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"Except for This Hysteria, She Is the Perfect Woman": Women and Hysteria in *An Inconvenient Wife*

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Abstract: Historical fiction can be understood as a hybrid space: it represents the past and simultaneously allows a consideration of the culture it is written in. Under the assumption that novels help address cultural shifts and attitudes, this paper aims to investigate how, why, and with what implications medical discourses surrounding women are depicted in fiction. This paper explores the manifold conceptualizations of hysteria in *An Inconvenient Wife* written by Megan Chance in 1998, arguing that the novel presents a complex view of discourses of medicalization. Its central claim is that the novel constructs hysteria not only as a tool of oppression but also as a tool with which to escape social constraints and patriarchal control. Through understanding historical fiction as not merely commenting on the past, but as addressing contemporary issues, the text adds to discussions centering on intersections of medicine and literature.

Keywords: medical history; medical humanities; hysteria; historical fiction; gender

1. Introduction

Within western culture, women's emotions and behaviors have often been ignored or seen as pathological, especially when their conduct does not fit into accepted heteronormative femininity. Medicalization refers to defining "a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to 'treat' it" (Conrad 2007, p. 211). In recent years, there has been an increase in critical reflection on medicalization, and more attention is being paid to the importance "of acknowledg[ing] the historical context of women's medical treatment" (Schoch 2023). As Elinor Cleghorn maintains, to "[t]o dismantle this painful legacy in medical knowledge and practice, we must first understand where we are and how we got here" (Cleghorn 2021, p. 17).

Cleghorn's argument serves as an introduction to this paper's topic, which is interested in the conceptualization of hysteria in Megan Chance's *An Inconvenient Wife* (1998) (Chance 2009). In the novel, Mrs. Lucy Carelton, a high society wife in 1880s New York City, is suffering from mysterious ailments which prevent her from being the perfect wife to her nouveau riche husband. Numerous doctors are consulted in the hopes of finding a cure: something that will make it possible for her to adequately fulfill her societal and womanly obligations. However, over the course of the novel, Lucy comes to realize the fatal bind placed upon her—the things that make her happy and healthy, her interests and opinions, are the very things her husband, father, and friends consider to be the symptoms of her illness. This paper seeks to explore the effects of medicalization on the female main character by analyzing the different connotations of hysteria within the novel. A brief theoretical exploration of historical fiction and the various cultural and medical meanings of hysteria serve as the basis for my key claim that, in *An Inconvenient Wife*, hysteria serves multiple, interlocking functions. This paper looks at how the novel constructs hysteria as a form of coercion used to police female behavior, shows how this coercion is responsible for the symptoms of hysteria it supposedly seeks to cure, and concludes with the assertion that, towards the end of the novel, hysteria acts as a productive force used by the main character to reject the patriarchal control placed upon her and reclaim her life.

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2. Theoretical Groundwork: Historical Fiction

The turn of the twenty-first century is seen by many as an era of a golden age of historical fiction (Bergmann 2020, p. 1). Beginning in the 1980s and 1990s, amidst a general revival of the popularity of historical fiction, Jeanette King discerns a "general resurgence of interest in the Victorians" (King 2005, p. 4). As to why there is such an interest, Julie Sanders, in her book *Adaptation and Appropriation* (Sanders 2006) notes that the "Victorian era proves . . . ripe for appropriation because it throws into sharp relief many of the overriding concerns of the postmodern era: questions of identity . . . repressed and oppressed modes of sexuality; criminality and violence; . . . science and religion" (129). In *The Nineteenth Century Revis(it)ed: The New Historical Fiction*, Ina Bergman agrees with her assessment: "[i]n the USA, the preoccupation . . . is a mirror of the specific position this era holds within the cultural memory of Americans. The era is an age of cultural emergence and of twin characteristics with our own age" (2021, p. 35). Jessica Cox, in her book *Neo-Victorianism and Sensation Fiction*, writes that the "emergence of neo-Victorian studies in the last twenty years has further highlighted the afterlife of Victorian fiction" (Cox 2019, p. 2). Although, as the name implies, being concerned with mainly British fiction, Bergmann notes that the findings of neo-Victorian scholars can "be probed for their adaptability to the new historical fiction in the United States" (2021, p. 64). As she argues, it is "typical of neo-Victorian and the corresponding American historical fiction that they take a critical position toward the norms and rules of the Victorian era, expressed by their giving marginalized groups a voice" (2021, p. 67). Especially strong is their engagement with the conceptualization of gender (King 2005, p. 2). In recent years, there has been a shift to include popular literature and culture, such as sensation fiction, into the critical consideration of neo-Victorian fiction (Cox 2019, p. 7).

Through the "consideration of history as a malleable text and complex entity, novels can point to a new and politically dissident reading of the past and the present" (De Groot 2009, p. 142). Historical fiction calls on us to look to the margins, into "the gaps of history, in the spaces between knowledges, in the lacking texts, within the misunderstood codes, [where] historical novelists work" (182). Historical fiction, with its critical reflection on both the past and the present, carries the potential to be subversive, its settings "chosen because of their similarity to the conditions of the present, while others are selected for their differences" (Cooper and Short 2012, p. 3). It is especially fruitful in the exploration of gender-related themes, as it presents the possibility to explore patriarchal discourses and practices from a temporal distance. Historical fiction thus acts as a "political tool", allowing women writers to "write about subjects which would otherwise be taboo, or of offering a critique of the present through their treatment of the past" (Wallace 2004, p. 2). Jeanette King agrees, noting that a renewed interest in the history of the nineteenth century, in combination with a resurgence of the historical fiction genre in the late twentieth century, has led to the creation of "a very productive field for the feminist revisioning" of history. According to King, these writings provide "an opportunity to not only challenge the answers which nineteenth-century society produced in response to 'the Woman Question'" (King 2005, p. 6), but also to seek different, new responses to the challenges women face today.

As Diana Wallace notes, women's historical fiction written in recent decades looks "less like a nostalgic retreat into the past than a complex engagement with the ways in which representations of history change over time and their relation to structures of power, not least those of gender" (Wallace 2004, p. 204). This is illustrated by an ongoing interest in the subject of hysteria. Historical fiction by female authors continues to be concerned with the exploration of the topic, especially in how it relates to matters of medical knowledge and oppression. Recent examples are *The City of Incurable Women* (Casey 2022) by Maud Casey and *The Mad Women's Ball* (Mas [2019] 2022) by Victoria Mas. *The City of Incurable Women* intertwines fictional narrative with historical photography and medical documentation to explore the lives of female psychiatric patients confined in Paris's famous Salpêtrière hospital in the nineteenth century. *The Mad Women's Ball* (2022), too, is concerned with

female patients at the Salpêtrière, and fictionalizes the Lenten Ball of 1885, when the hospitals doors were opened to the public. Both works address medicalized notions of the female mind and body and its impact on women's lives. As Elaine Showalter suggests, the study of hysteria can tell us much "about the anxieties and fantasies of western culture, especially in the United States and Europe. We can use our knowledge of the past to interpret what is happening today" (Showalter 1997, p. 12). Read in this light, historical fiction such as Chance's novel can help critically address the manifold medical and cultural discourses surrounding women and hysteria that still hold power today.

3. Theoretical Groundwork: Hysteria

Hysteria, as Micale so intriguingly notes, is "a mammoth of different meanings: the disorder has been viewed as a manifestation of everything from divine poetic inspiration and satanic possession to female unreason, racial degeneration, and unconscious psychosexual conflict" (Micale 1995, p. 285). It is not, in Roy Porter's words, "a single, unbroken narrative but scatters of occurrences: histories of hysterias" (Porter 1993, p. 226). This paper therefore cannot aim to offer a comprehensive overview over these different approaches. Instead, it seeks to work with one of the myriad interpretative insights into the topic—its connection to femininity and reproduction towards the end of the nineteenth century.

What is notable is that, to "a great extent, the history of hysteria is composed of a body of writing by men about women" (Micale 1989, p. 319). In medical texts of the nineteenth century, hysteria is characterized as elusive and mutable. The disorder seemed resistant to both a stable definition and a reliable cure. The profusion of symptoms attributed to it illustrates its elusiveness: Dr. George Beard wrote a 75-page catalog with symptoms, but considered it to be incomplete (Briggs 2000, p. 247). No wonder, then, that Andrew Scull has called it a "chameleon-like disease that can mimic the symptoms of any other, and one that somehow seems to mold itself to the culture in which it appears" (Scull 2011, p. 6). What is noticeable, however, is its consistent link to women, reproduction, and femininity. The cause is already found in its very name: hysteria, deriving from the ancient Greek word *hystera*, or uterus. The uterus, it was believed, was liable to wander through the female body, triggering illness and causing spasms, fevers, and other symptoms. In the seventeenth century, the connection of hysteria with the uterus was slowly severed; theories of causation shifted to numerous other explanations. By the eighteenth century, the nervous system was favored as an explanation: "Women's illnesses were easily interpreted—and dismissed—according to blanket assumptions about the weakness and inferiority of the female body and mind" (Cleghorn 2021, p. 83).

This interpretation is connected to broader cultural shifts of the time, in which gender becomes an increasingly important variable in discussing intellectual abilities and social roles in the nineteenth century. Through basing understandings on science and nature, supposedly "neutral accounts of sex difference . . . established a definition of 'woman' as a homogeneous group . . . [with] different educational needs and different social functions" (King 13). The ideal characteristics of femininity, such as nurturance, passivity, domesticity, and a deep maternal instinct, were assumed to be rooted in women's fundamental biology. In their paper "The Unmentionable Madness of Being a Woman", Brenda Ayres and Sarah Maier quote the president of the Medical Society of the State of New York, William Warren Potter (Potter 1891), who argued in 1891 that "the relation of the ovaries to the brain and nervous system is an intimate one" (Ayres and Maier 2020, p. 170). Whereas men were controlled by their brain, women were controlled by their nerves and their reproductive systems. "It was the ineluctable basis of her social role and behavioural characteristics, the cause of her most common ailments; woman's uterus and ovaries controlled her body and behaviour from puberty through menopause" (Smith-Rosenberg and Rosenberg 1999, p. 355). The centrality of the reproductive system for women's bodily and mental health meant that it was often the central focus of health regimes. For one, this meant that motherhood—women's most central and idealized role in the nineteenth century—was considered necessary for women's health. This medical belief connects to

the assumption that because women were controlled by their reproductive systems, not their brains, exerting their intellectual capabilities on something other than their prescribed social role as wife and mother would lead to sickness. The "labelling of normal female functions such as menstruation and menopause as signs of illness requiring rest and medical observation did not, in itself, make women sick or incapable of vigorous activity. It did, however, provide a powerful rationale to persuade them from acting in any other way" (Vertinsky 1990, p. 11). If they still did not behave as expected, medical intervention might be deemed necessary. For Michel Foucault (Foucault 1978), the eighteenth century was the time when the 'hysterization of the female body' occurred (Foucault 1978, p. 104). Medical discourse was used to identify untypical or non-normative behavior, acting as a disciplinary force. Female behavior, and the female body, could be marked as pathological, thus necessitating medical interventions.

The alignment of femininity with hysteria leads to the important question of how this association should be read. What becomes clear is that it cannot be regarded as a "single, consistent, unified affliction" (Showalter 1997, p. 14). Rather, Micale argues, it can be seen as "an exercise in cross-gender representation . . . a dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex" (Micale 1989, p. 320). I agree that the representation of hysteria is too complex to allow for a totalizing reading of one or the other. Instead, I argue that hysteria works as a multifaceted phenomenon in *An Inconvenient Wife*. The very mechanisms for policing the female body are presented as intertwined: acting as a means of coercion, as a result of oppression, as well as an act of reclamation. Hysteria, according to Hilde Bondewick, is a 'cultural diagnosis' emerging "in specific historical and cultural contexts and submerg[ing] in others", manifesting itself in ever-changing forms and symptoms (Bondevick 2010, p. 183). In that, it shares something with historical fiction: much like historical fiction, hysteria and its portrayal can tell us much about the time in which it appears.

4. Hysteria as a Means of Coercion

The discourse that hysteria functions as a means of coercing women into normative behavior, into their socially allotted roles of wives and mothers, is fully present in *An Inconvenient Wife*. Hysteria functions to label Lucy's behavior as pathological and requiring intervention. Her illness is understood to stem from her agitated mind as well as her body: following Foucault's assessment that "[a]nything that is pathological in the body or deviant in behavior may be a product of a condition" (Foucault 2003, p. 312). A doctor's case note diagnoses her with "general hysteria" but mentions that previous diagnoses from ten different doctors have ranged "from uterine monomania to displaced ovaries" (2009, p. 25). The variety of treatment shows the prolonged search for a cure for Lucy, as well as the various health regiments she has gone through. The last treatment available is a stay at an asylum. In fact, the very first sentence in the book discusses the fact that her doctor wants to send her to one. "An asylum!" William said. "Is there nothing else we can try? Nothing at all?" (2009, p. 5). Although the story is largely focalized through Lucy, the focus is on her husband and his reactions to her diagnosis. It is not Lucy who is addressed, but her husband who decides on a course of action, laying bare the power structures as they are at the beginning of the book. She wants to nothing more than to be "like everyone else" (2009, p. 9). She yearns to be satisfied with her role in the upper class—fully submissive to her husband, whom she desperately tries to please and adhere to.

Although she tries her best, it soon becomes apparent that she is often overwhelmed, feeling that she is failing her husband's, father's, and society's expectations. From all sides, Lucy is met with comments upon her behavior and duties. Her best friend worries about her, asking how she will be able to bear the many weeks left of the social season. Her father tells her that she is a failure as a wife. Her husband polices her behavior in public (2009, p. 8). The diagnosis of hysteria and the treatments associated with it are all described as ways to help her be more compliant and able to fulfill her social and feminine duties. Throughout the book, numerous treatments are mentioned that Lucy has already

undergone: she was subjected to "probing fingers", doctors who "prescribed laudanum" and other medication, "then there was some kind of belt contraption" (2009, p. 25) and one who thinks an operation to remove her ovaries is the only thing to be done. Intriguingly, the fact that she is constantly 'sick' and in treatment is in some ways socially acceptable. Her continuous cures provided by her husband are even seen as an expression of his love. "'How good is your concern, William', Millie said. 'How lucky you are, Lucy'" (2009, p. 8). It is made clear that the treatments are not for Lucy's benefit, but for her husband and her community. The aim is to make her into a socially acceptable person, rather than a healthy one. What becomes discernable is the focus on conformity and normative behavior that is enforced through the medicalization of Lucy's behavior. Medical treatments are conceptualized as a benefactory, disciplinary force, deemed to help Lucy become a better wife. However, they do not seem to have the right effect.

After Lucy snaps at a servant girl at a party, the Careltons decide that a new doctor with a daring new treatment of hypnosis and electroshocks will be her last chance to be cured before a stay in an asylum. Her husband goes with her to the first meeting. Reminiscent of the first scene at the doctoral office, he is the one to describe her symptoms:

> It's become unbearable living with her. We haven't been able to keep a maid longer than two months . . . When she's not having a fit, she's sad and inconsolable. She's barely able to rise from bed. I've despaired of her. Having anyone over for dinner is impossible, and in my business, it's necessary. (2009, p. 24)

His depiction is solely centered on her inability to fulfill her duties—she cannot keep the household in order, nor can she act as a hostess—and how it influences his life and work. The focus is on the impact her "tantrums" have on him rather than her health. Apart from this, however, he deems Lucy "a perfect wife" (2009, p. 25). She follows what Lyn Pykett has termed the "ideal Victorian woman": she is "passionless" and "devoid of sexual feelings" (Pykett 1992, p. 15). Up to a point, her fragility is seen as attractive to her husband and even sought out. The line between desired delicateness and undesirable illness is blurred. Lucy's illness and unhappiness are tolerated if her condition resembles attractive, feminine fragility. This fits Phyllis Chesler's argument that although ideal feminine behavior is linked to what she calls "help-seeking behavior or displays of emotional distress, [it] does not mean that such conditioned behavior is either valued or treated with kindness" (Chesler 2018, p. 99).

The new treatment Lucy receives from Dr. Seth seems to have positive effects for her—after the second treatment, she feels "remarkably rested. I had only a few arguments with the servants; I weathered my social schedule better than I had in some time and, according to William, was 'delightful'" (2009, p. 41). Again, the focus is on her ability to perform her role and please her husband. Lucy is torn between fascination and feeling "violated, invaded" (2009, p. 45) by the treatment, especially when Dr. Seth joins their social circle. From the beginning, the treatment the doctor pursues is secretive. His sessions are heavily sexually connotated. "Dr. Seth held out his hand. 'Come', he whispered, and I felt helpless against him. I put my hand in his, and his fingers crept up, circling my wrist, pressing lightly, almost a caress. 'Now, Mrs. Carelton, shall we find out what your secrets are?' The next thing I knew, I was sitting in the carriage" (2009, p. 47). The only information available about these sessions comes from Dr. Seth's perspective, out of his case notes. Lucy herself does not have any memory of these sessions.

Dr. Seth decides to lay bare Lucy's unconscious wishes, even after realizing that they go against her stated desire to be like the other high society wives. His reason is not that he thinks it is in her best interest, but because he realizes that she is highly suggestible, and he wants to see how far he can take her suggestibility. This emphasizes how little power Lucy has over her own life, if even her desires are something to be used and directed by a male figure. Lucy's lack of agency highlights, in Phillis Chesler's words, how, for "most women. . .[a] psychotherapeutic encounter is just one more instance of an unequal relationship. . . based on a woman's helplessness and dependence on a stronger male authority figure" (Chesler 2018, p. 167) within a patriarchal system. The medical treatment is a further victimization. Even when Lucy's mistrust of Dr. Seth changes to attraction,

it is never quite clear if that is her own will or caused by his hold over her. "I planted the suggestion that she would want above all things to see me... I instructed that she continue her life as it is until I determine she is ready to make decisions about her future" (2009, p. 96). The doctor is aware of her growing passion towards him, as he knows that it is something that can happen during treatment, when a person must depend on a medical professional. "If I were to utilize this attachment . . . [t]he idea is tempting. Perhaps even intoxicating. To be able to mould her passion, to watch her come alive—I must admit to feeling a certain headiness over the possibility" (2009, p. 72). In one of his sessions, the doctor tells Lucy that they must act out a scene between her husband and herself, one that results in their first kiss. (2009, p. 75). Read in the light of her loss over both her body and mind in these sessions, there is no doubt that the scene can be read as a sexual assault.

To provide an in-depth analysis of Dr. Seth's treatment and its connection to medical ethics would go beyond the scope of this paper. However, what is plainly noticeable is the amount of control the medical system has over women. Throughout the novel, other patients and doctors are mentioned. The novel establishes a gendered divide: all the doctors are male, while the patients mentioned are female, and any form of illness is "a female malady" (Showalter 1987, p. 19), simply because there are no male patients mentioned. Cleghorn writes that "[m]edicine has been complicit, for centuries, in the punishment, silencing, and oppression of women" (Cleghorn 2021, p. 16). In *An Inconvenient Wife*, not only is medicine used in such a way, but it further monetizes on the illnesses that are used to silence and oppress women. In the course of the novel, Dr. Seth publishes an article on Lucy and gains fame and recognition through her, while she is incarcerated in an asylum. Like the others, he uses her passions, emotions, and wishes against her to imprison her, seduce her, and subject her to manifold (mis)treatments.

5. Hysteria as a Result of Oppression

The doctor characterizes Lucy's hysteria as a "form of self-blindness" (2009, p. 47), asking himself if it is "possible that Mrs. C. does not understand herself what her motives are or what she desires?" (2009, p. 47). After first noting this, Dr. Seth tries to learn more about the cause of Lucy's hysteria. In one of his hypnotic sessions, he finds out that Lucy, to his intense surprise, does not want any children. "'If I could only be like everyone else. If I did not want so much'. S: 'It's no crime to want children. Women naturally–' C: 'I don't want children'. She spoke the words baldly, and with them, her tears stopped" (2009, p. 48). What is observable here is the novel's construction of medicine locating women's wellbeing and purpose in the uterus, in being a mother. As mentioned previously, nineteenth-century notions of femininity were centralized around women's reproductive systems and eventual motherhood. Not many women, according to Cox, had knowledge of or access to birth control methods, and they had "little control over both maternity and fertility" (Cox 2023, p. 36). Although childbirth was connected to numerous ailments and did potentially present grave danger to women, childlessness was associated with great physical and mental issues. Dr. Seth's notion that her sadness and hysteria stem from her inability to conceive is therefore fitting for nineteenth-century discourses around both reproduction and hysteria. Popular medical manuals of the time, King notes, "recommended marriage—by implication sexual relations—and pregnancy" (King 2005, p. 22) as a cure for hysteria.

Dr. Seth at first believes that Lucy's wish for children was so intense that her hysteria became the outlet for that desire: a call to medical attention and cure. He therefore understands her statement that she does not want children but wishes to paint it as a form of displacement: "[h]er disappointment in being unable to conceive has channeled itself into the urge for selfish expression" (2009, p. 49). Not only does Lucy make herself ill, Dr. Seth believes, but she further behaves in an egotistical manner by not wanting to conceive at all and instead seeks other forms of fulfillment. This provides a link to common medical beliefs at the time, in which a woman's lifestyle choices and intellectual pursuits were seen as detrimental to both her femininity and her ability to become a

mother (Cox 2023, pp. 37–38). This belief is shared by Lucy's father, who seeks to make her into a satisfactory wife by forbidding her to pursue any interests outside of household management and other things he considers acceptable for women. Lucy painted in her youth until her father forbade her to pursue her interest: "He disapproved of it. He said it wasn't a ladylike profession, that I was embarrassing him by pursuing it . . . He said I was too ardent" (2009, pp. 48–49). What is more, before she married her husband, her father told her fiancé in front of her that he should keep her from pursuing her hobby: "Papa told him early in our courtship that I was fragile. That I should be kept from paints and poetry. They were too overstimulating" (2009, p. 49). Michael Thomson notes that towards the end of the nineteenth century, with the growing establishment of women's colleges, the discourse of "an internal war waged between the uterus and the brain" gained traction:

> Energy spent in one area was done so at the expense of another. A woman pursuing educational or intellectual activities necessarily did so with the consequence of diverting this vital force, or energy, away from her uterus, and therefore away from her achievement of True Womanhood. (Thomson 1995, p. 164)

Growing up, Lucy gives up trying to pursue her interests and tries to focus on being a wife. She silences herself, giving up voicing opinions or interests. After this revelation, Dr. Seth sees a direct correlation between giving up her interests and her hysteria:

> despite the inclinations of her sex, perhaps she truly does not want children, that such a circumstance might drive her to deeper levels of despair . . . she does not want to be well in this world her father and husband have made for her, a world as a wife and mother, without the passion that exists within her, a passion that has no outlet but hysteria. (2009, p. 50)

Lucy's revelation of her innermost wishes to be free and to paint highlights that her hysteria is a result of being forced to silence herself and her passions and can be interpreted as a symbol foregrounding her oppression, a communication of the otherwise powerless (Showalter 1987, p. 5). As Jessica Cox writes, "the notion of the past haunting the present" is "central to both Victorian and neo-Victorian sensation fiction. The reason for this haunting often lies in the traumatic events of the past and their long-lasting effects on those involved" (Cox 2019, p. 141), in most cases women. This certainly holds true for the events in *An Inconvenient Wife*. The novel is permeated with glimpses of Lucy's traumatic past. In one hypnotic session, it is revealed that as a young girl, Lucy watched her mother kill herself in the Hudson River. Her wish to find a passion in life, and her father's categoric refusal for her to pursue any creative outlet, started soon after. For Cox, past trauma "has a dramatic effect on the behavior of the sensation heroine, and female transgression. . . is persistently associated with past trauma" (Cox 2019, p. 142).

Once Lucy is hypnotized to follow her desires, she begins to feel markedly better. She paints whenever she gets a chance, she attempts to live out her sexual passions by trying to kiss her husband passionately, and she begins decorating their new home with things she likes instead of solely choosing something that he will like. "You must be careful", her friend warns her. "Your behavior was acceptable as long as it was simply a fit now and then, or headaches . . . [b]ut no one will tolerate what you've been doing. You haven't had your calling day for weeks" (2009, p. 69). As soon as Lucy no longer takes part in the rituals and conventions of the upper class, her behavior ceases to be tolerable. Her renewed passions and display of own interests are seen as transgressions. This underscores the point that hysteria is both a sign of oppression and a tool of control. This reiterates Foucault's point that anything that is deemed non-normative in behavior can be conceptualized as a symptom of illness (Foucault 2003, p. 312).

Towards the end of the novel, her husband is so appalled by the new, healthier Lucy that he drugs her and sends her to an asylum. The treatment is catered towards the needs of the husband, making sure that she will be ready to return to her social roles as soon as possible, as he needs her to host a ball to celebrate their moving into their new, bigger house. Back at home, her husband threatens her that he can send her back again if she does

not behave. This, then, also explains the name of the novel: her hysteria is not seen as an illness she struggles with, but rather an inconvenience to him, his social standing, and his comfort. What becomes clear is that the medical system upholds patriarchal structures that place men's comfort or social advancement ahead of women's wellbeing—in fact, it considers women's wellbeing pathological.

6. Hysteria Used against Patriarchal Structures

While the amount of control that the husband has over his wife becomes obvious by the ease with which it is possible for him to incarcerate his wife, the doctor's sway over Lucy, and the way he regards her, become clear when he visits her in the asylum. He calls her his "prize patient," telling her that "[y]ou've won me the acclaim I hoped for" (2009, p. 133). However, Lucy realizes that she no longer feels his influence: "I had been away from him too long. My mind was my own again" (2009, p. 133). While, until the moment of institutionalization, both the Doctor and Lucy's husband were the ones making major decisions over Lucy's life, Lucy now begins to reclaim her agency, calling into question the structures of power around her. "I understood for the first time the power I had over him . . . I understood how to take what I wanted; I knew how to be free" (2009, p. 134). The novel ultimately shows that the presumed control hysteria affords men over women can be turned on its head. Cox writes that the portrayals of femininity in sensation fiction are often "portrayals of seemingly angelic women concealing transgressive, even criminal, pasts. Yet these portrayals are often contradictory, simultaneously challenging and reinforcing prevailing gender stereotypes, in particular via representations of the female body" (2019, p. 59). The female character is often contained, rendered "mute and powerless" (2019, p. 59), towards the end. For her, neo-Victorian novels break apart this containment, something which becomes clearly visible in the portrayal of Lucy.

At the big social event her husband brings Lucy back for, she shoots and kills him. During the subsequent trial, her lawyer reveals her diagnosis of hysteria. Before, the only history of her illness and diagnosis came from her husband and the case notes of Dr. Seth: now, she is the one to tell her story. "'I became inconvenient . . . I began to feel much better. I was so much improved, in fact, that I think William began to believe I wasn't the wife he'd married. He had wanted me well, but once I became well, it had consequences he didn't like" (2009, p. 144). The 'inconvenience' and stress she caused her husband—described by him at their first visit to Dr. Seth—designated her failure to be a good wife. Her treatment now paints her husband in a bad light. Suddenly, the diagnosis of hysteria that was used against her is beneficial for her. Her doctor casts doubt on the accusation that she killed her husband in cold blood. Instead, he suggests that she was temporarily driven insane by his constant demands on her hysterical, delicate mind; that in her "desire to please him, she followed his instruction in everything. Because of that, her own desires were thwarted, and she took refuge in hysteria" (2009, p. 485). Lucy is presented as the victim of her own femininity: her desire to please him made her ill. "This case is about what can happen when a man does not temper his superiority and strength, does not offer kindness to the fragile woman in his care . . . Mrs. Carelton was forced by desperation and fear to take the only avenue she could . . . She could no longer live in the world of his making" (2009, p. 154). The argumentation used here is not, of course, without its biases. Traditional gender views are "associated with highly positive *as well as* highly negative evaluations of women" (Glick and Fiske 1997, p. 120, emphasis in original). The quotation above is not in any way questioning of gender hierarchies but presents them as a positive force, benevolent towards those considered inferior. Benevolent sexism, in contrast to hostile sexism, puts women on a pedestal, characterizing them as in need of protection. Lucy is considered innocent because her husband is thought not to have fulfilled his duty as her mentor and protector.

In the end, Lucy is acquitted and leaves the courthouse a free woman. Her father tells her that he has organized a rest cure for her, promising to take care of her and coddle her like her husband should have done. However, instead of trembling before him and

submitting to his wishes, as she did before (2009, p. 29), she tells him "what we shall do" (2009, p. 174), ordering him to send a servant to book her a first-class ticket to London. When he refuses, she tells him that she is a widow now, has her own money, and that she will do as she pleases (2009, p. 174), thus "rejecting those images of her which he has so painstakingly constructed" (Cox 2019, p. 68). When he still refuses, she threatens him, telling him to remember what happened to the last man who tried to control her (2009, p. 174). The next morning, she boards a ship headed for Europe. On board, the doctor waits for her. It is revealed that they have used her diagnosis to escape punishment and rid her of the oppressive control of her husband: "'I told you it would work, Lucy, didn't I? What a remarkable creature you are . . . I love you, Lucy', he said. 'Just think of how we will be together', and I smiled" (2009, p. 175). Although he professes his love for her, it is made clear that he considers the plan to kill her husband his own, something she followed. He thinks it is his control over her that makes her compliant and biddable, much like her husband thought her to be. Ultimately, the husband and the doctor then are not so very different: they both seek to shape Lucy after their own wishes and desires, exploiting her for who she is: her husband for her higher social standing and her doctor for the scientific recognition she can bring him. The doctor's name for her—"a remarkable creature" (2009, p. 175)—highlights that he does not really see her as an individual either, but as a successful case study, a curious specimen he found.

Although it seems that Lucy has exchanged a hostile form of control for a benevolent one, the next sentence reveals that this is not the case: "He was so confident. He still thought he could control me, and I wanted him enough to let him believe it. For now. Yes, we would be together for now. Until the day I cut the thread that bound us" (2009, p. 175). Although the doctor believes killing her husband was his plan, it is hinted at the end that Lucy double-crosses him and means to be free of him soon. At the end, hysteria thus also has productive potential: it allows Lucy to escape an oppressive marriage and her father's control over her. Thus, in Chance's novel, the containment of the female character fails. Lucy uses the very diagnosis previously used to render her, to reiterate Cox's point, silenced and powerless (Cox 2019, p. 59) as a means of liberation. This might, in Cox's words, "be read as an act of neo-Victorian reclamation, through which the female body is rescued from a patriarchal vision which distorts and shapes it according to its own subjective view (2019, p. 66). The novel questions and contradicts the idealization of nineteenth-century femininity as passive and moldable. It also objects to the construction of male doctors as objective and selfless; and male partners and guardians as gentle and nurturing by demonstrating their inauthentic and self-serving motives. Lucy's journey to Europe, and her rejection of her marriage and familial bonds—and possibly, in the future, her lover too—can be read "as a reworking, questioning, or rejection of the typical marital conclusion to the Victorian novel; as a commentary on the impossible confinement of Victorian women's lives and the difficulties in attaining personal fulfilment" (Cox 2019, pp. 69–70).

7. Conclusions

Historical fiction can help reveal how we investigate, represent and narrate the way medicalized knowledge is used as a form of control over women, enabling us to understand how damaging and restricting such medical discourses can be. The interest in the nineteenth century, a time in which roles of gender were redefined in medical terms, then, can be seen as a way to engage with a period which gave rise to a multitude of debates about the medicalized female body that have, as of now, not been resolved.

This becomes especially notable in relation to the increasing integration of medical discourse into consumer and market cultures, which first gained traction in the 1980s and 1990. Feminist ideals of women's medical independence and empowerment morphed into what Grigg and Kirkland have termed "healthism", which constructs "[h]ealth as an ideology of private self-betterment . . . nonetheless individualized and commercialized" (Grigg and Kirkland 2018, p. 341). Although women are no longer considered sickly, they are now tasked with taking care of their health and that of those around them, thus

reinforcing gendered stereotypes of care. While health management is constructed as being a source of empowerment for women through being centered around "individual choice, autonomy and consumerism" (Riley et al. 2018, p. 113), it is also a site of intense forms of management and regulation. This becomes, as Sarah Riley et al. maintain, especially noteworthy in pregnancy: "a good pregnancy is constructed as one that involves constant scrutiny and application of guides, often mediated through new technologies . . . the pregnant body is a risk that is managed through consumption, healthism and neoliberalism" (Riley et al. 2018, p. 115).

King maintains that a critical engagement with these medical and cultural discourses plays a large role in the feminist historical writing of the 1980s and 1990s. The reason, she argues, is because medicine and sciences again "play a major role in our current 'knowledge' about gender and sexuality. . . women are once more perceived to be victims of their bodies, although hormones, rather than individual organs, are now identified as the source of women's disposition (King 2005, p. 176). Menstruation continues to be a closely observed marker of health for women, as it was in the nineteenth century. Menstruation, Pre-Menstrual Syndrome (PMS), and menopause still "reflect negative imagery of women and their bodies through their depiction of menstruation as failed reproduction, PMS as raging hormones, and menopause as diminished production of estrogen"(Rosser 2008, pp. 177–78)—the end of possible reproduction.

Although the female body—especially anything relating to reproduction and pregnancy—is closely monitored under the medical gaze, female health is still understudied and often misdiagnosed. Women struggle to receive diagnosis and treatment even for women-specific illnesses such as endometriosis: a recent study states that it frequently takes seven years or more to receive a diagnosis (Giudice et al. 2023, p. 1). Women also are "more likely to receive a psychiatric diagnosis when they report their symptoms, regardless of the nature of those symptoms" (McGregor 2020, p. 58). McGregor notes the connection to the earlier diagnosis of hysteria, arguing that "there is still a pervasive unconscious belief in the medical culture that women are prone to illogical and unreasonable outbursts. Then, when women express their pain and distress, their complaints are taken less seriously because they are perceived as less likely to be a product of physical disease" (McGregor 2020, p. 58).

My reading of *An Inconvenient Wife* follows Diana Wallace's assessment that, instead of a nostalgic or escapist fantasy, historical fiction acts as a "political tool", allowing women writers to "write about subjects which would otherwise be taboo, or of offering a critique of the present through their treatment of the past" (Wallace 2004, p. 2). Read in this light, the presence of hysteria in the novel is not an act of looking back into a troubled past, but is hauntingly current. Chance's novel serves as a reminder that we need to examine the past to better understand how gender biases and attitudes about women's bodies and emotions continue to affect treatments and diagnoses today. The novel suggests that we should recognize unwell women not solely as objects of control or as victims but as active subjects who need to be listened to and taken seriously.

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