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Hysteria, Heroines, and the Victorian Mind: Reclaiming Tess and Bertha from the Shadows of Patriarchal Medicine

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Abstract:

In July 2020, Senator Kamala Harris, then a vice-presidential hopeful, was publicly interrupted by her male colleagues twice in a single week—each time while asserting a strong and composed stance. She was called "hysterical," not for being erratic or unstable, but for displaying the kind of assertiveness that often unsettles a male-dominated political arena. This contemporary incident highlights a deeply entrenched cultural impulse: labeling strong women as irrational, emotional, or mentally unstable. This paper draws from such modern-day events to trace the long and damaging history of "hysteria" as a gendered diagnosis, examining how it was used during the Victorian era to control women who deviated, however slightly, from socially prescribed roles.

The primary focus lies on two literary women—Tess Durbeyfield from Thomas Hardy's *Tess of the d'Urbervilles* and Bertha Mason from Charlotte Brontë's *Jane Eyre*. Both women, in their own distinct ways, challenge the expectations of docility and purity imposed on Victorian women. Their deviations, whether emotional, sexual, or psychological, are swiftly pathologized. Tess's trauma—marked by sexual abuse, child loss, and romantic betrayal—is misread by her society as personal failure rather than societal injustice. Bertha Mason, locked in the attic and stripped of voice and agency, becomes the quintessential "madwoman," her life reduced to gothic

metaphor. Jean Rhys, in *Wide Sargasso Sea*, attempts to restore Bertha's voice, exposing the intersection of colonialism, patriarchy, and mental health.

This paper argues that “hysteria” was never simply a medical term but a patriarchal strategy to silence dissent. Through feminist criticism, Freudian psychoanalysis, and postcolonial theory, the study positions Tess and Bertha not as madwomen but as women made mad by the world. Their stories, though fictional, mirror the real, lived experiences of women throughout history, and continue to resonate in our contemporary moment.

In reclaiming and reinterpreting these characters, the paper also gestures toward a broader reclamation of “hysteria” as a space of feminist resistance—a term that once condemned women but now holds power to expose societal hypocrisy. As long as women who speak out—like Senator Harris—are called hysterical, the work of challenging this label remains crucial.

Keywords: Hysteria, Victorian Women, Psychoneurosis, Gender Bias, Feminism, Madness, Resistance

Introduction:

In recent years, the word “hysteria” has begun to resurface in political and media conversations—not as a legitimate medical concern, but as a tool to undermine women who exhibit power, authority, or resistance. This resurgence is not coincidental but deeply rooted in the cultural memory of patriarchal societies. A striking example occurred in 2020 when Senator Kamala Harris, during her vice-presidential campaign, was interrupted multiple times by male senators and was labeled “hysterical” by public commentators. Her only transgression was speaking firmly and unapologetically. That a modern, highly educated, and globally respected female leader could still

be dismissed with such a loaded term is a painful reminder that the past is far from buried. Such incidents prompt us to re-evaluate the origins and evolution of the term “hysteria,” particularly its application to women across history and literature.

Hysteria, historically considered a predominantly female affliction, is not merely a medical or psychological term. It is a cultural label—a branding—that has often been used to marginalize and silence women. Rooted in the Greek word for uterus, “hystera,” the condition was initially believed to be caused by a “wandering womb.” Over time, it evolved into a broader category for any female behavior deemed erratic, emotional, or non-conforming. By the Victorian period, hysteria had become a medical catch-all for anything that defied the rigid norms of femininity: sexual desire, anger, grief, ambition, or rebellion. And unsurprisingly, it was women—particularly those who refused to fit within the domestic, moral, and submissive archetype—who were most often branded with it.

This paper attempts to explore the multifaceted dynamics of female hysteria as constructed by Victorian patriarchy, using two emblematic literary characters: Tess Durbeyfield and Bertha Mason. Tess, the innocent yet sensuous peasant girl from Hardy’s *Tess of the d’Urbervilles*, and Bertha, the infamous “madwoman in the attic” from Brontë’s *Jane Eyre*, serve as lenses through which we examine how hysteria was not simply diagnosed, but culturally manufactured. Both women transgress norms—Tess through her victimization and loss of purity, and Bertha through her refusal to conform to British ideals of colonial and marital obedience. In both cases, their pain, resistance, and psychological distress are stripped of context and labeled instead as madness.

Jean Rhys’s *Wide Sargasso Sea*, a 20th-century prequel to *Jane Eyre*, furthers this analysis by giving Bertha—renamed Antoinette Cosway—a voice and a backstory. It reveals how race,

colonial displacement, and forced marriage intersect with gender to produce a form of hysteria that is not intrinsic, but imposed. Antoinette's breakdown is not a descent into insanity, but a rebellion against the psychological violence inflicted by her English husband and the white, male-dominated world he represents.

The medicalization of female emotion was, and to an extent still is, a way to depoliticize legitimate suffering. As Carroll Smith-Rosenberg notes in her seminal essay "The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America," hysteria was often the result of deeply ingrained social contradictions. The Victorian woman was expected to be pure yet sexually available to her husband, silent yet emotionally intuitive, delicate yet morally strong. These contradictions placed impossible demands on women, and any failure to meet them could be interpreted as psychological instability. Rather than examining the conditions that produced emotional distress, society pathologized the women themselves.

Freud's theories on hysteria, particularly his study of the patient known as "Anna O.," shifted the conversation from physical to psychosexual causes. While groundbreaking in its time, Freudian theory still leaned heavily on the idea of repressed sexuality, often blaming women for their emotional turmoil. Feminist critics like Elaine Showalter and Dianne Hunter later challenged these interpretations, arguing that what was being labeled as hysteria was often a rational response to patriarchal repression, not a symptom of internal dysfunction.

Returning to Hardy's *Tess*, we see a young woman whose entire life is shaped by forces beyond her control. After being seduced (or arguably raped) by Alec d'Urberville and abandoned by Angel Clare, Tess becomes increasingly isolated. Her moments of emotional intensity, including the eventual murder of Alec, are not irrational—they are the culmination of years of

trauma, silencing, and betrayal. In a society that refused to grant her agency, her only perceived escape was through acts deemed mad or criminal.

Bertha Mason, too, is reduced to a spectacle of madness. In *Jane Eyre*, she is never allowed to speak for herself. Instead, she is described by others: wild, violent, unclean. Her humanity is stripped away to serve as a foil for Jane's reasonableness and virtue. But when we consider her position—a Creole woman taken from the Caribbean, forced into a loveless marriage, and locked away—we begin to understand her rage not as insanity, but as resistance.

The continued use of the term “hysteria” in modern settings reveals how persistent these historical patterns are. Women in leadership, politics, academia, and even everyday life are still labeled as too emotional, too angry, or too unstable when they speak assertively or challenge the status quo. By revisiting these literary cases and connecting them to modern experiences, this paper seeks to reclaim hysteria—not as a medical condition, but as a cultural flashpoint that reveals society's discomfort with female power.

In doing so, the goal is not only to reinterpret Tess and Bertha with empathy and depth, but also to shed light on the ongoing struggle against gendered silencing. Hysteria, once a term of condemnation, may now be reframed as a historical testament to the cost of female resistance—and as a symbol of strength rather than shame.

Discussion:

1. Hysteria: A Patriarchal Medical Jargon

Gerda Lerner, an Austrian-born American historian, contends that the dominion of men over women's sexuality and reproductive autonomy is both foundational to and a consequence of patriarchy. Likewise, this abnormal syndrome within the women patients, known as "hysteria," is shaped by cultural pressures, especially male dominance, and is not an inherent trait of women. During the 18th and 19th centuries, female hysteria was frequently diagnosed as a prevalent "disorder." However, the erroneous belief in women's inherent susceptibility to mental and behavioural ailments predates this era by centuries.

Indeed, the concept of hysteria traces back to Ancient Greece, where Hippocrates and Plato discussed the wandering womb, attributing it to a myriad of physical and psychological maladies within women. Across millennia, this ailment was viewed through dual lenses: scientific inquiry and demonological interpretation. Remedies ranged from herbal treatments to sexual practices or abstinence, while punishment through fire purification was inflicted due to its perceived ties to sorcery. Eventually, it underwent clinical scrutiny as a medical condition, leading to the development of pioneering therapies. No matter under what circumstances the term arose, labelling a woman as hysterical and associating her with demonology undermines her capacity to connect effectively with her intended audience – the gendered contextualisation of hysteria has been instrumental in stifling and suppressing resilient women, a trend that persists to this day and demands immediate rectification.

2. Tess and Bertha Ensnared in the Victorian Parameters

Victorian society placed a paramount importance on female chastity and upheld the image of the "ideal woman" as a devoted wife, nurturing mother, and guardian of the household. Within Victorian societal norms, the home stood as the cornerstone of virtue, providing a haven untouched

by the urban decay and moral degradation of the city. The entrenched notion of female inferiority as the weaker gender permeated British society for generations, extending far beyond the Victorian era. Yet, Victorian ideals of womanhood epitomised a harsh standard, advocating characteristics like intellectual subservience, passive compliance, and unwavering self-sacrifice. Moreover, a woman's sole purpose was confined to childbearing and domestic duties, leading any departure from this mould to be hastily labelled as madness, conveniently absolving society from deeper reflection or accountability.

“Trauma,” as according to Freud and Breuer, is the prime cause of hysteria. Tess encountered the trauma at a very young age. Firstly, the sexual molestation and, secondly, the loss of her newborn profoundly impacted her psychological well-being. As in the novel, “the infant's breathing grew more difficult, and the mother's mental tension increased” (Hardy 106). Freud and Breuer suggested that “‘abreaction,’ however, is not the only method of dealing with the situation that is open to a normal person who has experienced a psychical trauma” (Freud 9).

Tess's eccentric behaviour towards the end of the novel creates an idea among the readers that she might have lost her sanity like that of “the mad woman in the attic.” But barely anybody understands that much of Tess's anguish stems from the oppressive dominance and brutality inflicted by men. Both Alec and Angel are equally responsible for Tess's condition. Alec embodies the epitome of malevolent villainy, orchestrating Tess's torment, yet Angel bears greater culpability for her eventual downfall, possessing the ability to halt her suffering and reshape her destiny. In the novel, the dying birds symbolise Tess's own condition. So when she kills the birds tenderly, she feels as if she releases herself free from the harsh world. “Poor darlings—to suppose myself the most miserable being on earth in the sight o' such misery as yours!” (Hardy 268).

It is the society that doesn't allow a woman to express herself, no matter how overburdened she is. Ultimately, this results in a violent outburst like that of Tess. Consumed by the depths of her shame and grief, her pent-up fury erupts, unleashing a tempest of violence that culminates in the death of Alec. It was not only Tess who was a victim of a male-centric society, but Charlotte Brontë's most intriguing and enigmatic character, Bertha Mason, famous as "the mad woman in the attic," was a similar prey of hysteria.

Charlotte Brontë ingeniously delved into the complexities of women's hysteria, weaving it intricately into the fabric of her novel. Through the lens of various social classes, she illuminated the perceptions surrounding Bertha Mason's enigmatic figure. Prior to her formal introduction, Jane Eyre keenly observes a hauntingly distinct laughter echoing in the attic. Bertha Mason embodies the suppressed emotions Jane struggles to articulate, serving as her profound alter ego. Each action by Bertha is propelled by intense emotions, mirroring what Jane herself should have felt or confronted with equal fervour. There were hardships in Jane's life as well, just like Bertha, but the fact that she concealed her feelings till the end of the novel made her the heroine and Bertha, a merely hysterical woman. Interestingly, Jane seems more like a repressed Victorian woman, but her alter ego (Bertha) breaks the barrier.

Some say that Antoinette's hysteria (Antoinette is basically Bertha from *Wide Sargasso Sea*) is her love-sick illness. As Freud says, "women became hysterics because they, fearful of their sexual impulses, converted that energy into psychometric illness and this is said to be conversion hysteria or psychoanalysis, hysterical symptoms can be neurosis or anxiety disorder" (Freud 653).

James Prichard introduced the concept of “moral insanity” in 1835, viewing madness as socially normalised conduct rather than a deficiency of rationality. Specifically for women, it embodies a “beastly behaviour” encompassing sexual licentiousness and disruptive vocalisations. The fact is Bertha, because of her subtle deviation from the normative principles, is labelled as a “vampyre.” Throughout the novel *Jane Eyre*, Bertha is not given a chance to speak, whereas in *Wide Sargasso Sea*, Rhys provides a voice to this voiceless lady.

Antoinette’s relationship lies in the hands of her husband. When he comes to know from a distant relative that Antoinette’s mother was mad and probably she is mad too and sexually licentious, he begins hating her and sleeps with another woman, as if a man’s engagement in sexual intercourse doesn’t turn out to be “hysterical.” In earlier times, the prevailing notion held that hysteria was only a female disorder because men lacked a uterus. However, this notion was debunked during the 17th century as scholarly discussions pinpointed the brain or psyche, rather than reproductive anatomy, as the underlying source of hysteria.

May it be Lady Macbeth, Tess, or Bertha, the burden of blame perennially falls upon the shoulders of women, an enduring testament to society’s relentless scapegoating of the feminine. Alec d’Urberville incessantly vilifies Tess Durbeyfield as a temptress, while Angel Clare later condemns her as a flirt. Yet, Tess embodies neither archetype. Being a teenager, she never really knew Alec’s advances. “But I don’t want anybody to kiss me, sir!” she implored, a big tear beginning to roll down her face, and the corners of her mouth trembling in her attempts not to cry” (Hardy 70).

Tess and Bertha share a striking similarity. A violent Tess killing Alec is very much like mad Bertha carrying a candle and setting the house ablaze. Both suffer under the oppressive weight

of a patriarchal system, which systematically marginalises and subjugates them. Ultimately, they are driven to succumb to hysteria, a dire consequence ignited by the oppressive forces of society.

3. The Myth of the Hysterical Body: Literature, Symbolism, and Subversion

Hysteria was never merely a medical condition; it was a performance that upheld the social order. Victorian literature used the figure of the hysterical woman as a literary symbol that communicated fears about female power, sexuality, and autonomy. The very symptoms of hysteria—uncontrollable emotion, fainting, nervous fits—were often culturally rehearsed rather than medically diagnosed. Women were both performing and suffering the roles they had internalized. This reinforces Showalter's view that hysteria is a form of resistance, not pathology (Showalter 28).

In *Tess of the d'Urbervilles*, the symbolism surrounding Tess's body is central. Her body becomes a site of control, judgment, and punishment. Her rape by Alec is described not in sensationalist terms but through the muted, almost resigned tone Hardy adopts: "...where was Tess's guardian angel? Where was the providence of her simple faith?" (Hardy 72). The absence of divine or social justice after her assault reflects the bleak reality for women: there is no protector in a patriarchal world.

The trauma is not singular. Tess is continuously punished—socially, emotionally, and psychologically. Hardy shows how society is more invested in a woman's chastity than in her wellbeing. Tess's emotional collapse is gradual but deeply revealing. She stops speaking, she isolates herself, and she becomes fatalistic. These are classic symptoms of what 19th-century doctors might call hysteria. But Hardy subtly critiques this label. Tess is not ill; she is devastated.

Similarly, Bertha's final act—setting fire to Thornfield Hall—is often read as the ultimate descent into madness. But what if it were an act of resistance? Gilbert and Gubar argue that “Bertha burns not just the house, but the foundations of patriarchal society. She is both destroyer and liberator” (Gilbert and Gubar 361). Jane's freedom—her moral and marital agency—can only begin after Bertha's symbolic immolation of the structures that confined them both.

Antoinette, in Rhys's *Wide Sargasso Sea*, is even more explicitly constructed as a woman betrayed by colonialism and patriarchy. Her identity is fractured by cultural dislocation. She is isolated in a liminal space—neither fully European nor fully Caribbean. “There is no looking-glass here and I don't know what I am like now” (Rhys 107). The mirror becomes a recurring motif of identity loss. When Rochester changes her name to Bertha, he strips her not just of identity but of her right to define her own reality. Her emotional outbursts, her despair, her silence—these are all acts of protest, not symptoms.

4. Reclamation Through Narrative: Giving Voice to the Silenced

One of the most profound ways feminist literature intervenes in the legacy of hysteria is by reclaiming the voices of those historically silenced. Rhys's *Wide Sargasso Sea* is a critical re-narration of *Jane Eyre* from the perspective of the woman in the attic. This repositioning is not just a literary gesture but a political one. It underscores the importance of multiple perspectives and the danger of accepting a single dominant narrative.

Carroll Smith-Rosenberg's study of 19th-century American hysterics highlights how female friendships and networks provided the emotional outlet that society denied. She writes, “The hysterical woman was often a woman without a voice in her marriage, without freedom in

her life, and without a community to hear her” (Smith-Rosenberg 660). Literature can become that community, allowing present-day readers to hear what was once silenced.

Even contemporary political figures are subjected to this legacy. Kamala Harris’s sharp rebuke during the vice-presidential debate—“I’m speaking”—went viral not merely because of its assertiveness but because it echoed the cries of generations of women interrupted, dismissed, and mislabeled (Boyle). The media response, calling her “hysterical” or “shrill,” shows that the label persists, albeit in new clothes.

5. Recasting Hysteria: Toward a Feminist Ethics of Care

Today, feminist psychology and trauma studies are working to reframe hysteria not as pathology but as an understandable reaction to systemic abuse. Judith Herman, in *Trauma and Recovery*, writes that trauma survivors “live in a permanent state of alert,” which mirrors the 19th-century descriptions of hysteria but with compassion and scientific understanding (Herman 35). This new lens allows us to revisit literary characters like Tess and Bertha with empathy rather than judgment.

Their madness is not madness at all—but unheeded grief, unacknowledged trauma, and unexpressed rage. Understanding hysteria as historical trauma provides a richer, more humane reading of Victorian literature. It turns what once was seen as feminine weakness into evidence of feminine endurance.

Conclusion:

In examining the trajectories of Tess Durbeyfield and Bertha Mason—two literary women torn by forces they never chose—we uncover the deeper narrative of how hysteria was never a mere

medical label but a symbolic noose used to contain and silence. The concept of hysteria is an invention that has long served the patriarchy, cloaked in science, perpetuated by culture, and maintained by literary and medical authority. Its most devastating consequence was not the misunderstanding of women's minds, but the systemic erasure of their voices.

Tess's story, tender and devastating, shows us the cruelty of societal expectations. Her innocence is stolen by Alec, and her spirit gradually crushed by Angel's moral rigidity. Hardy's portrayal of Tess's emotional decline is not just a psychological journey—it's a social commentary on how women are blamed for their trauma. The "hysterical" Tess is not a deviant but a woman silenced, broken, and ultimately punished for being a victim in a male-authored narrative. Her acts of despair and fury are the only form of self-expression left to her. They are not madness, but desperation.

Likewise, Bertha's presence in *Jane Eyre*, and her full backstory in *Wide Sargasso Sea*, represent two parts of the same coin: the unnamed, voiceless woman versus the articulated, humanised voice reclaimed through postcolonial feminism. Rhys does not only give Bertha—Antoinette—a past and a personality; she allows us to see how colonialism, misogyny, and psychological abuse fractured a woman's selfhood until it became what Victorian doctors would then conveniently call hysteria.

The relevance of this discussion in our contemporary world cannot be overstated. The case of Kamala Harris, unjustly labelled as hysterical for asserting herself during a political debate, reveals how little the societal framework has changed. Assertive women are still called "shrill," "aggressive," or "unstable"—new-age euphemisms for "hysterical." While the clinical term has

mostly disappeared from the DSM, its cultural weight continues to shape how women in positions of power are treated.

Literary critics like Elaine Showalter, Sandra Gilbert, and Susan Gubar have long argued that hysteria is as much a literary performance as it is a social diagnosis. The figure of the madwoman in the attic is not just a trope; she is a mirror to society's anxieties about female agency. By locking Bertha away, Rochester silences the very emotions that Jane herself must suppress to be accepted. In other words, Bertha burns so Jane can begin anew.

But it is not just about individual narratives. Hysteria is a collective story—a history of silenced voices and forbidden feelings. In Tess and Bertha, we see archetypes of trauma and resistance. These women are not passive victims; their pain, even their violence, is an act of speaking out in a language no one was willing to hear.

Modern trauma theory, especially the work of Judith Herman, helps us to revisit these stories with empathy. Hysteria, when viewed as a form of trauma response, becomes not a diagnosis to be treated but a history to be understood. When a woman breaks down, when she lashes out or retreats into silence, she may be expressing centuries of inherited pain—pain that literature has too often romanticised or pathologised.

If Tess and Bertha are tragic, it is not because they are flawed. It is because they lived in a world where their humanity was constantly denied. They were expected to conform, to sacrifice, to remain quiet even when wronged. Their so-called madness is simply the price of being fully human in a world that offered them no room for complexity.

This discussion also underlines the power of storytelling—not just in fiction, but in scholarship and activism. Jean Rhys's reworking of Bertha's story is a radical act of literary justice. It reclaims the past from the hands of those who used narrative as a weapon. Similarly, our present-day responsibility is to keep telling these stories, to keep unearthing the lives buried under labels like hysterical, insane, or immoral.

Ultimately, the endurance of hysteria as a cultural metaphor signals our failure to truly listen. But the conversation is changing. Through feminist literature, historical reevaluation, and social critique, we are finally giving language to the silences of history. The “hysterical” woman, once feared and ridiculed, is now seen as the bearer of truth—albeit a truth we have long refused to face.

As we move forward, we must continue to challenge the systems—literary, medical, political—that still silence women today. Whether in fiction or in politics, every time a woman is told she is too emotional, too loud, too much, we must remember Tess, Bertha, and Kamala Harris. We must remember that beneath the accusation of hysteria often lies the deeper truth of injustice. And we must ensure that the next generation of women no longer needs to burn down the house just to be heard.

In the end, the question is not whether these women were mad, but whether we were ever ready to listen. Their stories compel us to ask: what kind of world have we built, if the only way for a woman to be taken seriously is to be declared unwell?

Perhaps it is time to retire the term hysteria—not by forgetting it, but by remembering too well the damage it has done. And perhaps it is time to write new stories, where women’s voices are not symptoms to be treated, but truths to be honored.

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