

## ‘THE CRIES OF A MADWOMAN’: MENTAL ILLNESS IN LATE-NINETEENTH CENTURY FRANCE

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Submitted June 2018; July August 2018; Accepted August 2018

Copy Edited by Lucy Smythe

### ABSTRACT

With mental health becoming increasingly visible across the Western world during recent years, the question of where our often-stigmatising attitudes towards mental illness stem from is of paramount importance. This paper examines how mental illness was depicted in medical and fictional literature from the late-nineteenth century in France, a period during which the categorisation, perception and treatment of mental illnesses evolved significantly. This research compares the portrayal of mental illness in the fictional literature of Émile Zola, a prolific nineteenth-century French writer, with prominent French medical journals from this period. Both of these genres of text reflect the then-widespread public fascination for conditions such as hysteria, and weave discourses about gender roles and concerns about population decline as well as familial deterioration into their depictions of mental illness. By representing psychological disorders as a danger to the traditional family unit, and as intimately linked with the female menstrual cycle and expressions of female sexuality, these texts allow us to evaluate nineteenth-century perceptions of gender norms, reproduction and the family. This comparative research demonstrates that the interaction of medical and literary portrayals of ‘madness’ holds up a mirror to late nineteenth-century French society and therefore contributes to efforts within the medical humanities field to put modern-day perceptions of mental illness into context.

### INTRODUCTION

As awareness of mental health issues continues to develop, mental illness has rapidly become a buzzword in the political, celebrity and media worlds of many Western European countries. Indeed, the UK’s top ten mental health charities have seen their incomes rise by 8.4% according to Charity Financials (2015), and according to a recent YouGov poll (2017), 84% of the UK population now agree that mental illness is equally as serious as physical illness. However, despite this surge in awareness, narratives about mental illness in many forms of media often depict a decidedly negative image of the mentally ill. The use of terms such as ‘killer’ imply a predilection for violence as seen in Figure 1.

(Jayrow, 2017)

(Huffington Post, 2013)



Figure 1: Newspaper headings characterising mentally ill patients as dangerous.

Moreover, despite suicide being the leading cause of death for men aged 45 and under in the UK (Helplines Partnership, 2015), male mental illness remains a taboo subject for many. Indeed, the recently televised version of the 2007 novel *Thirteen Reasons Why* by Jay Asher focuses on the mental turmoil and suicide of an adolescent *girl*. Similarly, *Gone Girl*, the 2012 thriller novel by Gillian Flynn focuses on the mental deterioration of the *female* principal character, Amy Dunne, whose psychopathic tendencies result in the unravelling of her apparently idyllic family life. This research aims to demonstrate that the association of mental illness with danger and the heavy association of mental illness with women are not recent phenomenon. In fact, these ideas can be traced back to late nineteenth-century France, a period during which the mentally ill were systematically stigmatised and marginalised from mainstream society in asylum buildings outside town limits (Ripa, 1990, p.85). Although this may seem a far cry from modern-day treatment of mental illness, by examining how the mentally ill were depicted in literary and medical texts during the late nineteenth-century, we can see that modern-day perceptions of mental illness are, in many ways, informed by many of the issues facing late nineteenth-century French society. This comparative model offers a springboard to explore how, although different, in many ways fictional and medical literature develop a common image of mental illness which reflects ambient turn-of-the-century concerns about the deterioration of the family unit and changing gender roles.

During the nineteenth century in France, dominant gender norms cast men as citizens and breadwinners, and women as wives and mothers. While adult male suffrage was established

in France in 1848, women did not have the legal right to vote (Fortescue, 2005) or to open a bank account without their husband's consent (The Guardian, 2014). Indeed, the historian Yannick Ripa (1990, p.54) argued that 'the natural role of women' was perceived as being 'devoted body and soul to [their] famil[ies].' However, during the late nineteenth century, these traditional gender roles were considered by many to be under attack. Due partially to heightened anticlericalism at this time (anticlericalism is defined by Dykema and Oberman (1993, p.10) as 'attitudes and forms of behaviour which [...] engendered literary, political or physical action against what were perceived as unjust privileges constituting the legal, political, economic, sexual, sacred or social power of the clergy'), divorce became more easily-obtainable (Chastain, 2004). Additionally, several feminist organisations were formed at this time (McMillan, 2000, p.192), signalling a change in understandings of gender roles. Despite, or perhaps in response to, these changes, failing to comply with traditional gender norms was perceived by many, including many doctors, as a signifier of ill health (Ripa, 1990). As such, women at this time walked a fine line between what was valorised and what was stigmatised, as gender norms seemed on the one hand to shift, and on the other, to remain rigidly restrictive.

Moreover, population politics loomed large on France's national agenda at this time. The birth rate decreased almost consistently throughout the nineteenth century in France and, during the 1890s, dropped below the death rate for four years (Jackson, 2001, p.31). The historians Philip Odgen and Marie-Monique Huss argue that anxiety about the falling birth rate arose from a perceived decline in France's military prowess, following France's defeat in the Franco-Prussian war in 1871 (1982, p.286). As such, pronatalist sentiments and policies (the promotion of reproduction of sentient life (McKeown, 2014)) which focused on the woman's role in maintaining the family unit and producing children abounded during this period. Popular publications such as author Louis-Aimé Martin's *De l'éducation des mères de famille* depicted marriage as the natural state for men and women (Popiel, 2009). Moreover, a bourgeois image of the family unit which historian Karen Offen (2011, p.101) describes as the 'mother-centred family' was particularly valorised during this period. According to this model, the mother figure, who does not earn money, is responsible for raising children, while the father figure is largely absent from the family dynamic (Offen, 2014, p.101). Despite the dominance of this family norm and of pronatalism in discourses about depopulation, Micalé (2001, p.138) demonstrates that feminist movements during the 1870s and 1880s incited fears about bourgeois women abandoning the domestic sphere to engage in public life. Furthermore, the 1884 Loi Naquet which re-established divorce in French law prompted fears about the dissolubility of the traditional family unit (Herodote, 2016).

Another crucial characteristic of this period is the interaction between the rapidly burgeoning field of psychiatry and popular fictional literature. Indeed, historian Jan Goldstein (1991, p.136) contends that 'literary discourses and medical discourses intersected repeatedly' during this time. This intersection is exemplified by the work of the prolific French author Émile Zola who wrote a cycle of twenty novels, entitled *Les Rougon-Macquart*, in which he applied scientific observation in order to

portray reality through fiction (Literary Devices, 2018). This approach, which was called naturalism, was greatly influenced by his engagement with medical literature (Prioux, 2011) and his regular attendance of public lectures at the Pitié-Salpêtrière hospital, a psychiatric institution in Paris (Corniou, 2002, p.60). Zola's engagement with psychiatric discourse has been noted in reference to several of this author's novels including *Le Docteur Pascal* (Prioux, 2011, p.279). However, curiously, the first novel of the *Rougon-Macquart* cycle, *La Fortune des Rougon* (1871),<sup>1</sup> has largely been overlooked in this regard. This novel has the potential to contribute fresh understandings of the interaction between the medical and literary fields at this time.

*Fortune* follows the life of Adélaïde Fouque, a woman who ultimately becomes the common ancestor of all the principal characters in the *Rougon-Macquart* novels. Also known as Tante Dide, Adélaïde gradually spirals into madness following the death of her husband, Rougon, and then of her lover Macquart. She gives birth to one legitimate child, Pierre, and two illegitimate children, Antoine and Ursule, and towards the end of her life she is committed to a local psychiatric institution.

This study aims to compare the way Zola depicts mental illness in *Fortune* with the way in which mental illness is conceptualised in medical literature. This medical literature is drawn primarily from the psychiatric journals, *Les Annales Médico-psychologiques*<sup>2</sup> and *L'Encéphale: Journal des Maladies Mentales et Nerveuses*,<sup>3</sup> which provide a wealth of case studies and articles written by widely respected medical professionals from the late nineteenth century, providing a reflective and reliable insight into dominant late nineteenth-century psychiatric discourses. This article will first examine the ways in which mental health was characterised in relation to men and women. As we will see, by focusing on female sexuality and the female reproductive system, medical material and *Fortune* associate psychological conditions with women. These texts can thereby be seen as reflective of dominant attitudes towards gender roles at this time. This study will then move onto the interrelation of population politics and mental illness narratives. It will be demonstrated that the medical and literary sources studied articulate concerns about a perceived crisis of the family unit by portraying women as primarily responsible for maintaining family stability and depicting mental illness as a menace to the family.

This comparative, methodological model builds on a significant corpus of past research about illness narratives. The medical humanities specialist Faith McLellan (1997), for example, compares autopathography (the act of describing one's own suffering from a serious, chronic or incurable medical condition [Moran, 2006]) of illnesses such as cancer with correspondent medical literature. At first glance, literary and medical material may seem distinct and incompatible. Goldstein (1991, p.138) argues that fundamental differences polarise these representations of mental illness since medical literature seeks to 'fix, delimit and control disease', whereas popular literature at this time was motivated by a 'fascination with [...] "otherness."' However, this research aims to demonstrate that these apparently contrasting texts, when read alongside one another, offer an enlightening insight into the anxieties, fears and assumptions which preoccupied late nineteenth-century French society. As such, this research contributes to efforts

<sup>1</sup> Hereafter referred to as *Fortune*

<sup>2</sup> Hereafter referred to as *Annales*

<sup>3</sup> Hereafter referred to as *l'Encéphale*

within medical humanities to allow for wider cultural perspectives on questions around mental illness by highlighting the interdependence of medical and literary discourses and the relevance of historical perceptions to present-day understandings of the universal issue of mental health.

### MENTAL ILLNESS AND GENDER: A WOMAN'S WORLD

The historian Elizabeth Roudinesco (1994, p.281) describes nineteenth-century France as 'a world made by men for men, where women were relegated to second place' [author's translation]. However, when comparing assessments of female patients with male patients in medical and fictional literature, it becomes clear that mental illness narratives were dominated by women. Fears about the changing social position of women are arguably reflected in late nineteenth-century French discourses about mental illness which focus on the impact of female sexuality and the female reproductive system on mental health, thereby depicting mental illness as primarily affecting women. This tendency is exemplified by hysteria, a commonly diagnosed condition at this time. Between 1841 and 1842 approximately 1% of patients who entered the Pitié Salpêtrière and the Bicêtre hospitals, public insane asylums in Paris, were diagnosed as hysterical (Goldstein, 1987, p.322). Only forty years later this percentage had risen to over 20% (Goldstein, 1987, p.322). Jean-Martin Charcot, a neurologist who specialised in hysteria, described this condition as a neurosis, which affects women and (more rarely) men (Pitié Salpêtrière, 2018). He theorised that it was caused by the circumstantial activation of a biological, hereditary flaw (Nijenhuis, 2015, p.30) and that symptoms of hysteria included 'excessive emotionality, [...], spontaneous bleeding [...], and fits of contortions and seizures' (Hustvedt, 2011, p.20). These ideas were widely accepted and expounded in late nineteenth-century medical journals and had a significant influence on other forms of more popular literature including Zola's work.

#### Mental illness and female sexuality

Firstly, female sexuality is depicted in late nineteenth-century medical literature as contributing to the development of hysteria. On the one hand, type-casting hysterics as 'women who have an irresistible and insatiable penchant for the pleasures of love' [author's translation] is described as 'a huge error' [author's translation] by the physician Legrand du Saulle (1883, p.233). However, excessive sexual activity and extramarital affairs are portrayed as deviant behaviours which exacerbate and even cause female mental illness. *L'Encéphale* provides, as part of a legal report, the information that a female patient has 'a reputation for having lovers' [author's translation] in order to support the claim that she suffers from hysteria (de Montyl, 1882, p.53). The provision and acceptance of this information in a court of law demonstrates that even hearsay about socially unsanctioned female sexual activity was considered within medical and legal contexts, to indicate hysteria. Contrastingly, Charcot, who also studied male hysteria, cites physical trauma rather than sexual activity as triggering hysteria in most of his male case studies (Micale, 1990). Ripa (1990, p.33) summarises this difference by arguing that while for men, love affairs were considered 'necessary and glorious proofs of virility', for women, they indicated a need for medical treatment. The conveyance of this notion thereby reflects and discourages deviation from traditional gender roles in fin-de-siècle French society.

*Fortune* also associates female sexuality with hysteria through the character Adélaïde, who engages in a sexual relationship

barely one year after her husband's death with no express intention to remarry. Adélaïde and her lover, Macquart, build a door conjoining their homes, which provokes outrage in their neighbours since it represents a public sign of their relationship:

She was violently reproached for [...] this door, this tranquil and brutal admittance of a life shared together. (Zola, 1969, p.80)

[author's translation]

This door appears to prove Adélaïde's unmarried sexual activity. Just as hearsay about female sexuality contributes to a diagnosis of hysteria within a medical context, this act is sufficient for her peers to label Adélaïde 'a madwoman who should be locked up' (Zola, 1969, p.83) [author's translation]. Correspondingly, the literary critic Robert Ziegler (1998, p.237) argues that 'it is the violation of protocols, the "crack" in the rules of decorum [...] whose accumulated weight consigns Dide to madness.' Contrastingly, the sexual lives of the novel's male characters including Adélaïde's father, who dies mad, are not noted, indicating that sexuality is not considered as significant a factor for men's mental health as it is for women's. Hence, Adélaïde's sexuality is conceptualised in *Fortune* as a contributing factor of her hysteria, thereby corroborating late nineteenth-century French medical narratives and dominant views of the differences between gender roles.

However, the abrupt end to Adélaïde's sexual life does not improve her mental health. Rather, Adélaïde's celibacy following Macquart's death further aggravates her symptoms:

If you saw her passing by, you would think she were one of those old nuns [...] her need for love, after Macquart's death had burned up inside her, devouring her like a cloistered young girl. (Zola, 1969, p.179) [author's translation]

Here, Zola's use of religiously connotative language and his description of Adélaïde as nun-like highlights the extremity of her transformation from sexual promiscuity to sexual repression. Moreover, the terms 'burned up' and 'devouring' connote pain and danger. Chastity is therefore linked with religious piety and portrayed as a form of deviance which threatens Adélaïde's mental health. The literary critic, Yves Malinas (1985, p.115) likewise asserts that 'all neuroses [in Zola's literature] come with a sexual component, often either a deficiency of sex or a deviant sexual behaviour' [author's translation]. This portrayal contrasts sharply with Zola's depiction of Adélaïde's grandson Silvère who is also celibate. This character's celibacy does not trigger mental illness and is positively associated with Silvère being a 'good child' (Zola, 1969, p.45) [author's translation]. Thus, in *Fortune*, lack of sexual activity is considered not to impact male characters' mental health, while female celibacy, which is associated with religious piety, worsens the symptoms of hysteria.

Similarly, medical literature associates a lack of sexual activity with religious devotion and conveys this as a threat to women's mental health. Many case studies include observations regarding female patients' religious backgrounds, indicating that this represents an important aspect of the diagnostic process. When describing a female patient suffering from 'intellectual impulses', the physician Benjamin Ball (1881, p.30) remarks that she 'had been raised in a convent, where the principle of piety may have been exaggerated' [author's

translation]. Contrastingly, the case study of a male patient suffering the same illness did not include any information about his religious background. In this way, male and female mental illness is differentiated in late nineteenth-century French medical literature, bringing into sharp relief the differences between what was deemed acceptable for men, such as celibacy, and what was considered an indicator of mental illness for women.

### Mental illness and menstruation

Hysteria was also associated with the female reproductive system in these medical narratives. On one hand, Charcot challenged this link by claiming that men could also suffer from hysteria and publishing over sixty case studies of male ‘hysterics’ during the 1880s (Micale, 2001, p.364). Despite this, as the historian Asti Hustvedt (2011, p.26) argues, Charcot ‘proceeded as if [hysteria] were a female condition’ by developing a theory about hysterogenic zones. He argued that by compressing certain areas of the female body, a hysterical attack could be brought on, aggravated, eased or stopped altogether (Laplanche and Pontalis, 1988, p.196). Black ovals indicate these areas in Figure 2.

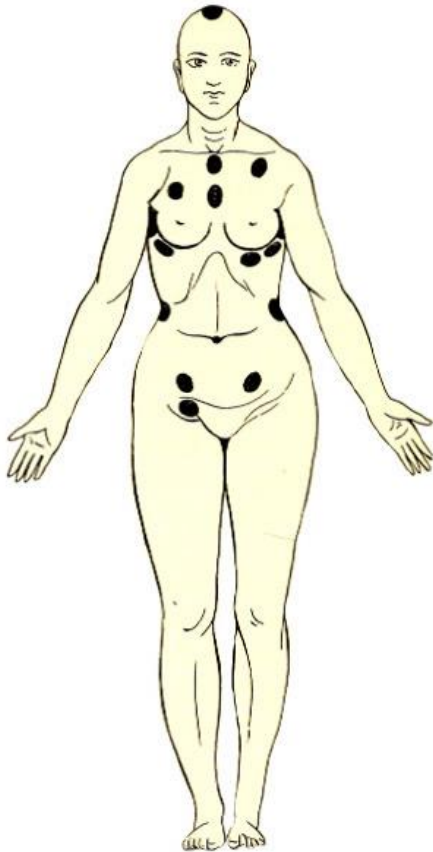


Figure 2: Hysterogenic zones on the female body (Collini, 2014).

As this diagram demonstrates, Charcot’s hysterogenic zones are mapped on the female body and collate predominantly around the breasts and ovaries, thereby connecting hysteria with female reproduction. This association reflects the etymology of the word ‘hysteria’ which originates from the Greek word ‘hysterikos,’ meaning ‘womb’. During the fifth century B.C.,

this term denoted the notion that the uterus could detach from the abdomen and move around the body, causing hysteria (Tasca et al., 2012, p.112). Although broadly disparaged in the medical field, the legacy of this theory can be seen to have persisted during this time since wombs continued to be considered ‘fertile breeding grounds for madness’ (Ripa, 1990, p.129). This focus on the female reproductive organs in medical narratives about hysteria can be said to reflect dominant associations of womanhood with motherhood at this time.

Similarly, in *Fortune*, Zola’s description of Adélaïde’s mental illness links hysteria with the female reproductive system. Any interruptions to Adélaïde’s menstrual cycle such as puberty and pregnancy correspond with the worsening of her hysteria. For example, during pregnancy, Adélaïde experiences ‘nervous attacks which would trigger terrible convulsions’ (Zola, 1969, p.80) [author’s translation] which mirror the seizures Charcot describes as a symptom of hysteria. This correlation between interruptions to Adélaïde’s menstrual cycle and the deterioration of her mental health reflects the connection made between hysteria and the female reproductive system in late nineteenth-century medical discourses. This association can be said to cast all women as slaves to their reproductive biology and as potential hysterics. Thus, narratives about mental illness reveal the paradoxes inherent to gender norms at this time: women should neither have too much sex nor too little, and the womb could produce new life but also madness. These conflictual representations can be said to reflect the tension which surrounded perceptions of gender during the late nineteenth-century in France.

*Fortune* can thus be seen to reflect many aspects of ambient medical understandings of hysteria which are demonstrated in *l’Encéphale*. Hysteria is closely associated with menstruation in *Fortune* through the character Adélaïde Fouque, whose hysterical convulsive attacks are triggered or exacerbated by changes to her menstrual cycle. This depiction corresponds with Charcot’s theory of hysterogenic zones in which the female reproductive system plays an important role in the causation and regulation of female hysteria. Furthermore, *l’Encéphale* brackets female celibacy together with hysteria by focusing on female patients’ religious backgrounds. This correlation is also illustrated through Zola’s character Adélaïde whose symptoms worsen after her sexual life comes to an end. However, Adélaïde’s former sexual promiscuity is likewise depicted as contributing to her hysteria. This notion is reflected by medical literature which similarly characterises unsanctioned sexual activity as a threat to women’s mental health. By depicting female sexuality and the female reproductive system as dangerous to women’s mental health, these discourses can be seen to reflect dominant attitudes towards gender roles in fin-de-siècle French society.

### ‘THE CURIOUS PERVERSION OF MATERNAL SENTIMENTS’: MENTAL ILLNESS AND FAMILY DETERIORATION

These contradictory ideas about the female body can be considered closely linked with widespread anxieties about a perceived crisis of the French family unit during the late nineteenth-century. These changing circumstances prompted anxieties about a perceived crisis of the French family unit, a concern which is arguably articulated through depictions of mental illness in late nineteenth-century psychiatric literature and in Émile Zola’s *Fortune*.

## Women and the family structure

In *Fortune*, female characters are closely associated with family instability, as is exemplified through the characterisation of Adélaïde's daughter Ursule whose death leaves her three children motherless:

She left behind three children: a girl, [...] the older boy, [...] and the last-born, a poor creature who was barely six years old.

[author's translation]

(Zola, 1969, p.176-177)

By referring to Ursule's youngest son as 'a poor creature', Zola highlights his youth and vulnerability, thereby implying that the death of his mother leaves him without protection and care. Moreover, Ursule's death results in her widower's subsequent suicide and the separation of her children into different households (Zola, 1969). Ursule's death leads to the disintegration of the family unit, thereby representing the woman as essential for the unity of the family group. Ziegler (1998, p.238) correspondingly asserts that Ursule can be considered to symbolise 'a sick society denying children shelter, peace, and food.' In this way, women are closely associated with maintaining the stability of a family unit in *Fortune*, reflecting ambient perceptions of women as inherently enmeshed in the perceived family crisis in late nineteenth-century France.

Correspondingly, medical journals associate women with the family by depicting women as more susceptible to mental illness than men. The fin-de siècle physician Jules Luys (1882, p.571) posits that the brain's paracentral lobe is more developed in males than in females, a difference which, he argues, corresponds with women's susceptibility to mental illness. He argues that this difference explains why males exhibit 'muscular strength, physical energy [...] moral liveliness, [...] spirit, and bravery' [author's translation] while femininity is generally characterised physically and psychologically by 'weakness'. He claims that this difference corresponds with women being 'created [...] for caring for the family' whereas men are best suited to 'public life' [author's translations]. In this way, he associates women with the familial context. Mary Roberts (2002, p.3) also asserts that the 'natural' place of the woman was generally considered to be 'the familial home, where they also served as the bedrock of social morality'. Thus, by depicting women as inherently susceptible to mental illness, medical literature reflects dominant pronatalist discourses, which place women at the centre of concerns about the disintegration of the family unit.

## The threat of female mental illness

In *Fortune*, Adélaïde's hysteria is depicted as having a negative impact on her children and her family's structure. On one hand, it can be said that Adélaïde's family begins to deteriorate following the sudden death of her husband, Pierre Rougon, just over a year after their marriage (Zola, 1969). However, rather than remarrying and thereby re-establishing a traditional family structure, Adélaïde engages in an unmarried relationship with Macquart and gives birth to two illegitimate children. This state of affairs is referred to as 'beyond of all sane reason,' (Zola, 1969, p.77) [author's translation] which emphasises the deviation of this family structure from the idealised family norm and highlights that it is considered a result of Adélaïde's

mental instability. Adélaïde is also portrayed as incapable of caring for or educating her children due to her mental illness:

She let her children grown up like wild roadside plum trees, at the mercy of the rain and sun [...] Never before had such evil little beings grown up to completely governed by their own instincts. (Zola, 1969, p.80-81)

[author's translation]

By comparing Adélaïde's children to wild roadside trees, Zola implies that these children lack regulation and guidance, and exist on the edge of mainstream society. In addition, by highlighting the role of instinct in the children's development, Zola infers an animalistic dimension to these characters, an implication which further underlines this family's irregularity. Thus, by depicting Adélaïde's mental illness as intimately linked with her family's deviance from the 'mother-centred' family norm, Zola portrays mental illness as presenting a danger to the family unit.

Similarly, medical journals depict mentally ill patients as presenting a threat to the lives of children, and thereby to the family. *L'Encéphale* presents a case study of a woman named Hortense who suffers from hysteria and who is accused of attempting to murder her four-year old son (de Montyl, 1882, p.49-50). This report repeats Hortense's claim that she wanted rid herself of the bother of a child several times:

I wanted to rid myself of my child who was a bother to me, and I thought about killing him [...] this child was a bother to me, he was difficult for me. (de Montyl, 1882, p.52)

[author's translation]

The repetition of these sentiments highlights their shocking nature which is further reiterated by the attending doctor's characterisation of this case as a 'curious perversion of maternal sentiments which have made the mother into the killer of her child' (de Montyl, 1882, p.58) [author's translation]. By emphasising the abnormality of this situation, which occurs due to Hortense's mental illness, medical literature casts mental illness as a threat to maternal feeling and therefore to the idealised family dynamic. The historian Ian Dowbiggin (2011, p.60) likewise argues that 'by the end of the nineteenth century, mental illness was widely viewed as a scourge that threatened the personal security of countless citizens and respectable families.'

These sources therefore depict mental illness as a menace to the traditional family unit and, like dominant pronatalist narratives during this period, primarily implicate women. Medical literature depicts women as responsible for the state of the family by emphasising their perceived susceptibility to mental illness. Similarly, *Fortune* portrays women as central to family stability through the characterisation of Adélaïde's daughter, Ursule. Furthermore, by describing the impact of Adélaïde's hysteria on her children, this novel depicts mental illness as having a negative effect on her family group. This perception is mirrored by medical literature which also depicts mental illness as presenting a lethal danger to children and therefore to family dynamics. In these ways, both medical and literary

depictions of mental illness reflect ambient concerns about the deterioration of the ideal family structure during the late nineteenth century in France.

### CONCLUSION

Representations of mental illness in *Fortune* and in medical literature can therefore be seen to feed into broader narratives about familial deterioration and gender roles in late nineteenth-century France. These texts, although contrasting, reflect ambient anxieties about the breakdown of the traditional family unit by depicting mental illness as a threat to this structure and focusing on the 'natural' role of women in maintaining family stability. Furthermore, dominant late nineteenth-century gender norms permeate these texts, which portray the female reproductive system and female sexuality as key players in the experience of mental illness. Thus, the comparison of mental health narratives from literary and medical texts elucidates the preoccupations and perceptions of turn-of-the-century French society and demonstrates the great extent to which the medical and literary worlds interwove during this period.

This research opens up new roads of research to pursue. For example, throughout this piece of work, the term 'mental illness' has been applied to wide range of psychological disorders, many of which have been renamed several times over the course of the past 150 years. Although this term has only gained traction in everyday vocabulary (relatively) recently, this expression has been applied in order to make the content of this piece accessible and to adapt to the scope of this article. However, the question of the efficacy of applying this term to such a wide variety of conditions presents potential avenues for further study. Moreover, the majority of primary and secondary literature discussed here has revealed a fascination with how

discourses about mental illness have depicted and impacted women during this period. Although the proportion of female to male case studies and characters discussed here is representative of the bias evident in these sources, future research could redress this imbalance by engaging with how narratives of mental illness reflect ideas about masculinity during this and other periods.

By exploring medical and literary narratives about mental illness, a fresh appreciation of the fears, anxieties and assumptions of late nineteenth-century French society can be reached. This research contributes to attempts within medical humanities to demonstrate the value of interactions between the medical and literary spheres, and the true power of these narratives to reflect and impact our everyday understandings. 'The cries of the madwoman' (Zola, 1969, p.362) [author's translation] can be thus be seen to reveal much about the experiences of the mentally ill during this period, and to resonate in many ways with many present-day misconceptions of mental illness. Acknowledging these resonances represents a step towards addressing the bias which often dominates modern-day narratives of mental illness in both popular culture and in the medical profession. Recognising, as this research aims to, the cultural history of our tendencies to associate mental illness with women and with danger contributes to efforts from many different angles to redress the imbalances in our perceptions of psychological disorders and to combat the stigma attached with mental illness.

### FINAL ACKNOWLEDGEMENTS

This research was accomplished with the support and guidance of my dissertation supervisor Jackie Clarke and was partially funded by the Carnegie Trust, Grant Number 201711.

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