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Frail Bodies and Fierce Minds: Female Resilience and the Politics of Sickness in Austen's Women

RUSHDA ELAHI

Postgraduate Student

Aliah University, Kolkata

Abstract: Illness in Jane Austen's novels functions as a mirror reflecting the gendered, social and moral aspects of women's lives in late eighteenth- and early nineteenth-century England. Austen reimagines frailty as a site of intellectual and moral resilience, through her nuanced representations of women's illnesses. This paper argues that illness in her novels are not merely signs of weakness but rather act as catalysts for reflection and transformation and sites for gendered political discourse, revealing Austen's faith in the power of the mind over the body. While many female authors before her reinforced stereotypical ideas of femininity and frailty, Austen's varying treatment of her female characters bring traditional ideas of vulnerability and agency into question and call her political positions on gender into question. Austen's depiction of illness ranges from genuine suffering to performative frailty, exploring women's moral consciousness and the limitations society imposed upon their bodies. In *Persuasion*, Louisa Musgrove's fall triggers her self-transformation. In *Mansfield Park*, Lady Bertram's condition, while not directly affecting the narrative, is still significant to understand chronic illness, and her portrayal complicates the politics of womanhood in Austen's novels which is central to my argument. Similarly, nerves in Austen's novels expose illness as a performative tool for negotiating attention, companionship and authority within patriarchal domestic spaces. Through irony and realism, Austen situated sickness at the intersection of emotion, class, and gender to expose the cultural mechanisms that both constrain and define female identity. Illness, therefore, becomes a narrative and ethical space where endurance gains resilience and subversive power. Ultimately, by shedding light on Austen's ideas of womanhood, strength, and agency, the study reveals how illness becomes a complex marker of endurance, awareness, and virtue, hence attempting to understand how she pictured feminine resilience as complicated and morally significant.

Keywords: *Endurance, performance, morality, illness, womanhood*

Introduction

Illnesses in Jane Austen's novels function as far more than mere plot devices and narrative tools, but rather, act as mirrors to the socio-economic, moral and political dimensions of women's lives and bodies in the late eighteenth and early nineteenth centuries. Apart from serving as narrative devices, sickness and the discourses surrounding it shed light on the treatment meted out to women during Austen's time. Austen wrote during extremely turbulent times, a period marked by war, social upheaval and constant change. The tranquility in her novels provided a striking contrast to the tumultuous external world. By focusing on the domestic spheres of the upper and middle classes of the society, Austen provided a literary world away from overtly political discourses of her time. However, gendered politics inevitably seeped through her narratives through the representation of the many women characters in her novels (Brownstein 15). The women in Austen's novels, whether central protagonists or figures who act as comedic relief, often revealed complicated truths about the lived realities of women and Austen's own ever evolving ideas regarding womanhood.

With the help of these characters, one may try to understand how Austen saw women, their place in society, social rules, their strengths and weaknesses, their resistance and ability to transform both themselves and others around them. One particularly interesting motif through which one may examine and analyse the aforementioned ideas is that of sickness and health in Austen's novels. Illness is a recurring presence in Austen's body of work with each novel containing several instances that reveal many truths and question preconceived ideas, complicating conventional notions of strength, frailty, moral and ethical virtue and social subversion. The different characters and their responses to illness, the undercurrent of moral and gendered complexities in the domestic sphere further complicates the politics of womanhood in Austen's fictional world. As John Wiltshire argues, Austen is interested in illness's cultural aspect, in the patient's use of the body for social advantage and in the entertainment to be extracted from hypochondria in its various forms (Wiltshire 310).

One such example of illness is the character of Marianne from Austen's first novel, *Sense and Sensibility*. Marianne's suffering may be interpreted as a parody or a subversion of the gothic trope of the ruined girl who dies of a broken heart. Rather than punishing her heroine through death or decline, Austen allows Marianne's sickness to function as an opportunity for transformation and growth (Bartlett 95). Austen's novels are littered with maladies of many kinds, each revealing truths about the lives of women through their treatment throughout the novel. One idea that complicates the politics of illness and the body is that of the presumed hypochondriac, an idea Austen's novels repeatedly return to, exemplified by characters like Mrs. Bennet from her novel *Pride and Prejudice*. Austen treats these characters not with complete contempt or dismissal but with a blend of irony and compassion. Their conditions offer a sense of liminality, between genuine suffering and self concern, offering a critique of

social and psychological vulnerabilities within the domestic sphere. Nerves act as a cry for attention in a society that limits women through its rules and norms.

In contrast to this humorous treatment of hypochondriacs is that of Lady Bertram from her novel *Mansfield Park*. Lady Bertram is often dismissed as indolent or apathetic. Through this paper I aim to read her character as a chronically ill woman, an invalid, suffering from an ambiguous condition that renders her partially disabled and stops her from participating in society like other women of her age and social standing. This reading reframes her passivity as a symptom of physical limitations and not moral weakness or apathy, exposing the intersection of health, gender and social rules and illuminating how invalidism functions in Austen's literary world.

Contextualising Illness in Austen

If illness in Austen operates as a structural and thematic lens, it must also be situated within the broader cultural and medical frameworks that gave it meaning. In her novels, sickness does not emerge in isolation but is embedded within the workings of gendered expectation, affective discipline, and evolving medical discourse. Rather than listing clinical symptoms, Austen is attentive to what illness discloses about social constraint and the intimate relationship between mind and body. The body becomes a register of interior strain and a medium through which social and cultural dramas are enacted.

One of the most compelling figures to emerge from this body of work is that of the psychosomatic heroine. Anne Elliot in *Persuasion* exemplifies how emotional repression inscribes itself upon physical form. Psychosomatic response in Austen is not melodramatic excess but embodied truth, a mapping of mental and emotional experience onto the visible body (Tavela). Anne's faded bloom signals eight years of grief, regret, and disciplined self denial. Nineteenth century femininity required the constant performance of affective labor, an internal regulation of disappointment, desire, and anger in order to maintain composure and social viability. Within this framework, the body absorbs what speech cannot articulate. Anne's eventual restoration to perfect health is tied not merely to romantic reunion but to renewed usefulness and purpose. As she tends to the injured and the distressed, occupying a quasi medical and moral role within her community, she begins to recover her lost liveliness and vitality.

From a disability studies perspective, characters such as Anne, Mrs. Smith, Captain Benwick, along with this paper's reading of Lady Bertram, inhabit what may be termed crip temporality, a slower, recursive experience of time shaped by afterlives of sorrow and bodily injury (Sathar 3). Their trajectories challenge the ableist expectation of a quick or instantaneous recovery and linear progress, this foregrounds endurance over acceleration. In Austen's later work, particularly *Sanditon*, illness becomes even more overtly social. It operates as a micro society, a shared language and a form of currency. Hypochondria proliferates, and nerves function as a technique or tool of control. Figures such

as Mrs. Bennet, Mr. Woodhouse, and the Parker siblings mobilise delicacy to reorganise domestic life around themselves. For middle class women with limited access to institutional power, the sickroom becomes a space of negotiation and influence. Invalidism is not merely personal misfortune but an established social role. In *Sanditon*, the obsession with health borders on performance. The pursuit of cures becomes leisure activity, almost a disciplined regime of self fashioning. Illness is simultaneously complaint, spectacle, and enterprise (Wiltshire, "Sickness and Silliness" 95).

This cultural economy of sickness unfolds within a medical landscape in transition. Austen's era retained the tripartite system of physicians, surgeons, and apothecaries, yet these categories were increasingly fluid. Physicians, university educated and socially elevated, were addressed as Doctor and served elite households. Surgeons performed invasive procedures and gradually assumed broader responsibilities. Apothecaries compounded and dispensed medicines but frequently acted as advisers and general practitioners. The rise of the surgeon apothecary blurred distinctions between professional ranks and extended medical access beyond the wealthy. At the same time, popular manuals encouraged self help and domestic management of illness, contributing to the democratization of medical knowledge. Lay diagnosis of bilious or nervous complaints reduced the distance between professional authority and everyday experience. Medicine, like marriage, became an arena of negotiation rather than rigid hierarchy.

The sea bathing phenomenon further illuminates the convergence of health, commerce, and social ambition (Darcy). In *Emma* and *Sanditon*, the virtues of sea air and water are debated with both enthusiasm and scepticism. Mr. Parker extols the sea as nearly infallible, a cure for every disorder, while Mr. Woodhouse insists that it almost killed him. Such exchanges reflect the wider cultural shift from inland spas to seaside resorts. The sea bathing cure evolved from supervised immersion in cold water to a broader faith in the bracing properties of marine air. Resorts were not merely therapeutic sites but spaces of sociability and courtship. The pursuit of health intertwined with the pursuit of a husband, reinforcing the entanglement of bodily care and marital aspiration (Darcy).

Illness also functions as a catalyst within the marriage plot itself. The disease state interrupts routine and intensifies intimacy (Bartlett 98). In *Pride and Prejudice*, Jane Bennet's stay at Netherfield, prompted by illness, produces enforced proximity with Mr. Bingley and advances the courtship narrative. In *Sense and Sensibility*, Marianne Dashwood's life threatening fever becomes a turning point. Her illness precipitates emotional reckoning and personal maturation, tempering her earlier romantic absolutism and preparing her for marriage to Colonel Brandon. Sickness here is didactic. It exposes subtle vulnerability and desires.

The tragedy of these representations deepens when read alongside Austen's own declining health during the composition of *Persuasion* and *Sanditon*. Earlier theories attributed her condition to Addison's disease or lymphoma. More recent medical reconsiderations of her letters, which describe rheumatism, facial skin lesions, and fluctuating fevers, also suggest the possibility of systemic lupus erythematosus, a multisystem autoimmune disorder marked by waxing and waning fatigue (Sanders and Graham 770). While retrospective diagnosis remains speculative, the experience of chronic instability casts retrospective light on her late fiction.

The body in Austen is never neutral. It is fragile, socially embedded, and continually existing and negotiating between endurance and collapse. Therefore, to contextualise illness in Austen is to recognise its structural centrality. It mediates gendered power, registers affective labor, reflects medical trends and transition, and catalyses resolution within the narrative. In the quiet representations within the interior worlds of her novels, the body becomes a contested space where social expectations, emotional truth, and historical change intersect.

Hypochondria?

The recurring figure of the hypochondriac in *Pride and Prejudice* opens up a crucial space for examining the gendered politics of health, credibility, and emotional labour in the domestic sphere. Mrs. Bennet's famous invocation of her poor nerves is not simply a comic refrain but a culturally legible performance situated within Regency discourses of the mind and body. As Jason Tougaw observes, Austen understood that hypochondria offers insight into how minds and bodies collaborate in the production of reality and selfhood. In Mrs. Bennet's case, illness becomes both expressive and strategic, a means through which private anxiety is translated into social action.

From her first appearance, Mrs. Bennet frames her life through bodily complaints. "You take delight in vexing me. You have no compassion on my poor nerves," she tells her husband, followed quickly by the lament, "Ah! you do not know what I suffer" (Austen, *Pride and Prejudice* 5). The immediacy of these declarations signals that her nerves structure her everyday interactions. While often dismissed as exaggeration, her later description of her dreadful state, with its "tremblings, flutterings, spasms and beatings at heart," suggests that her distress is not merely rhetorical (316). The body registers anxiety in palpable ways. Austen's language does not entirely empty these symptoms of weight. Instead, she allows humour and vulnerability to coexist.

In the medical climate of Austen's time, nerves were commonly associated with the middle and upper classes. Thinkers such as George Cheyne described nervous disorders as diseases of the wealthy and the indolent, conditions produced by excessive leisure and insufficient physical exertion. Within such a framework, Mrs. Bennet's complaints would have been recognisable as a typical idiom of distress. For a genteel woman with limited public agency, bodily expression was one of the few socially sanctioned

outlets for articulating fear or frustration. Her nerves flare most dramatically during moments of crisis, as in Lydia's elopement, when she retreats to her room and performs despair through physical collapse. Keeping her room externalises her anxiety and renders it visible.

Yet hypochondria in Austen is never purely passive. The performance of illness can function as a technique of control. By casting herself as an invalid, Mrs. Bennet temporarily reorders the domestic hierarchy. Her symptoms exert pressure on others, particularly Mr. Bennet, whose ironic detachment is repeatedly challenged by her appeals to compassion. Illness grants her access to what may be termed domestic prerogatives. It enables her to suspend ordinary expectations and redirect attention toward her projects. In a society that offers her no formal authority, the sickroom becomes a tactical space.

This outward performance of sickness stands in contrast to the affective labour performed by Austen's more contained heroines. Anne Elliot in *Persuasion* must regulate her emotions carefully, maintaining "the absolute necessity of seeming like herself" despite interior turmoil (Austen, *Persuasion* 258; Tavela). Her psychosomatic suffering is marked by restraint and discipline. Mrs. Bennet, by contrast, broadcasts her distress. Where Anne internalises and manages feeling in order to remain socially viable, Mrs. Bennet externalises it in order to command recognition. If Anne performs the hard work of composure, Mrs. Bennet engages in what might be called surface acting, a visible and audible display designed to solicit attention and sympathy. Her nerves are old friends, tools that she deploys with familiarity, particularly in negotiations with her husband.

Her strategic understanding of illness extends beyond her own body. She perceives sickness itself as socially productive. The decision to send Jane to Netherfield on horseback in the rain, in the hope that she might catch a cold, exemplifies this logic. When Jane does fall ill, Mrs. Bennet is openly delighted. The disease state produces forced proximity with Mr. Bingley, advancing the central matrimonial aim. Illness here functions as a communicative model. It modifies spatial arrangements, intensifies intimacy, and accelerates courtship. Mrs. Bennet reads the body through the lens of marriage. Her hypochondria and her management of her daughters' sickness are both aligned with the canonical goal of securing advantageous matches.

At the heart of this performance lies the precarious economic position of women like Mrs. Bennet. Dependent on the marriage market and threatened by entailment, she inhabits a structure that renders female futures uncertain. Her nerves articulate that insecurity. They are not merely comic excess but bodily translations of structural vulnerability. Austen's use of free indirect discourse allows readers to glimpse both the absurdity and the urgency embedded within her complaints. The exaggerated tone invites laughter, yet the social anxiety beneath it remains legible.

The sickroom, in this context, becomes one of the few quasi private spaces available to nineteenth century middle class women. By withdrawing into it, Mrs. Bennet temporarily suspends her obligations and commands the household's attention. Physical weakness is converted into psychological leverage. What appears as frailty is also manoeuvre. Austen does not wholly mock this performance. Instead, she exposes the conditions that produce it. Mrs. Bennet's nerves reveal a world in which women's fears must pass through the body in order to be heard.

Rereading Lady Bertram

The character of Lady Bertram in *Mansfield Park* occupies a distinctive and persistently misunderstood position within Austen's fictional world. She is frequently dismissed as indolent, ornamental, and morally vacant, a woman who recedes into the sofa and allows life to proceed without her. Yet a closer examination of her physical inertia and social disengagement invites a different reading. Rather than approaching her as a purely comic or negligent figure, it is possible to reread her through the framework of chronic invalidism and disability. Such a shift complicates her apparent passivity and situates her within an established social role shaped by class, gender, and Regency medical discourse. Lady Bertram emerges not simply as lazy, but as a woman whose embodied condition restricts, structures, and ultimately erases her participation in both domestic and social life.

For reasons that remain undefined within the novel, Lady Bertram is unable to perform the expectations associated with her rank. She rarely exerts herself, is described as dozing, and is almost permanently aligned with her sofa. Strikingly, she is also described as "the picture of health" (Austen, *Mansfield Park* 19). Austen's irony unsettles conventional assumptions about what constitutes visible illness. Lady Bertram does not appear diseased in a dramatic or sensational manner. Her debility is ambient, normalized, and therefore easy to overlook. Reading her as a chronically ill or invalid figure reframes this ambiguity. Her immobility, rather than signifying apathy, may indicate the quiet persistence of a condition that lacks spectacle and therefore lacks recognition.

Invalidism in the Regency context was not merely a private state but an established social position. Ill health could function as social currency. The sickroom, or in Lady Bertram's case the drawing room sofa, operated as one of the few culturally sanctioned spaces through which genteel women might exert indirect influence. Illness could serve as a technique of control, allowing women to exercise domestic prerogatives and subtly pressure others into compliance. While Lady Bertram appears passive, her position at the center of the household allows her to organize the rhythms of those around her. Requests, comforts, and attention circulate toward her.

The privileged invalid was often understood as a figure produced by wealth and excessive leisure. Contemporary medical thinkers such as George Cheyne linked nervous complaints to overindulgence and insufficient activity. Lady Bertram's life of sustained leisure, insulated by estate wealth, aligns with this cultural logic. Her invalidism also stands in sharp contrast to Austen's psychosomatic heroines. Anne Elliot in *Persuasion* performs intense affective labor to remain socially viable. Her body registers suppressed emotion, and her restoration emerges through renewed usefulness and care. Lady Bertram, by contrast, performs almost no labor at all. The management of the household is delegated to Mrs. Norris, and the emotional education of the children gradually shifts to Fanny Price. Lady Bertram inhabits a form of static temporality. She neither moves through visible crises nor progresses toward transformation. Unlike figures shaped by crip temporality, whose lives unfold in recursive engagements with sorrow or injury, Lady Bertram exists in suspension. Her beautiful but passive presence signals a body relegated to stillness, a life narrowed to needlework and the companionship of her pug.

This condition cannot be separated from the material economies of Mansfield Park. Her ability to remain disengaged depends upon the wealth extracted from Sir Thomas's West Indian estates (Sturrock 172). Economic security renders her invalidism sustainable. She can afford to be absent. Passivity becomes a luxury underwritten by colonial capital. Even her rare moral interventions reflect this worldview. When she advises Fanny to consider marriage to Henry Crawford as a matter of duty, she articulates a logic in which material advantage outweighs emotional labor. The monetary basis of sexual and marital life remains unquestioned within her framework. Love is secondary to security, and her perspective is shaped by a lifetime of comfort sustained by inherited wealth.

Within contemporary medical language, Lady Bertram's state would likely have been described under the broad category of nerves. Nervous disorders were associated particularly with the middle and upper classes, and for women of rank, the maintenance of delicate health functioned as a recognizable idiom. To inhabit a minority through bodily complaint was socially intelligible. In the Bertram household, illness forms what may be called a micro society. Patterns of attention, indulgence, and reinforcement make bodily frailty socially real, even in the absence of precise diagnosis. Invalidism circulates through interaction rather than through medical certification.

Reading Lady Bertram in this way reframes her supposed negligence toward her children. Her emotional absence may stem less from indifference than from chronic limitation. The redistribution of care within the household, particularly toward Fanny, highlights the marginalization that accompanies disability. As Martha Stoddard Holmes argues in *Fictions of Affliction*, disabled women often occupy a paradoxical position within marriage, simultaneously included and erased (Holmes 42). Lady Bertram is married, yet she is largely absent from marital and maternal performance. Her condition is normalized to the point of invisibility, rendering her exclusion quiet but pervasive.

Rereading Lady Bertram as an invalid therefore illuminates the intersections of health, gender, class, and dependency in Austen's fiction. She becomes a figure who embodies the costs and privileges of passivity, revealing how easily chronic debility can be mistaken for moral failure. In doing so, she exposes the fragile foundations of domestic order and the silent erasure of disabled women within the very households they inhabit.

Conclusion

Illness in Jane Austen's novels emerges not as incidental ornamentation but as a sustained and complex mode of inquiry into the structures that govern women's lives. Across her literary world, sickness acts as a mirror that reflects the socio economic, moral, and political conditions of the late eighteenth and early nineteenth centuries. It exposes the fragile foundations upon which ideas of female respectability, marriage, and social legitimacy were built. Far from being confined to the margins of narrative, illness becomes one of Austen's most incisive interpretive tools. Through it, she interrogates the relationship between body and mind, between private suffering and public performance, and between vulnerability and agency.

The domestic spaces Austen highlights are not apolitical refuges from a chaotic world. Instead, they are filled with gendered demands and emotional control. It is in these interior spaces that the female body registers pain. In her novels, many of the characters live in what can be called crip temporality, a temporality that is slow and recursive, one that is defined by pain and the limitations of the body. Austen challenges the notion that recovery must be immediate or linear. Instead, survival becomes the measure that matters.

At the same time, the figure of the hypochondriac complicates the politics of credibility and emotional expression. Mrs. Bennet's nerves in *Pride and Prejudice* operate as both gendered idioms of distress and strategic social tools. Her exaggerated complaints are undeniably comic, yet they also articulate the precarious position of women dependent upon the marriage market. In a society that restricts female speech and agency, the body becomes a communicative medium. Hypochondria transforms anxiety into visible symptoms. It allows temporary access to domestic prerogative and attention. Austen does not merely ridicule this performance but situates it within structures that produce helplessness and insecurity. The sickroom becomes one of the few spaces in which a woman might command recognition.

In contrast to the performative urgency of Mrs. Bennet's nerves stands the quieter, more ambiguous condition of Lady Bertram. Frequently dismissed as apathetic or indolent, she can be reread as a chronically ill or partially disabled woman whose immobility reflects persistent limitation rather than

moral deficiency. Her invalidism is inseparable from class and wealth. Supported by colonial capital and insulated by leisure, she occupies a privileged yet marginal position. Her passivity is sustained by economic security, yet it also results in emotional and social erasure. The redistribution of maternal labor to figures such as Fanny Price reveals how chronic debility alters familial structures. Lady Bertram's condition, normalized to the point of invisibility, underscores how easily disability can be mistaken for character flaw. Through her, Austen reveals the silent exclusion of women whose bodies do not conform to ideals of productivity and engagement.

These two individual representations unfold within a broader cultural and medical landscape in that was constantly changing. The three fold system of physicians, surgeons, and apothecaries was extremely fluid, and the democratization of medical knowledge led to lay men interpretation of nerves and other health complaints. Illness circulated as shared discourse and not as an exclusive profession. The culture of sea bathing in *Emma* and *Sanditon* further combined health with commerce, recreation, and romance. Sea stays became sites where the quest for physical health merged with matrimonial ambition and desire. The diseased body itself often serves as a catalyst for plot change. Jane Bennet's illness brings people together and propels her romantic narrative. Marianne Dashwood's fever is pedagogical, reshaping a new understanding of emotions and redirecting desire. In these instances, sickness functions as interruption and transformation.

These instances read together, show how the female body in Austen's fiction is never neutral. It is a contested space upon which social anxieties, economic pressures, and gendered expectations intersect. Whether through psychosomatic suffering, performative hypochondria, or chronic invalidism, illness exposes the limited avenues available to women for expressing fear, dissent, or exhaustion. It provides space for negotiation of attention and power, but also threatens with marginalization and disappearance. Both strength and weakness are demonstrated to be fluid that are constantly redefined by context.

By tracing the motif of sickness across Austen's novels, this paper has attempted to shed light on Austen's nuanced but consistent critique of the systems that confine women. Illness becomes a language which voices suppressed truths. It reveals the emotional labor that is required of women, the strategic performative behaviour demanded by patriarchy, and the vulnerabilities embedded within systems of marriage and inheritance. In her attention to the politics of the body, Austen creates a literary world that is tranquil but one that is also highly fragile and constrained. Sickness, in her works, is not weakness alone but insight. Through sickness, she makes visible the tensions that shape female existence and makes her readers reconsider how society looks at, disciplines, and often misunderstands women's bodies.

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