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HYSTERIA, DEPRESSION, AND CONTROL: MEDICALIZING WOMEN'S EMOTIONS IN LITERATURE

AATHIRA PRAKASH
Guest Lecturer
Department of English
NSS College, Ottappalm

Abstract: The medicalization of women's emotional lives has historically functioned at the intersection of scientific authority and patriarchal governance. Diagnostic categories such as hysteria and depression have operated not merely as therapeutic descriptors but as interpretive regimes through which female subjectivity is rendered legible and controllable. When women's emotions exceed socially sanctioned boundaries—when grief becomes anger or ambition becomes defiance—psychiatric discourse frequently translates these excesses into symptoms. Diagnosis thus becomes a mechanism for restoring order by situating emotional distress within the individual body rather than within structural inequality.

This article examines the historical and ideological transformation from hysteria to depression through close readings of "The Yellow Wallpaper" by Charlotte Perkins Gilman and *The Bell Jar* by Sylvia Plath. Though separated by more than half a century, these texts reveal parallel mechanisms of medical authority operating within domestic and institutional contexts. In Gilman's short story, the nineteenth-century rest cure enforces domestic passivity under clinical supervision, silencing female creativity in the name of therapeutic intervention. In Plath's novel, mid-twentieth-century psychiatric institutionalization redefines female ambition, alienation, and despair as depressive pathology requiring medical management.

Drawing on Michel Foucault's theory of disciplinary power and feminist critiques of psychiatric discourse, this study argues that hysteria and depression function as historically specific but structurally similar technologies of control. Diagnosis, far from simply identifying illness, produces subjects whose emotional lives are regulated according to normative expectations of femininity. At the same time, both texts resist this regulatory framework by narrativizing breakdown as meaningful. Madness emerges not as romantic liberation but as a paradoxical site where suffering exposes institutional violence and destabilizes medical authority. By situating mental illness within gendered cultural contexts, Gilman and Plath transform private distress into social critique, reimagining madness as a fraught but potent form of feminist resistance.

Keywords: *hysteria, depression, medicalization, feminist psychiatry, gender and mental health*

Theoretical Framework: Power, Diagnosis, and the Gendered Body

Modern psychiatry developed alongside broader institutional mechanisms of classification and surveillance. In *Madness and Civilization*, Michel Foucault contends that madness is not a timeless biological constant but a category shaped by shifting regimes of knowledge and power (Foucault 38). The emergence of the asylum and the consolidation of psychiatric authority transformed madness from a moral or spiritual condition into a medicalized identity. Through observation, diagnosis, and confinement, institutions produced what Foucault describes as disciplined subjects whose deviations from normative behaviour were monitored and corrected.

Diagnosis functions not merely as description but as production. It establishes boundaries between the normal and the pathological, thereby shaping self-perception. The "medical gaze," as Foucault terms it, separates the patient's subjective experience from clinical interpretation, privileging institutional knowledge over personal narrative (Foucault 89). Within this framework, the patient becomes an object of scrutiny rather than a speaking subject.

When applied to women, psychiatric discourse intersects with gender ideology. As Elaine Showalter argues in *The Female Malady*, hysteria became a predominantly female diagnosis in the nineteenth century, reflecting anxieties about women's sexuality, reproductive capacity, and intellectual ambition (Showalter 55). Women's resistance to domestic confinement or dissatisfaction with marriage could be reinterpreted as symptoms of nervous instability. Medical language thus translated social tension into individual pathology.

Similarly, Sandra Gilbert and Susan Gubar identify the recurring figure of the madwoman in literary history as a manifestation of suppressed female anger and creativity. Madness becomes a symbolic register for emotions that patriarchal culture refuses to legitimize. Rather than expressing political dissent openly, women's rage appears as psychological disturbance.

The twentieth-century shift from hysteria to depression ostensibly marks scientific advancement. Depression is framed as a mood disorder grounded in biochemical imbalance rather than gendered weakness. Yet feminist scholars note that women are disproportionately diagnosed with depression, suggesting that structural inequalities continue to shape psychiatric interpretation. Emotional responses to social marginalization—exhaustion from unpaid labour, frustration with limited opportunity, and anxiety produced by contradictory expectations—may be reframed as internal dysfunction.

Within this theoretical context, literature offers a critical lens through which to examine the ideological dimensions of diagnosis. By foregrounding subjective experience, narrative disrupts the medical gaze and restores interpretive agency to those labelled ill.

Domestic Surveillance and the Pathologizing of Creativity in *The Yellow Wallpaper*

In *The Yellow Wallpaper*, Charlotte Perkins Gilman stages a confrontation between female subjectivity and patriarchal medical authority. The unnamed narrator's husband, John, is both spouse and physician, embodying the convergence of marital and clinical power. He diagnoses his wife with temporary nervous depression and prescribes the rest cure—a treatment involving isolation, prohibition of intellectual activity, and enforced passivity.

The domestic setting becomes an extension of institutional surveillance. Confined to a nursery with barred windows and a bolted bed, the narrator occupies a space that evokes both childhood and incarceration. Her infantilization underscores her lack of autonomy. John dismisses her concerns, insisting that she must not give way to "fancy." Her subjective perception is invalidated by medical rationality.

The rest cure exemplifies what Foucault identifies as disciplinary power: it isolates the individual, regulates behaviour, and enforces self-monitoring (Foucault 138). Writing—an act of intellectual agency—is forbidden because it stimulates thought. The narrator's creativity is reframed as pathological overexertion. By restricting her engagement with the world, the cure aims to restore her to compliant femininity.

Yet the text subverts this authority through its very form. The story we read is the forbidden journal. Writing becomes an act of resistance, enabling the narrator to articulate experiences that medical discourse suppresses. Through narrative, she reclaims interpretive power.

The yellow wallpaper functions as a symbolic representation of patriarchal confinement. Its chaotic pattern initially appears meaningless, but the narrator gradually perceives a woman trapped behind its bars. This hallucinated figure externalizes her own entrapment. Madness becomes a lens through which she recognizes structural oppression.

The climactic scene in which she tears the wallpaper signals both breakdown and rebellion. Her declaration that she has "got out at last" suggests liberation, yet she remains physically confined. John's fainting in response to her transformation temporarily reverses authority, but the broader system persists. The story resists sentimental resolution, emphasizing the cost of resistance.

Madness in Gilman's narrative thus performs epistemic rebellion. By refusing the interpretive framework imposed upon her, the narrator destabilizes the medical gaze. Her breakdown exposes the violence of enforced passivity and reveals the rest cure as a mechanism of social control masquerading as therapy.

Depression, Institutionalization, and the Crisis of Identity in *The Bell Jar*

If Charlotte Perkins Gilman critiques domestic medicine, *The Bell Jar* interrogates the psychiatric institutions of mid-twentieth-century America. Sylvia Plath portrays Esther Greenwood's depression as unfolding within a culture that celebrates female domesticity while offering limited professional opportunities. Though academically gifted, Esther confronts contradictory expectations: to marry, to remain sexually inexperienced yet attractive, and to pursue success without threatening male authority.

The novel's central metaphor—the bell jar—captures the suffocating atmosphere of ideological constraint. Esther describes feeling trapped under glass, unable to breathe freely. Her depression manifests as paralysis: she cannot read, write, or imagine a coherent future. Rather than depicting depression as purely biochemical, the novel situates it within social contradiction.

Esther's initial electroconvulsive therapy experience is traumatic. Administered without empathy, the procedure reduces her body to an object of medical intervention. The clinical setting reflects Michel Foucault's account of institutional discipline, in which the patient's individuality is subordinated to procedural authority (Foucault 163). Treatment appears less as healing than as correction.

Yet the novel complicates a simple opposition between medicine and oppression. Esther later encounters a more humane psychiatrist who provides careful treatment. This shift acknowledges the possibility of ethical care. However, recovery remains contingent upon Esther's ability to perform stability. She must demonstrate readiness to re-enter society according to its norms.

Plath's narrative voice, retrospective and ironic, destabilizes psychiatric authority. Esther's introspection reframes depressive symptoms as meaningful responses to constrained possibility. The fig tree metaphor—each branch representing mutually exclusive futures—captures the paralysis produced by incompatible expectations. Her despair arises not from inherent fragility but from structural limitation.

The novel's conclusion remains ambiguous. Esther prepares for an interview that will determine her release from the hospital. The bell jar, she acknowledges, may descend again. This unresolved ending resists the teleology of cure. Recovery remains provisional within an unchanged social environment.

Madness in *The Bell Jar* thus operates as both collapse and critique. Depression reveals the psychological toll of navigating a culture that restricts female autonomy while demanding the performance of contentment. By narrativizing this distress, Plath challenges the reduction of female suffering to private malfunction.

Continuities of Control: From Hysteria to Depression

Hysteria and depression function in surprisingly similar ways as mechanisms of regulation despite the many historical differences shaping their respective trajectories. Both texts reveal how male-dominated institutions construct, interpret, and often distort the meaning of women's distress in order to regulate narratives of women's mental health.

The treatment modalities recommended for these conditions frequently promote compliance and passivity, discouraging assertiveness or self-advocacy. Intellectual or creative ambition displayed by women is often pathologized rather than recognized as a legitimate expression of individuality and strength. Similarly, structural inequalities affecting women are frequently reframed as personal instability, transforming social distress into an individual psychological problem rather than acknowledging the broader forces that produce suffering.

The rest cure confines Gilman's narrator within domestic space, while psychiatric institutionalization confines Esther within medical space. Both environments function as disciplinary structures that regulate behaviour and perception. Diagnosis thus becomes a tool of normalization.

The transition from hysteria to depression represents a shift in vocabulary rather than in structural logic. While hysteria explicitly targeted female bodies, depression appears gender-neutral; however, its application often continues to reflect cultural expectations surrounding emotional labour and resilience. Women's exhaustion or dissatisfaction may be interpreted as internal disorder rather than as rational responses to systemic inequality.

Literature exposes this continuity by foregrounding lived experience. Gilman and Plath situate psychological breakdown within broader cultural frameworks, challenging the assumption that distress originates solely within the individual.

Madness as Feminist Resistance: Ambivalence and Agency

To interpret madness as feminist resistance requires avoiding romanticization. Both texts depict genuine suffering, and the narrators' breakdowns are destabilizing and dangerous. Yet these breakdowns also disrupt normative femininity and challenge institutional authority.

In *The Yellow Wallpaper*, madness becomes a refusal to internalize patriarchal rationality. The narrator's hallucinations reveal hidden structures of confinement. Although she cannot escape physically, she rejects the epistemological framework that defines her as ill.

In *The Bell Jar*, Esther's depression interrupts her compliance with gender expectations. Her inability to perform cheerful ambition exposes the unsustainability of imposed roles. Narrative becomes a space

through which she reclaims interpretive agency by reframing her illness within a broader social context.

Madness thus operates as: Epistemic Disruption – It challenges the authority of medical interpretation. Embodied Protest – It manifests resistance through refusal to perform normative femininity. Narrative Reclamation – It restores voice to subjects silenced by diagnosis.

This resistance remains ambivalent. Madness does not dismantle institutions; rather, it reveals their limitations. Both texts acknowledge the precariousness of psychological survival within oppressive systems. Yet by articulating female distress as socially meaningful, they transform private suffering into political critique.

Conclusion: Reimagining Care Beyond Control

The historical shift from hysteria to depression reflects evolving psychiatric knowledge; however, it does not eliminate the gendered regulation of emotion. Through close readings of *The Yellow Wallpaper* and *The Bell Jar*, this article demonstrates that medical discourse often individualizes women's distress while obscuring its structural origins. Diagnosis functions as a technology of control that enforces normative femininity under the guise of care.

At the same time, literature destabilizes this authority by restoring narrative agency. Charlotte Perkins Gilman and Sylvia Plath reveal that madness, though profoundly painful, can expose the violence of enforced passivity and contradictory expectations. Their works invite readers to reconsider the boundary between pathology and protest, between illness and resistance.

In contemporary contexts, where women continue to face disproportionate rates of mood-disorder diagnoses, these texts remain urgently relevant. They challenge the assumption that emotional suffering is solely internal and instead foreground the political dimensions of mental health. Ultimately, they urge a reimagining of care—one that acknowledges structural inequality rather than disciplining those who suffer within it.

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