The essay begins with a description of Cassandra’s insomnia, “the night-walk of one prematurely awake.” Cassandra cannot sleep, both because of her personal wretchedness and because she is conscious of the desires that other women in their “sleeping ignorance” refuse to acknowledge. Mothers pretend they have no passion, and teach their daughters that women feel no sexual desire, because, “in the conventional society, which men have made for women, and women have accepted, they must have none, they must act the farce of hypocrisy.” Nonetheless women’s lives are eaten up in fantasy, the product of repressed sexuality, boredom, and vacuity. Their time is at the service of the family, so that they cannot pursue any serious education or vocation. Instead they “play through life” at “sketchy benevolence” and ladylike accomplishments. Although marriage is “the only chance offered to women for escape from this death,” it too is cheapened by women’s economic dependence and intellectual restrictions; a true marriage of equals does not exist.

The suffocation of family life, boredom, and patriarchal protectivism gradually destroys women’s capacity to dream, to work, or to act. Nightingale brilliantly analyzes the psychological effects of constant small frustrations, of social restraint, and of inertia. Eventually passivity breeds exhaustion, enervation, and illness: “The accumulation of nervous energy, which has had nothing to do during the day, makes them feel every night, when they go to bed, as if they were going mad; and they are obliged to lie long in bed in the morning to let it evaporate and keep it down.” Deprived of significant spheres of action and forced to define themselves only in personal relationships, women become more and more dependent on their inner lives, more prone to depression and breakdown. Sickness presents a tempting escape from the contingency of the feminine role; it offers a respectable reason to be alone, and real, if perverse, opportunities for self-development.

The ending of Cassandra dramatizes the despair Nightingale could imagine as her own fate: Cassandra dies at the age of thirty, “withered, paralyzed, extinguished.” In her youth she had “dreamed of Institutions to show women their work & to train them how to do it” and had “sacrificed my individual future” of marriage for “glimpses of a great general future.” But:

My people were like children playing on the shore of the eighteenth century. I was their hobby-horse, their plaything; and they drove me
to and fro, dear souls! never weary of the play themselves, till I, who had grown to woman's estate and to the ideas of the nineteenth century, lay down exhausted, my mind closed to hope, my heart to strength.

Death comes to Cassandra as a welcome release.

*Cassandra* is not a brief for invalidism, although it makes Nightingale's own strategic sickness explicit. Depression, illness, withdrawal, and complaint, she understood, were feminine forms of protest far less effective than rebellion and action. What terrified Nightingale was that middle-class Victorian women were Cassandras rendered so crazy and powerless by their society that they could rail and rave but never act. In a brilliant insight, she observed that passivity transforms even altruism into hate: "The great reformers of the world turn into the great misanthropists, if circumstances of organization do not permit them to act. Christ, if he had been a woman, might have been nothing but a great complainer."

If women are to be saved, Nightingale argues, they must first be awakened from their infantile unconsciousness. Women must be able to suffer if they are to grow. Experiencing frustration and discontent to its fullest, suffering all its pangs, is the price of adulthood, a "privilege" that may lead to action. To deny, suppress, and stupify these emotions leads to madness, the hysteria and mental deterioration Nightingale saw everywhere in the lives of well-to-do English women. Out of her conviction came the most powerful and original passage of *Cassandra*, the defiant invocation that demands on women's behalf, not money or votes or even work, but the restoration of pain: "Give us back our suffering, we cry to heaven in our hearts—suffering rather than indifferentism; for out of nothing comes nothing. But out of suffering may come the cure. Better have pain than paralysis! A hundred may struggle and drown in the breakers. One discovers the new world. But rather, ten times rather, die in the surf, heralding the way to that new world, than stand idly on the shore!" Not just private suffering, but contact with "the practical reality of life—sickness, and crime, and poverty in masses," were antidotes to the mental paralysis in women's lives.

Writing *Cassandra* may have helped Nightingale clarify her own feelings and needs and strengthened her own resolve to break free. Soon after writing it, she left home to direct an institution for sick gentlewomen, the first step of her real career as a nurse and administrator.
Within a year, she was on her way to the Crimea to take up the responsibilities that would make her a legend.

After her return in 1858, Nightingale sent her three-volume work called *Suggestions for Thought to Searchers After Religious Truth* to several of the most distinguished male intellectuals of her day, including the Oxford Regius Professor of Classics Benjamin Jowett and John Stuart Mill. Mill recommended publication, but few Victorian readers would have been less likely than Jowett to sympathize with Nightingale’s explicit angry feminism. His advice was all in terms of modifying, subduing, and muting her message: “The book appears to me full of antagonisms,” he wrote; “perhaps these could be softened.” Nightingale made extensive revisions in her manuscript in an effort to soften its antagonisms. In *Cassandra* she conscientiously eliminated personal details, dramatic scenes, and first-person statements. Vital pieces of her argument were ruthlessly cut because they were too revealing, too forceful, or too “crazy.” To move through the multiple strata of the manuscript of *Cassandra* in the British Library is thus to observe a sad paradigm of Victorian female self-censorship. The gutted final work, with its mysterious allusions and abrupt transitions, was privately printed in 1860, and *Cassandra* was formally published for the first time in 1928 as the appendix to Ray Strachey’s history of the English women’s movement, *The Cause*. It is still not available in a complete and accurate text. In its history of thwarted publication, as well as in its account of women’s confinement in the family and the psychic costs of that confinement, *Cassandra* is one of the most striking examples of the Victorian silencing of female protest.

Another important analysis of female mental disorder came from Charlotte Brontë. Out of her own “buried life” and her own psychosomatic afflictions, she generated a symbolic lexicon that sometimes borrows from earlier conventions but always reinvests these conventions with authenticity, immediacy, and imaginative force. Her work shows an evolution from Romantic stereotypes of female insanity to a brilliant interrogation of the meaning of madness in women’s daily lives.

The most famous of Brontë’s madwomen is Bertha Mason, Rochester’s mad wife in *Jane Eyre* (1847). Bertha is a violent and hideous predator on men. Confined to a windowless room in the attic of Thornfield Hall, she is a “clothed hyena,” “corrupt,” with “shaggy locks” and “bloated features,” a “demon,” a “wild beast,” the wreckage of a woman who once was “tall, dark, and majestic” (chaps. 26, 27).
Brontë offers several explanations for Bertha's madness, all taken from the discourse of Victorian psychiatry. As Rochester tells the story, Bertha is a victim of diseased maternal heredity, "the true daughter of an infamous mother," who was "both a madwoman and a drunkard." After their marriage, Bertha too becomes "intemperate and unchaste," a monster of sexual appetite who finally is pronounced mad by "medical men." Brontë's account echoes the beliefs of Victorian psychiatry about the transmission of madness: since the reproductive system was the source of mental illness in women, women were the prime carriers of madness, twice as likely to transmit it as were fathers. Furthermore, "it is agreed by all alienist physicians," wrote one doctor, "that girls are far more likely to inherit insanity from their mothers than from the other parent."54

Bertha's madness is also linked to female sexuality and the periodicity of the menstrual cycle. Her worst attacks come when the moon is "blood-red" (chap. 25), or "broad and red" (chap. 27); at these moments she is vicious and destructive, although at other times she is lucid and calm. Still a prisoner of her reproductive cycle (we can calculate from the novel that she is forty-two years old), Bertha suffers from the "moral insanity" associated with women's sexual desires. In a letter to her editor, Brontë described Bertha's disease as "a phase of insanity ... in which all that is good or even human seems to disappear from the mind, and a fiend-nature replaces it."55

The portrait of Bertha Mason depicts a time before moral management, when it was common for crazy women to be kept hidden in homes (there were numerous legends of such women in Brontë's native Yorkshire), or to behave and be treated like wild beasts in cruel asylums. When Rochester takes Jane to see his mad wife, she is absolutely the brutalized animal.

In the deep shade, at the farther end of the room, a figure ran backwards and forwards. What it was, whether beast or human being, one could not, at first sight tell: it grovelled, seemingly, on all fours; it snatched and growled like some strange wild animal: but it was covered with clothing, and a quantity of dark, grizzled hair, wild as a mane, hid its head and face. [Chap. 26]

When Bertha sees the intruders she springs on her husband, tries to choke him, and bites his cheek. Rochester and Grace Poole quickly
subdue her, first by tying her hands behind her back, and then by tying her to a chair. Bertha must be kept in restraints, Rochester insists, because she is subject to paroxysms when her familiar prompts her “to burn people in their beds at night, to stab them, to bite their flesh from their bones” (chap. 27). He plans to keep her even more closely confined than in the past, shutting up Thornfield, boarding up its windows, and completing its transformation into a madhouse by hiring Grace Poole’s son, the keeper at the “Grimsby Retreat,” to guard his wife.

Bertha’s violence, dangerousness, and rage, her regression to an inhuman condition and her sequestration became such a powerful model for Victorian readers, including psychiatrists, that it influenced even medical accounts of female insanity. The image of Bertha Mason haunts Conolly’s book *Treatment of the Insane Without Mechanical Restraints* (1856), and supports his argument that insane women should be treated in asylums rather than at home. Lady patients at home, Conolly writes, are “quite estranged” from all their relatives; “all their conduct has been fierce and unnatural” and the house itself is rendered awful by the presence of a deranged creature under the same roof: her voice; her sudden and violent efforts to destroy things or persons; her vehement rushings to fire and window; her very tread and stamp in her dark and disordered and remote chamber, have seemed to penetrate the whole house; and, assailed by her wild energy, the very walls and roof have appeared unsafe, and capable of partial demolition.\(^{26}\)

Surely it is Bronte’s Bertha Mason that Conolly describes and her final successful effort to burn down Thornfield that is hinted at in his imagery of conflagration and destruction.

To contemporary feminist critics, Bertha Mason has become a paradigmatic figure. Sandra Gilbert and Susan Gubar make her the quintessential “Madwoman in the Attic,” the dark double who stands for the heroine’s anger and desire, as well as for all the repressed creative anxiety of the nineteenth-century woman writer. They point out that Bertha not only acts for Jane in expressing her rage towards Rochester’s mastery but also acts like her, paralleling Jane’s childhood outbursts of violent rebellion against injustice and confinement.\(^{37}\) What is most notable about Bronte’s first representation of female insanity, however, is that Jane, unlike the contemporary feminist critics who have interpreted
The Rise of the Victorian Madwoman

In the novel, never sees her kinship with the confined and monstrous double, and that Brontë has no sympathy for her mad creature. Before Jane Eyre can reach her happy ending, the madwoman must be purged from the plot, and passion must be purged from Jane herself.

In her last novel, Villette, however, Brontë made use of more current ideas about insanity to explore the psychological contradictions in nineteenth-century women's lives. The metaphor she chose for this novel was "solitary confinement." During the 1840s, the punishment of solitary confinement had been widely publicized as an effective and "humane" form of penal discipline at model prisons in England and the United States, and as a useful technique for quieting patients in "moral" lunatic asylums. In the Eastern State Penitentiary near Philadelphia, and at Pentonville in London, convicts sometimes spent their entire sentences alone, unable to speak to each other or to the outside world. Prison officials praised the method as a nonviolent, efficient form of control, one that had the additional benefit of breaking down the prisoner's psychological resistance to repentance by making him tremulous, emotional, and dependent. As one prison chaplain proudly explained, "A few months in the solitary cell renders a prisoner strangely impressionable. The chaplain can then make the brawny navvy cry like a child; he can work on his feelings in almost any way he pleases; he can, so to speak, photograph his thoughts, wishes, and opinions on his patient's mind, and fill his mouth with his own phrases and language."

But this mind control struck other observers as a most vicious perversion of the ideology of reform. By the 1850s it had become evident that solitary confinement had unintended and extreme effects on the sanity of convicts. In prisons where it was practiced, the incidence of mental illness was ten times higher than in other penal systems. Prisoners in solitary confinement suffered from nightmares and hallucinations; suicide attempts were frequent. Upon release, many had bouts of hysterical crying, or else sat in listless torpor.

In 1853, Brontë had visited both Pentonville prison and Bethlem, and she had seen how frighteningly effective solitary confinement could be.

The world can understand well enough the process of perishing for want of food; perhaps few persons can enter into or follow out that of going mad from solitary confinement. They see the long-buried prisoner disinterred, a maniac or an idiot!—how his senses left him—how his nerves, first inflamed, underwent nameless agony, and
then sunk to palsy—is a subject too intricate for examination, too abstract for popular comprehension. [Chap. 24]

In *Villette* (1853), she explored the impact of a more metaphoric solitary confinement. Lucy Snowe, the heroine of *Villette*, is not a prisoner. She has a good job as a governess and teacher in a respectable school for girls in “Labassecour” (Belgium); no scheming parents coerce her into unwanted matrimony; no wicked uncle tricks her into a madhouse. She is only alone, only unloved, only “superfluous” and “odd,” an “inoffensive shadow” in the background of other people’s lives.

Yet in a society that ostracizes the spinster, Lucy too comes close to madness. She is tormented by attacks of agonizing depression, loneliness, and anxiety, leading to hallucinations and breakdown; she is surrounded by monitory figures of female confinement, with whom she explicitly identifies. Her first employer, Miss Marchmont, is a hysterical cripple, whose affliction began when her fiancé died in an accident. In Miss Marchmont’s service, Lucy too begins to go mad in her solitude: “Two hot, close rooms thus became my world... I forgot that there were fields, woods, rivers, seas, an everchanging sky outside the steam-dimmed lattice of this sick chamber... All within me became narrowed to my lot” (chap. 4). Breaking out of this narrow cell when her employer dies, she takes a position at a girls’ school in Villette, where in the enclosed garden or “vast solitary garret” she is repeatedly haunted by the apparition of a faceless nun. The nun appears whenever Lucy is struggling to keep her sexual desires in check, and represents the cloistered celibacy her life is coming to resemble. Her physician, Dr. John Bretton, is sure that the nun is “a case of spectral illusion... resulting from long-continued mental conflict.” According to the best Victorian moral system, he recommends happiness and a cheerful mind; but as Lucy skeptically responds, “No mockery in this world ever sounds to me so hollow as that of being told to *cultivate* happiness” (chap. 21).

Finally, Lucy is left alone in her school for six weeks during the summer holiday to care for a deformed cretin.

The hapless creature had been at times a heavy charge; I could not take her out beyond the garden, and I could not leave her a minute alone; for her poor mind, like her body, was warped; its propensity was to evil. A vague bent to mischief, an aimless malevolence made constant vigilance indispensable. As she very rarely spoke, and would
The Rise of the Victorian Madwoman

sit for hours together moping and mowing and distorting her features, with indescribable grimaces, it was more like being imprisoned with some strange tameless animal, than associating with a human being.

[Chap. 18]

Like the nun, the cretin is an externalized representation of Lucy's own primal but now stunted desires; she is the hungering, restless, untamed part of the self that Lucy has tried unsuccessfully to cage and starve. After this episode, Lucy finally loses control; she cannot eat or sleep, begins to have hallucinations, goes out in the storm to make a desperate confession to a Catholic priest, and finally collapses in the street.

The elements of her symbolism are as romantic in Villette as in Jane Eyre, but Brontë sets them in the realistic context of her heroine's life. Lucy's intense Protestantism will not permit religious ecstasy or the refuge of a sisterhood, as Dinah Craik had recommended. Although her nervous breakdown brings Lucy a brief respite from solitude, her need to support herself makes it impossible for her to rely on invalidism as a long-term emotional solution. Neither does Dr. John, whom she secretly loves, find her craziness seductive or attractive and weep over her like the Romantic sonneteer in Bedlam. Unlike Cassandra, Lucy's torment comes from within as well as from outside, and Brontë cannot resolve her heroine's suffering with either a conflagration or a martyr's death. Her solitary confinement is partly self-imposed; it is the price of her decision to work and to support herself, and it cannot be cut away from her full experience. Brontë goes beyond Nightingale in her refusal to blame women's madness on external wrongs alone. Granted the rights to mobility, work, and autonomy that Victorian feminists like Nightingale were beginning to demand, Lucy still finds herself racked "by a cruel sense of desolation." Only when she finds the assurance that she is loved—along with rewarding work—is Lucy no longer sick. In this novel, then, Brontë provides the sophisticated understanding of women's complex emotional needs that the more sensational Jane Eyre lacks.

In a very different register, Mary Elizabeth Braddon's sensational best-seller Lady Audley's Secret (1861) presents a subversive feminist view of puerperal mania and its murderous results. The plot of her novel echoes one of Conolly's case studies of a woman with puerperal insanity. This "sensitive woman, whose mother had been insane, became deranged and melancholic almost as soon as her poor little child
The Female Malady

came into the world of want.” Before her confinement, her husband had “left her, and his home, and his country, to seek employment in Australia.” A similar abandonment befalls Braddon’s heroine, Lucy; but rather than becoming deranged, she leaves her child with her father, changes her last name, and goes out as a governess. When her wealthy employer Sir Michael Audley proposes, she readily accepts. In marrying him, she does not mean to commit bigamy but to free herself from the confinement of drudgery, maternity, and poverty. When her first husband returns to claim her, she tries to kill him; later she attempts to blackmail and murder other men who threaten her. Like Scott’s Lucy Ashton, she defends herself through violent attacks on men.

When she is confronted with the evidence of her crimes, Lady Audley makes use of the insanity defense popularized in cases of puerperal mania. As she dramatically announces to the man who comes to arrest her, “You have conquered—a mad woman!” Furthermore, she explains, her puerperal insanity is a hereditary disease in the maternal line handed down from her grandmother to her mother, who was a patient in a lunatic asylum, and to herself. “My mother had been, or had appeared sane, up to the hour of my birth... the only inheritance I had to expect from my mother was—insanity!” She argues that she became mad after childbirth, when her husband left her to seek his future: “I looked upon this as desertion, and I resented it bitterly... I did not love the child, for he had been left a burden upon my hands. The hereditary taint that was in my blood had never until this time showed itself by any one sign or token; but at this time I became subject to fits of violence and despair... for the first time I crossed that invisible line which separates reason from madness” (chap. 34).

The psychiatrist Sir Alwyn Mosgrave accepts her story; and instead of being tried for her crimes, Lady Audley is committed to a private madhouse in “Villebrumeuse,” near Brussels, echoing the confinement of Lucy Snowe in Villette. But like Brontë’s novel, Lady Audley’s Secret suggests that the psychiatric discourse on female insanity obscured many more profound tensions in women’s lives. Is Lady Audley’s secret that she carries hereditary insanity? Or is the secret that “insanity” is simply the label society attaches to female assertion, ambition, self-interest, and outrage?

The accounts of female insanity by Nightingale, Brontë, and Braddon are psychologically much richer than the descriptions by Victorian doctors. They also suggest that the rise of the Victorian madwoman was
The Rise of the Victorian Madwoman

one of history's self-fulfilling prophecies. In a society that not only perceived women as childlike, irrational, and sexually unstable but also rendered them legally powerless and economically marginal, it is not surprising that they should have formed the greater part of the residual categories of deviance from which doctors drew a lucrative practice and the asylums much of their population. Moreover, the medical belief that the instability of the female nervous and reproductive systems made women more vulnerable to derangement than men had extensive consequences for social policy. It was used as a reason to keep women out of the professions, to deny them political rights, and to keep them under male control in the family and the state. Thus medical and political policies were mutually reinforcing. As women's demands became increasingly problematic for Victorian society as a whole, the achievements of the psychiatric profession in managing women's minds would offer both a mirror of cultural attitudes and a model for other institutions.