Elizabeth Braddon's *Lady Audley's Secret* similarly destabilizes normative readings of female madness. Lucy Audley herself declares, "I think I am mad. Why not? I've lived with madness for years. I've hidden it" (Braddon 278), forcing the reader to question whether her madness is real or rhetorically performed to escape social consequences. Her utterance blurs the boundary between affliction and defiance, between diagnosis and self-preservation.

In *Villette*, Lucy Snowe's introspective narration expresses psychological distress through metaphor: "I felt a might within me stronger than I—bending my soul as the breeze

bends the grass” (Brontë 320). This poetic framing of internal struggle resists reductive classification and reflects Brontë’s nuanced portrayal of mental health as embedded in emotion, solitude, and spiritual resilience.

As Heather D. Williams has noted, the narrative voice in mid-Victorian fiction becomes a crucial site for articulating mental illness, often serving to either legitimate or delegitimize the afflicted character’s perspective. Susanna Bennett similarly emphasizes how madness intersects with Victorian anxieties around gender, class, and morality, exposing deep societal contradictions. Building upon these scholarly foundations, this study engages with contemporary theories including feminist literary criticism, psychoanalysis, and Michel Foucault’s theory of madness as a social construct to examine how literary texts reflect and resist prevailing ideologies.

By interrogating how Victorian novels depict mental illness in gendered and politicized terms, this research highlights the broader implications for understanding the historical treatment of psychological deviance. These works not only capture the anxieties of their time but also anticipate ongoing debates around gender, mental health, and the power of institutional discourse. Ultimately, Victorian literature does not merely represent madness; it interrogates the cultural forces that define, diagnose, and discipline it.

Madness and Female Identity in Victorian Literature: The association between madness and femininity in Victorian literature is neither incidental nor purely descriptive; rather, it is deeply ideological, embedded in a broader cultural effort to regulate and contain female agency. Victorian authors often depicted women’s psychological instability as innate, reflecting the medical and moral discourse of the time that regarded women as more susceptible to emotional excess and mental breakdowns due to their supposed biological and emotional inferiority. In these texts, madness becomes a narrative tool to question, critique, or reinforce patriarchal norms surrounding gender, sexuality, and power.

One of the most iconic literary representations of female madness is Bertha Mason in Charlotte Brontë’s *Jane Eyre*. Bertha, the so-called “madwoman in the attic,” is doubly othered—both racially and psychologically. Her Creole identity, as Kawther Al Azri points out, ties her madness to Victorian anxieties around racial degeneration and the eroticized, uncontrollable female body. Bertha’s madness is not just personal rather it is colonial, sexual, and racial, symbolizing everything that threatens the order of the English, patriarchal household. When Jane encounters her, the description is savage and animalistic: “It snatched and growled like some strange wild animal: but it was covered with clothing, and a quantity of dark, grizzled hair, wild as a mane, hid its head and face” (Brontë 241). Locked away by Mr. Rochester, her confinement mirrors the broader societal treatment of women whose desires or behaviors diverged from the norm. Yet, her presence in the narrative also raises troubling questions: Who defines madness? Is Bertha truly insane, or is she made mad by patriarchal oppression and physical imprisonment?

Similarly, in Wilkie Collins's *The Woman in White*, both Laura Fairlie and Anne Catherick are institutionalized not primarily due to authentic psychological disorders but as a means of control. Laura, in particular, is committed to an asylum by a scheming husband in pursuit of wealth. As Marian Halcombe remarks, "She was shut up in an asylum... on the false charge of insanity" (Collins 358), revealing how the language of madness could be manipulated to dispossess women of their legal and personal autonomy. Margaret Laird notes that in such texts, mental illness is frequently portrayed as the convenient rationale for stripping women of their voice, rights, and credibility.

Mary Elizabeth Braddon's *Lady Audley's Secret* further complicates the picture. Lucy Audley, whose supposed madness is diagnosed late in the novel, disrupts the ideal of the passive, angelic Victorian woman. Her deceit, ambition, and violence challenge the domestic ideal. She confesses: "I think I am mad. Why not? I've lived with madness for years. I've hidden it" (Braddon 278). Rather than a mere moral transgressor, she becomes a figure of psychological complexity. Her so-called insanity articulated as inherited from her mother functions as both an excuse for and an explanation of her rebellion against societal expectations. Yet, her fate forced exile and medical control reaffirms the narrative's ultimate allegiance to social order. Lucy's character thus embodies the tension between female transgression and patriarchal discipline.

Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892), though an American text, powerfully resonates with the Victorian tradition and has become a central feminist text for understanding the trajectory of female madness in literature. The unnamed narrator writes, "John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad" (Gilman 132). Her descent into psychosis under the infamous "rest cure" reflects the repressive medical practices of the time. Ultimately, her madness becomes a form of resistance; a symbolic revolt against confinement and emotional isolation. In one of the story's most haunting revelations, she declares: "I've got out at last... in spite of you and Jane! And I've pulled off most of the paper, so you can't put me back!"—signaling not only the collapse of her rational mind but also her emancipation from patriarchal surveillance (Gilman 147).

What binds these narratives is the use of madness as a means of regulating women who resist conformity whether through intellectual ambition, sexual desire, or emotional intensity. Elaine Showalter's concept of the "female malady" is instructive here: Victorian culture framed mental illness in women as both a punishment for social deviance and a cautionary tale to reinforce ideal femininity. These literary madwomen are not merely victims of illness but also of systemic oppression, rendered mad by a society unwilling to grant them agency or subjectivity.

These literary portrayals of madness illuminate not only the gendered anxieties of Victorian society but also the power of fiction to expose and critique those very anxieties.

The madwoman becomes a narrative device through which authors register the costs of social conformity and the high price of female dissent.

Madness and Narrative Voice: Narrative technique in Victorian fiction is not merely a stylistic choice but it is a potent ideological tool. The way a story is told often governs how madness is perceived, rationalized, or contested. In literature that engages with mental illness, the narrative voice becomes a crucial site for negotiating between subjective experience and institutional authority. Whether madness is revealed through fragmented monologues, unreliable narrators, or shifting points of view, narrative structure enables Victorian authors to interrogate both psychological distress and the sociopolitical frameworks that define it.

In Charlotte Brontë's *Villette*, the protagonist Lucy Snowe narrates her own story in a deeply introspective and often opaque voice. Her moments of mental disorientation and grief are not medicalized but rather filtered through metaphor and suppressed emotion: "I had wanted companionship and a motive for action, and now I was alone, and the motive was gone" (Brontë 97). Lucy's melancholia is not labeled as madness, but the silence surrounding her emotions and the ambiguity of her thoughts suggest an internal suffering that resists categorization. Her refusal to fully disclose parts of her own story such as her final fate can be interpreted as a subtle act of narrative control, subverting both reader expectations and patriarchal surveillance.

Similarly, in *Lady Audley's Secret*, Braddon uses a significant narrative shift when Lucy Audley begins to speak for herself. Her confession that "I do not say that I suffered for the sins of others. I merely say that I suffered" (Braddon 356)—reclaims a space for emotional and experiential truth. This moment blurs the boundaries between guilt, mental illness, and narrative manipulation, as Lucy articulates a perspective that had previously been mediated through male investigators and social suspicion. Her voice challenges the simplistic notion of her as either villain or victim, instead framing her madness as a narrative strategy that conceals a more complex psychological and social critique.

In Wilkie Collins's *The Woman in White*, the narrative is delivered through multiple voices, including that of Marian Halcombe, whose journal entries offer insight into Laura Fairlie's institutionalization. Marian writes, "She is in the asylum—absolutely helpless and at the mercy of those who claim to be her guardians. And why? Because she refused to sign away her property" (Collins 358). This narrative form exposes how madness is constructed through male testimony and institutional authority, and how alternative female voices work to reclaim narrative agency and truth.

The Yellow Wallpaper by Charlotte Perkins Gilman, though American, provides a relevant parallel with its first-person diary format that documents the narrator's mental deterioration under the "rest cure." As her writing progresses, she becomes increasingly obsessed with the wallpaper in her room: "The front pattern does move—and no wonder!

The woman behind shakes it!” (Gilman 9). The journal format blurs the lines between madness and lucidity, critiquing both patriarchal medical authority and the repression of women’s intellectual life. The story ends with the narrator declaring that “I’ve got out at last... and I’ve pulled off most of the paper, so you can’t put me back!” (Gilman 16), a chilling testament to both her liberation and her breakdown. The narrative voice here simultaneously charts her psychological descent and resists institutional silencing.

Mathilde Vialard, in *Sensation Novels and Domestic Minds*, observes how sensation fiction often confines madness within the domestic sphere. The tension between public narrative and private psychological trauma is replicated in narrative form: the fragmented, claustrophobic storytelling style in many sensation novels mimics the emotional entrapment experienced by female characters. For instance, the erratic narration and interruptions in *The Woman in White* mirror the institutional disorientation experienced by Laura Fairlie, emphasizing the instability of both her legal identity and mental state.

These narrative forms whether polyphonic, confessional, or unreliable critically undermine dominant psychiatric discourses. They challenge the assumption that mental illness is merely a deviation from rationality and instead suggest that madness may represent a legitimate and often prophetic form of insight. By allowing characters to narrate their own experiences of instability, these texts restore a measure of subjectivity and resist the reductive judgments of patriarchal and medical institutions.

Thus, the manipulation of narrative voice in Victorian novels transforms storytelling into an act of resistance. Through their layered and subjective narration, these texts disrupt dominant psychiatric discourses and open interpretive spaces for marginalized voices to assert agency and complexity.

Section III: Institutional Power, Class, and Gender: Victorian psychiatry did not exist in a cultural vacuum, it was rather intricately connected with prevailing ideologies surrounding class, gender, and institutional authority. Asylums, diagnoses, and medical theories were tools not only for treating mental illness but also for categorizing and disciplining behavior that defied dominant social norms. The medical profession, predominantly male, exercised control over women’s bodies and minds, often pathologizing their resistance to domesticity, dependency, and passivity. This dynamic reveals the inherent power structures within the very concept of madness: who diagnoses it, who is subjected to it, and who benefits from its enforcement.

In *The Woman in White*, the institutionalization of Laura Fairlie exemplifies how Victorian institutions could be weaponized against women. Laura is placed in an asylum not because she is genuinely mad, but because her husband seeks to acquire her fortune. Marian Halcombe observes this abuse of institutional power: “She is in the asylum—absolutely helpless and at the mercy of those who claim to be her guardians. And why? Because she

refused to sign away her property” (Collins 358). This moment reveals the legal and medical apparatus working in tandem to silence women and dispossess them of autonomy.

Michel Foucault’s theory in *Madness and Civilization* offers a useful framework: he contends that madness is not merely a clinical condition, but a historically constructed discourse used to exclude and control. In *Jane Eyre*, Bertha Mason is confined not only because of her madness but because she is deemed unfit for domestic English society. Mr. Rochester defends his decision by saying, “I kept her in safety and seclusion. I did my best, and have no cause to be ashamed” (Brontë 260). His language cloaks the violence of confinement in the rhetoric of care, echoing Foucault’s claim that modern institutions conceal repression behind benevolence.

The diagnosis of “hysteria,” which gained traction in the mid- to late-nineteenth century, exemplifies the gendered medicalization of women’s resistance. Elaine Showalter notes that hysteria became “the female malady,” used to pathologize women’s emotions and deviance. In *Villette*, Lucy Snowe never explicitly receives a medical diagnosis, yet her emotional instability and loneliness are portrayed through metaphors of silence and shadow. When she says, “No mockery in this world ever sounds to me as hollow as that of being told to cultivate happiness” (Brontë 320), her words suggest the impossibility of emotional fulfillment within a repressive social order.

Class, too, was a determinant in how madness was interpreted and treated. In *Lady Audley’s Secret*, Lucy Graham’s lower-class origins are hidden beneath her genteel exterior, but her eventual exposure and diagnosis as mad conveniently strip her of social legitimacy. Sir Michael Audley declares, “She is mad. I say she is mad!” (Braddon 356), asserting authority through repetition, though he lacks medical training. The declaration becomes a performative act of social purification removing an unfit woman from the sphere of respectable domesticity. Her exile to a continental asylum serves as both punishment and erasure.

These literary moments highlight the complicity of Victorian institutions in regulating gender and class boundaries. Women who deviated from the ideals of obedience, silence, and dependence were pathologized and removed from society. The asylum, like the courtroom or the drawing room, became a stage upon which patriarchal power was performed and reaffirmed.

Moreover, the Victorian asylum was often presented as a place of moral reform rather than medical treatment. This concept was based on the belief that a woman’s recovery hinged on her return to submissive femininity. As depicted in several novels, reintegration into society was possible only if the woman accepted her prescribed role. Those who did not, like Bertha Mason or Lucy Audley, were permanently confined or erased. In this way, literature reveals how institutions acted not to cure but to contain.

Taken together, these narratives reveal how institutions; medical, legal, and domestic functioned as agents of discipline, often targeting women who challenged prevailing norms. Rather than simply reflecting Victorian social order, literature interrogated the very structures that sought to define and confine madness.

Conclusion: Victorian literature provides a compelling lens through which to explore the cultural and ideological dimensions of madness, particularly as it intersects with gender and power. Across the canonical novels analyzed—*Jane Eyre*, *The Woman in White*, *Lady Audley's Secret*, and *Villette*—madness emerges not as a neutral medical diagnosis but as a discursive construct deeply embedded within Victorian anxieties about female autonomy, sexuality, and societal roles. These texts reveal that the madwoman is not merely a figure of pathology but also one of narrative complexity and political symbolism.

Through the detailed exploration of female identity, narrative voice, and institutional control, it becomes evident that madness in Victorian fiction functions as a cultural mechanism for silencing, marginalizing, and disciplining women who deviate from prescribed roles. Characters such as Bertha Mason, Lucy Audley, and Laura Fairlie are not simply victims of mental illness; they are subjected to a system of social and medical surveillance designed to suppress their desires, ambitions, and dissenting voices. In this way, literature becomes both a reflection and critique of broader societal practices.

The narrative strategies employed by authors, ranging from first-person confessions to polyphonic structures, serve to challenge dominant psychiatric discourses by granting voice and subjectivity to those labeled as mad. These narrative voices subvert the supposed objectivity of medical diagnosis, instead highlighting the often arbitrary and gendered nature of institutional power. As such, the act of storytelling itself becomes an arena of resistance, enabling female characters to reclaim agency and critique the structures that seek to contain them.

Furthermore, the role of institutions in these narratives whether asylums, courts, or family households illuminates the entangled relationship between madness, class, and control. Victorian society frequently utilized psychiatric labels to regulate behavior, disempower women, and protect patriarchal and economic interests. By deploying theories from Foucault, Showalter, and feminist criticism, this paper has shown how madness operates as a socially sanctioned method of exclusion and domination, disproportionately impacting women who challenge normative expectations.

Ultimately, the significance of Victorian depictions of madness extends beyond their historical context. They offer profound insights into how cultures construct and weaponize mental illness, particularly in relation to marginalized identities. These narratives continue to resonate in contemporary discussions about gender-based medical bias, institutional power, and the politics of voice and silence.

In reading these novels through interdisciplinary and theoretical lenses, we not only unearth the repressive functions of Victorian psychiatry and domestic ideology but also recognize the literary imagination as a site of critical intervention. The madwoman, often relegated to the margins of the narrative, becomes a central figure in understanding the cultural politics of the era. Her story, though constrained by diagnosis and institutionalization, persists; demanding to be heard, reinterpreted, and reclaimed.

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