People's Democratic Republic of Algeria

Ministry of Higher Education and Scientific Research

Dr. Moulay Tahar -Saida University.

Faculty of Letters, Languages and Arts

Department of English Language and Literature

Madness in *Juletane* by Myriam Warner-Veiyra

A Thesis Submitted as Partial Fulfilment of the Requirements for the Degree of *Master* in Literature and Civilization.

Directed and presented by:

Boudia Fatima Zahra

Supervised by:

Dr. MEHDAOUI Djamila

Board of Examiners

Chair :Dr. A.Saidi	University of Saida
Examiner: Dr. M.Messaoudi	University of Saida
Supervisor:Dr.D.MEHDAOUI	University of Saida

Academic year : 2025-2026

Table of Contents

List of figures

Dedications

In the Name of Allah, the most gracious, and the most merciful

"He who said: 'I am capable of it' achieved it, and if it resisted, I would still attain it by determination."

I dedicate this achievement to my dear mother, **Zaidi Keltoum**, my first home and my forever anchor, to the woman whose strength shaped me, whose prayers protected me, and whose unconditional love has been my greatest guide. Everything I am, and everything I hope to become, I owe to you. May you heal and always be with me.

To my father, **Abdelkrim,** whose quiet strength and endless sacrifices paved the way for my education.

To those I grew up with, I shared my ambitions with them, my brothers **Amine Sid Ahmed Djaafar** and **Khaled.**

Dear uncle **Mohamed.**

My friends

Rania Chadli and **Cherifi Aya,** thank you for the laughs, the late-night talks, and the quiet moments of understanding.

Acknowledgements

First of all, I would like to thank God, the Almighty and most merciful,

who gave me the strength and patience to carry out this work.

I would like to express my deepest gratitude to

my kind and esteemed supervisor, Dr. **Mehdaoui Djamila**, who opened new perspectives and challenged me to grow as a researcher.

And I would like to extend my sincere thanks to the honorable members of the jury for evaluating this work .

Abstract

Juletane is considered a powerful literary work of fiction that explores the effects of traumatic experienes and madness on the human psyche. This research examines the manifestation of madness in the main character, Juletane, and how her experiences are shaped by her historical background, social perspectives, and patriarchy in both Caribbean and West African contexts. Drawing on social constructivism and Michel Foucault's work *Madness and Civilization, where* he argues that madness is a social construct created by society's shifting power structures and institutions to define, control, and marginalize non-conformity. Further, the study analyzes the character's struggles with identity, memory, and language, and the complex relationships between individual and harsh experiences within a polygamous household. This research explores Warner-Vieyra's novel, which offers a deep investigation of the psychological effects of depression, patriarchy, and the lasting legacy of alienation and madness in a postcolonial society. Ultimately, the findings of the study should highlight the importance of understanding the nature of the interrelationship between trauma and madness within the family and marginalized societies and its outcomes on the individual's mental health.

Key Words: *Juletane*, Madness, Social Constructivism, Warner-Vieyra.

Résumé

Juletane est considéré comme une œuvre littéraire puissante de fiction qui explore les effets du traumatisme et de la folie sur la psyché humaine. Cette recherche examine la manifestation du traumatisme et de la folie chez le personnage principal, Juletane, et les façons dont ses expériences sont façonnées par l'arrière-plan historique, les perspectives sociales et le patriarcat dans les contextes caribéen et ouest-africain. Les théories méthodologiques appliquées sont les suivantes: traumatisme, folie et constructivisme social. De plus, l'étude analyse les luttes du personnage avec l'identité, la mémoire et le langage, ainsi que les relations complexes entre les expériences individuelles et traumatiques au sein d'un ménage polygame. Cette recherche explore que le roman de Warner-Vieyra offre une enquête approfondie sur les effets psychologiques de la dépression, du patriarcat et de l'héritage durable de l'aliénation et de la folie dans les sociétés postcoloniales. En fin de compte, les résultats de l'étude devraient souligner l'importance de comprendre la nature de l'interrelation entre le traumatisme et la folie au sein de la famille et des sociétés marginalisées et ses conséquences sur la santé mentale de l'individu.

Mots clés:*Juletane*, Traumatisme, Folie, Constructivisme Social, Warner-Vieyra.

الملخص

تعتبر رواية "جوليتان" أحد الأعمال الأدبية القوية التي تستكشف تأثير الصدمة والجنون على النفس البشرية. يهدف هذا البحث إلى دراسة تجليات الصدمة والجنون في الشخصية الرئيسية، جوليتان، وكيفية تشكل تجاربها وفقًا للخلفية التاريخية والمنظورات الاجتماعية والنظام الأبوي في السياقين الكاريبي وغرب الإفريقي. يعتمد البحث على النظريات المنهجية التالية: الصدمة، والجنون، والبناء الاجتماعي. بالإضافة إلى ذلك، تحلل الدراسة صراع الشخصية مع الهوية والذاكرة واللغة، والعلاقات المعقدة بين التجارب الفردية والصدمات داخل الأسرة متعددة الزوجات. يستكشف هذا البحث أن رواية وارنر-فييرا تقدم تحقيقا عميقا للتأثيرات النفسية للاكتئاب والنظام الأبوي والإرث الدائم للاغتراب والجنون في المجتمعات ما بعد الاستعمار. في النهاية، يجب أن تسلط نتائج الدراسة الضوء على أهمية فهم طبيعة العلاقة المتبادلة بين الصدمة والجنون داخل الأسرة والمجتمعات المهمشة وتأثيرها على الصحة العقلية للفرد.

الكلمات الرئيسية: جوليتان، الصدمة، الجنون، البناء الاجتماعي، وارنر-فييرا

General Introduction

The relationship between creative writing and the human mind has been a crucial perspective for understanding intellectual and social developments throughout post-colonial history. Major disruptions of the twentieth century transformed literary narratives into active sites for preserving cultural trauma and contesting institutional authority. Marginalized writers began using their texts as a platform to work through profound emotional distress, systemic injustices, and changing cultural norms. Amid these literary changes, the theme of madness emerged not solely as a representation of mental instability but also as a significant rhetorical device for investigating the limits of human experience and questioning the rigid definitions of normality imposed by dominant cultures.

In post-colonial and Caribbean literature, madness isn't usually seen as a straightforward biological defect or a simple medical condition. Instead, it is seen as a complex social construct that is shaped by factors such as geographical dislocation, patriarchal dominance, and systemic alienation. This dissertation employs Michel Foucault's theory of the social construction of madness and the social-constructivism framework to unpuzzle the intersections between psychological vulnerability and societal structures. Social constructivism believes that reality and knowledge are actively constructed through human interaction, language, and power relations rather than existing as fixed, objective truths. Applied to literature, the psychological disintegration of a character may be regarded as a rational but painful response to hostile and oppressive circumstances.

Myriam Warner-Vieyra’s *Juletane* (1982) stands out as a remarkable example of post-colonial psychological exploration in literary form. The celebrated Caribbean author, born in Roseau, Dominica, the same town as Jean Rhys, moved to Paris to study but ultimately settled in Senegal, where she wrote her most famous works. Although her poetry collection *Juamande* (1982) and her second novel *Femmes échouées* (1988) received much acclaim, Warner-Vieyra is best known for her first novel *Juletane*.

General Introduction

Firmly planted in the cultural tensions of the Caribbean, it uses the intimate form of a fictional first-person journal to narrate the devastating story of Juletane, a Guadeloupean woman scarred by the fragmentation caused by colonialism. The novel follows her move from Paris to a typical Senegalese village, after marrying Mamadou, only to find herself alienated and helpless within the confines of a rigidly patriarchal polygamous family. Juletane's subsequent breakdown and societal branding as "mad" is a powerful critique of Western hegemony, cultural hybridity, and the loss of female agency.

Central to this inquiry is the question of how patriarchal societal structures at large and the intimate dynamics of Juletane's displaced family unit work together to produce a clinical narrative of "insanity." This framework, in turn, pathologizes Juletane's rational resistance to systemic oppression and institutionalizes her struggle into a kind of dismissal. This dissertation seeks to answer the following research questions:

- ✓ What are the specific mental and emotional struggles that Juletane exhibits within her narrative journal?
- ✓ How does Myriam Warner-Vieyra use unique literary techniques and symbols to represent the theme of madness?
- ✓ To what extent does the application of a socio-constructivist framework enhance our understanding of madness as an act of resistance rather than a clinical defect?

This thesis advances the following principal hypotheses:

- Juletane's journal reveals the psychological distress that is characterized by the intense emotional alienation, traumatic isolation, and an identity crisis that result from her sudden dislocation into an environment that robs her of her sense of self.
- Warner-Vieyra uses the private diary format and heavy symbols like the 'barren tree' to give a physical shape to Juletane's madness, showing that her psychological breakdown is deeply tied to her loss of motherhood and her physical imprisonment.

- Using a socio-constructivist lens indicates that madness in the novel is a political response rather than a medical disease; it is Juletane's ultimate weapon to reclaim her voice and resist patriarchal abuse.

The main purpose of this study is to focus on the social construction of madness and its representations in Myriam Warner-Vieyra's Juletane (1982). Pursuing this overall goal, the study proposes specific objectives: to study the protagonist's mental disintegration and emotional turmoil, framed in the context of her antagonistic family environment; to analyze the sociological and patriarchal factors that label, marginalize and mold Juletane's psychic manifestations as a matter of course; and to assess how alternative states of consciousness and ultimate acts of violence serve as a reclamation of agency and resistance against structural fatalism.

This study is motivated by intellectual and cultural concerns. Madness has historically been weaponized to repress female agency, control reproductive agency, and mask systemic sources of social violence. This dissertation studies Juletane's narrative from a socio-constructivist perspective, going beyond simplistic biological explanations. It offers critical insights into how post-colonial literature enables readers to contest institutional stigmatization. The paper maintains that the psychological suffering of the displaced subject is a valid, if painful, response to the shattered social structure.

This dissertation employs a qualitative, descriptive, and analytical approach to offer a nuanced investigation of the text. It brings together rigorous literary criticism and a socio-constructivist framework, drawing heavily on Michel Foucault's historicized notion of unreason and confinement and on modern feminist sociological critiques. Data collection is conducted through a thorough and intensive reading of the primary novel Juletane, in combination with several secondary academic books, repository dissertations, and peer-reviewed journals. The collected data is analyzed using qualitative content and thematic analysis.

In this dissertation, I will present a general introduction, three main chapters, and a general conclusion. The first chapter is a historical account of madness from the early beliefs to the present day, with a special focus on Michel Foucault's model of power and confinement. In Chapter Two, I set forth the theoretical framework, discussing how normalcy is constituted through social constructs, institutional labeling, patriarchal systems, and family surveillance. In chapter three,

these concepts are applied to Juletane and her psychological unraveling in terms of reproductive stigma, linguistic isolation, spatial confinement, and her eventual resistance through narrative writing and retribution.

Finally, the General Conclusion synthesizes the findings to answer the research questions and highlight the broader socio-political implications of the study.

Literature Review

Juletane has attracted considerable academic attention in the late twentieth and early twenty-first centuries due to its rich thematic depth. The text has been studied primarily by scholars in terms of feminism, postcolonialism, and psychology. Often, scholars have referred to the seminal work of Sandra Gilbert and Susan Gubar, The Madwoman in the Attic, to explore how patriarchal forces silence and pathologize female voices and subversions. In a Caribbean-specific context, Bella Brodzki (1993) discusses the diary form as a very personal narrative mode that allows a marginalized individual to impose order on a chaotic reality. Writing then is an act of self-making and historical resistance against social erasure. In this same vein, Juletane is labeled "mad" in direct response to her psychological resistance to cultural dissonance, as argued by Irline François and Jennifer Bess (2010).

They see how her real trauma is pathologized in the home to delegitimize her dissent from dating. Building on this, Saida Hanchi and Samira Douider (2018) explore linguistic alienation, showing how language is used as a weapon and words like toubabesse are used to alienate Juletane from her Blackness, further reinforcing her confinement in domestic spaces.

These analyses, while insightful, often fail to connect the psychological consequences of alienation and disintegration to broader sociological frameworks, such as Michel Foucault's theories of power and control or modern labeling theories.

This study tries to fill this gap by studying how familial and societal regulatory mechanisms explicitly produce Juletane's psychological turmoil. Much of the scholarship on Juletane still treats her mental collapse as an individual or medical problem, as a localized psychological defect. But such readings risk upholding the very oppressive paradigms present in the novel that are complicit in silencing Juletane's voice. This study seeks to go beyond fractured readings towards an integrated approach that unites close literary analysis with sociological theories, especially those informed by Foucault and socio-constructivist labeling perspectives.

Chapter One: Historical Context of Madness

Chapter One Historical Context of Madness

I. Introduction

"Madness" is a challenging and unstable term to define. It has changed throughout history. It is defined within changing cultural, religious, and scientific contexts.

The history of madness shows that madness is not a medical condition but a socially constructed category. Therefore, this chapter examines the different definitions of madness and its development through history, with a focus on Michel Foucault's model. Moreover, it discovers the intersection of madness and literature.

I. 1. The Evolving Landscape of Madness

Madness is a common theme and pervading metaphor in English literature. Writers in the late seventeenth to mid-eighteenth centuries sought to foreground madness, as the period was concerned with understanding the human mind and psyche. They also tried to think about madness through different political, social, cultural, and religious experiences. This section contains conceptual definitions, emerging trends, and models of madness.

I.1.1 Conceptual Definitions

The Oxford Learner's Dictionary defines the term as "the state of having a serious mental illness" (2015 (9th ed.) / 2020 (10th ed.)). Madness is a mental disorder, instability, or the total lack of psychological and mental comfort, which individuals may experience. The failure to cope with these severe conditions in a given environment is easy. It could be a reaction to a traumatic and disturbing experience. In these conditions, humans find it hard to maintain a sense of order amid the attendant symptoms, such as fear of the unknown, irritability, and chaos. Furthermore, as human relationships are based on the creation of expressions and meaning through language and communication, madness can be a representation of 'a crisis of meaning' (Roberts, 2000, p. 435).

The problem in defining the term is in providing a proper meaning to madness or mental illness, as the meaning of this term has been changing consistently over time, history, and even across societies. Another complexity that influences this ambiguous term is its submission to religious, political, social, psychological, medical, and historical factors that contribute to its meaning. Robbins (1986) associates it with evil spirits and punishment for sins done in the past, Sayce (2000)

associates it with social deviance and lack of self-control, and Herman (1994) describes madness or mental illness as the result of rigid traumatic experiences.

Researchers have come up with a number of definitions that have led to the conceptualization of madness from a complex term to a well-studied phenomenon. According to Cambridge Dictionary madness is "the state of being mentally ill, or very foolish or stupid behaviour."

Apparently, this term refers to a state of consciousness that is unstable . The Glossary of Gothic (2004, np) states that madness is an important theme of Gothic literature in relation to this. Scholars have cited examples of mad characters in their work that relate to earlier literature, like King Lear, Don Quixote, and Ophelia. Gothic writers tend to populate their works with characters who are vulnerable to overwhelming events and mental collapse. The best illustration of this literary idea is Charles Maturin's Melmoth the Wanderer, which conveys the feeling of insanity. Besides, scholars have shown that madness can be directly linked to criminal activity, as Melmoth claims that madmen are prone to all sorts of crimes. (The Glossary of Gothic, 2004.np).

And, even more importantly, this observation may bolster the argument for a connection between creativity and insanity. Psychologists and sociologists have been intrigued by the prevalence of psychic behaviour among intelligent and talented individuals. In this regard, scholar Caroline Koh elaborates on the relationship between madness and creativity from a post-modern perspective. She offers a bizarre definition of madness:

Madness is an 'altered, abnormal, deviant state of mind or consciousness'. The various forms of mental disorder are generally of two kinds. The first being the condition of neurosis, which describes the milder forms of mental disorders such as phobias, depression, obsessions, compulsions, and hypochondriasis. The second type of aberrant mental condition, psychosis, includes severe forms of mental illnesses, whereby the patient loses contact with reality and shows irrational and irresponsible behavior. Psychotic afflictions include delirium tremens, manic-depressive disorder, and schizophrenia. (Koh, 2006, p. 213)

For simplification, madness is taken as a change of state of mind where the individual exhibits a number of symptoms, episodes, and seizures, and thus an unstable situation. Psychological

impairment can result from common illnesses such as depression and phobias. Madness can also be a genetic disposition, not just a product of social inflexibility.

Most scholars do not provide a clinical or a literary definition, referencing scholarly debate over whether madness is a literary or psychological term. They view it as a socially constructed category that flows through reason, unreason, and knowledge. At his own pace, Michel Foucault offers one of the most comprehensive definitions of madness. He says:

Madness is the purest, most total form of *qui pro quo*, a radical confusion that takes falsehood for truth and truth for falsehood from a dramatic, social, and cultural depiction. In fact, there is no madness but that which dwells in all men as they compose madness through their attachments and illusions. As an external force, madness is often linked to human illusion and self-regulation. (Foucault, 1965, p.106).

These humans are victims of Western culture. Western culture has assumptions and philosophies about the discourses of normality and abnormality, which deny these humans an authentic voice. According to Crowe (2000), schizophrenia consists of the major agents, which are the components of an inferiority complex, dispossession, oppression, and loss of identity by which colonized cultures suffer. The colonized are compelled to accept the meanings of the dominant culture on all counts.

Or, madness is the prolongation of the last struggle of longing between good and evil, gentleness and cruelty, truth and falsity. The struggle is real. And the aftermath, according to Foucault, is the triumph and redemption of the human soul. Madness is seen as a new idea about a person being outside a permanent state of normality. The literature underlined the necessity of understanding the relationship between the human soul, cognition, and social change. Scholars stress the importance of finding the real meaning of madness, and of seeing it as a biological regression and not as a moral question, especially in women and children. This ties literature closely to psychology (The Glossary of Gothic, 2004,np)

I.1.2 Emerging Trends of Madness

Importantly, the nature of madness has evolved over time from being associated with paranormal activities to being viewed as a clinical seizure. The late twentieth century was characterized by an unprecedented proliferation of the representation of insane characters in literature and by the

emergence of themes and motifs of mental illness, emotional disorder, and cognitive complexity. The Glossary of Gothic (2004, np) says that madness is more than a psychological problem; it is an identity crisis at the deepest level. Maybe it is difficult to comprehend madness if it is not related to various fields and domains. The following are discussed as the emerging trends of madness in contemporary science, psychology, and sociology:

I. 1.2.1 Madness in Science

And, besides, now that there is a modernized interpretation of mental disassociations like madness, contemporary neuroscientists, clinicians, and doctors explain that mental disorders are hazardous, which can have devastating effects on the individual's cognitive processes. Philip Gerrans, in his best research paper, discusses different ways of understanding madness, its scientific background, and its scope. The overactivity of the cognitive process, by which the brain activates a default mode and generates personal details, often causes mental delusions (Gerrans, 2014). The brain deals with delusions as hypotheses to be tested, rather than facing reality . Delusions are thus found to be internally consistent with the individual's psychology. Contemporary scientific theories focus on the association between agency and external control, as well as on changes in the sense of self, which constitute the core of the experience of cognitive illnesses. Therefore, madness is understood as an exclusively human experience. The researcher calls for a more holistic understanding of madness from the biomedical point of view, arguing that delusions are not simply a matter of neurotransmission imbalance, but a profound disease in their own right. (Gerrans, 2014)

I.1.2.2 Madness in Psychology

It is a widely accepted fact that most literary texts express the author's inner, unconscious thoughts about a past life or an unfinished present and mirror his psyche and neurological state. The beginning of the 20th century, for example, was the beginning of the psychological analysis of literary texts. This method was first used for neurological inhibitions and then extended to civilizational practices. It was adapted and further developed by psychiatrists such as Sigmund Freud. In this regard, Hossain (2017:41) defines psychoanalysis as:

Psychoanalysis is one of the modern theories that is used in psychology and literature. It hypothesizes that personality organization and its dynamics guide the psychoanalytic process. The field of literary criticism or literary theory has consistently deployed the closest connection

between literature and psychology. Among the critical approaches to literature, psychoanalysis has been one of the most controversial and, for many readers, the least appreciated. (p.41)

More specifically, the use of psychology in literature is often linked to the effect of mental illness, with characters experiencing frequent psychological episodes. It can therefore be used to resolve emotional or psychological imbalances, childhood traumas, or behavioral fixations. Questions such as, "What is Hamlet's problem?" and "Why can't Brontë write positive mother figures?"(Delahoyde, n.d.).

Similarly, Gerrans (2014) explains that 'most psychological attitudes are in their nature beyond the recognition of man'. This theory implies that the experience of the psychic makes understanding madness impossible. He goes on to say: "I found that a partial antidote to this view came from mid-century psychoanalytic approaches to psychosis through which one could discern a method in madness, although limited and imperfect" (p.1). British-German researcher Hans Jürgen Eysenck, in his most famous study of human personality and intelligence, made a major contribution to understanding personality traits and their biological basis. Madness he sees as "a high psychoticism trait" which can be reflected in the following attitudes: aggressive, cold, egocentric, impersonal, impulsive, antisocial, unemphatic, tough-minded and creative (Eysenck, 1976,p. 4).

However, the course of evolution of mental illness may be different. A person may, for example, be born intelligent but not crazy, so that psychosis is rarely exhibited in childhood. Mental illness usually first appears in adolescence. The symptoms of psychosis are present in geniuses as well as in non-creative people. These symptoms can only occur in the later stages of life because of previous negative experiences, traumatizing events, or the death of a close person. (Eysenck, 1976).

In psychology, Object Relations Theory (developed by the French psychiatrist Jacques Lacan in the 1940s) states that human psychological life is characterized by social relations with others. The psychological birth typically happens in the first three years of life. Good object relations may therefore enable the development of innate potentials and traits that influence linguistic and motoric skills. Here, crazy behaviour can result from the intricacies of histories and tangents that lead to negative attitudes in people (Hossain, 2017).

I.1.2.3 Madness in Sociology

It is interesting to examine the connection between madness as a mental disorder and sociology. Sociology is the scientific study of the relationships between individuals, societies, and groups. To understand this ongoing relationship, it is necessary to explore the social determinants of health and illness. In his research article on the sociology of madness, Whooley (n.d.) attempts to answer three main questions: what is madness? How do we as a society view mental illness? Deviants Who Are "Mad" or Patients Who Are Innocent? Correspondingly, he notes that different historical, social, and cultural contexts may affect responses to madness and its various dimensions. He critiques the current approach to mental illness and argues that social factors usually influence the distribution and experience of madness.

Depending on the time and place, madness as a social construct is often medicalized and studied in modern Western societies. Whooley argues that understanding madness requires awareness of the social patterns and contexts that shape it. This is consistent with medical sociology's focus on the social determinants of health and illness (Whooley, n.d.).Sociologists' views of madness differ from those of psychologists, cognitivists, and clinicians. Whooley (n.d.) contends that it can be difficult to link madness to sociology and that it requires a hostile environment that respects and embraces conflicting ideas.

I.1.2.4 Robert L. Gallon's Model of Dimensions of Madness

The idea that human beings have minds, that they are capable of forming thoughts, is an idea that goes back to the time when ancient philosophers like Plato and Aristotle studied the human mind as a self-aware, higher-level cognitive entity. Philosophically speaking, life itself is nothing but a longer version of the mind; it cannot go on without it. As German philosopher Wundt (2012):

The question of the origin of conscious development resolves itself into the question of the origin of life. Consciousness is the sole aim of experimental psychology. It is often understood as a mental operation and an inner experience…mental illnesses like madness can be studied as a real behaviour in which two types of observations are used: external and internal observations…by doing so, it becomes attainable for the analysts to record visible events and assess mental effects on the physical body. (Wundt,2012, p 34)

But in contemporary psychology, experts have come to use models and frameworks to permit the understanding of the complex nature of mental illness, more as an existential crisis. American researcher Robert L. Gallon, in his major study on the dimensions of madness, reframes the old definitions of mental health and mental illness by saying that “Madness does imply a certain form of dysfunction that is not physical in nature but is the result of maladaptive thinking, feeling, and behavior” (Gallon, 2015, p.64). Regarding this, Gallon distinguishes three main competencies of madness that are related to the three pillars of life: psychology, science, and sociology. They are reviewed as follows :

I.1.2.4.1Reality Competence

The first dimension of madness is known as "reality misperception," which tests the ability to process and evaluate information from the outer world and to separate it from internal mental operations. In Gallon's view, humans naturally engage in scientific investigation, understanding both external and internal realms through experience and learning. An example is the perception of a rainbow as a universal reality if experienced collectively. This concept is critical for social survival, as idiosyncratic beliefs can inhibit functioning. The breakdown in reality testing is central to psychiatry, particularly regarding schizophrenia, which carries social stigma and bears a significant effect. Mental illness impacts what is perceived as human, leading to a loss of rights for the diagnosed (Gallon,2015). From a realistic lens, placing mental disorders along a reality-misperception spectrum allows the identification of several personality patterns that, in their turn, reflect deficiencies in interpersonal relationships and project the individual's feelings towards others (Gallon, 2015).

I.1.2.4.2Cognitive Competence

Cognitive abilities are the hallmark of our species . The second aspect of madness concerns the effect of cognitive ability on quality of life. As per Gallon (2015), any lacuna in the cognitive processes of the human brain may result in a serious intellectual disability called “intellectual developmental disorder” or “dementia,” so cognitive functions can be measured independently, and each can be impaired individually. But cognitive abilities have collective and individual properties, like elementary particles, and behave differently when alone than when working together. Researchers develop a typology of intellectual disabilities that could lead to madness. Low intellectual disability is first defined by deficits in abstract thinking, executive functioning, and

short- and long-term memory. For example, children with mild intellectual disability can learn academic skills. On the other hand, adults may show management, reading, and problem-solving skills. Second, the speed of operation is deficient in moderate intellectual disability in the cognitive process. Children may have a slow development of, or a decline in, basic skills. For adults, there is little evidence of ability in reading, writing, and mathematics, or in understanding concepts of time and money. They need constant help from others to manage the cognitive aspects of their daily life and may need someone else to perform those tasks (Gallon, 2015). Intellectual disability, like madness, may not be under the brain, at a deep level of cognition.

I.1.2.4.3 Social Competence

From time immemorial, mankind has been warring with itself. The third dimension of madness mentioned by Gallon (2015: 717) is entitled “the social competence”. This dimension suggests a deeper philosophical and existential understanding of madness. This indicates that humans are essentially social beings, and sociability is crucial for their survival. Thus, advanced social skills are necessary to cope with the complexities of today's society, where individuals must understand and predict others' feelings and motives. The key is the ability to adjust behavior to different social contexts and understand the importance of relationships at different social hierarchies. Besides, this dimension shows the impact of mental illness on social interaction. This looks at how a person’s fragile psychological state can result in social withdrawal, relationship difficulties, and strained social connections (Gallon, 2015).

To this end, the interesting interaction among psychology, science, and sociology enables understanding of the different manifestations of mental illness and the methods used to assess or treat this natural dilemma. The Gallon's model of dimensions illustrates the complexity of mental disorders and that madness is not just a mental illness but a combination of cognitive, emotional, social, and behavioural problems.

I.2.Michel Foucault's Conception of Madness and Civilization

The French philosopher Michel Foucault provides a thorough understanding of madness's nature and general characteristics. He believes that madness is neither a medical condition nor a clinical

illness, but a very concept of humans' shaping of history, culture, and policy. In his influential work *Madness and Civilization*, Foucault (1965) reformulates the term *madness* across different periods, enhancing understanding of this dilemma from different angles. This section examines the historical context, aspects, and emergence of *madness* across different ages through the lens of its mastermind.

I.2.1 Historical Context of Madness

Since the rise of civilizations, madness has been considered a mental distress often associated with unexplainable happenings such as the supernatural. The power of the spirit was fundamental to ancient Egyptian evolution, as they changed the meaning of existence through their worship of non-existent deities. Greeks and Mesopotamians, among others. Before discussing the historical context of madness, it is important to define what historical context means. Fleming (2025) asserts that historical context is an important part of literature, including the time and place in which memories, stories, and characters are interpreted.

Importantly, scholars study art, architecture, and literary narratives in a historical context. Historical context is very important in literature, as it gives meaning to the social, religious, economic, and political conditions and also allows a deeper interpretation and understanding of past and future events. Therefore, knowledge of historical context helps to better understand complex stories from ancient and historical times and study the environments in which actions and events occurred. (Ibid, 2025).

The choice of scholars here is not arbitrary, as it may seem. Foucault, the most influential historian of his time, had a distinctive influence that was always a challenge. First, all systems of thought, phenomena, institutions, works of art, and literary texts must be investigated in a historical context. For example, literature should not be divorced from its historical conditions. Instead, they need to be read in the context of their larger cultural, political, religious, economic, and aesthetic contexts. Secondly, most historians believe that the history of phenomena often operates under identifiable regulations, providing predictability and explanatory power. Hegel and Marx are good examples. More precisely, different societies throughout time have held different beliefs and principles, making it hard to understand some challenges rooted in culture. Historical interpretation, focusing on synchronic analyses of language in its historical, social, and cultural contexts, can easily deny the formation of the text (Habib, 2005).

Foucault (1965) analyzed madness in a new way, at his own pace, with a strong sense of historicism. He demonstrates that madness is not only a medical condition but also a constructed phenomenon shaped by external forces, implying that other changing powers, such as the power of society, can govern the treatment of madness as a mental illness. He continues:

Madness or *Folly* was at work, at the very heart of reason and truth. It is foolishness which embarks all men without distinction on its insane ship and binds them to the vocation of a common odyssey (Van Oestvoren's *Blauwe Scbute,* Brant's *Na"enscbiff);* Folly also has its academic pastimes; it is the object of argument, it contends against itself; it is denounced, and defends itself by claiming that it is closer to happiness and truth than reason, that it is closer to reason than reason itself. (Foucault, 1965, p.14)

Here, madness draws the picture of mainly distinct traits of existential settings. Foucault's historian says, 'To observe madness is to take one's place on the side of reason; one would do better to observe reason. look at reason long enough" (Sheridan, 2003, p.14). This is the secret of Foucault's centrality in the canon of New Historicism. He goes beyond other thinkers in demonstrating how mental illness is depicted within the boundaries of reason.

I.2.2 Aspects of Madness

In fact, there is no alternative to Foucault's (1988) view of madness, not even among the few psychoanalysts, ancient or modern. For him, madness is not only a matter of biology but of society. Madness was watched over as a form of consciousness, not social sensitivity, for many reasons. He points to a connection between animal instincts and mental illness. In the classical age, the emotions of animals were accepted as the head of madness in man, knowing that madness is not a disease. It's been described as an unprecedented natural experiment. Western culture relates the perception of insanity to the imaginary animal-human relationship. In relation to the notion of madness, Foucault (1965) points out the following key aspects:

I. 2.2.1 Madness as Passion and Delirium

In this context, Foucault (1965) connects *madness* to emotional concepts like passion and delirium. Passion as a key factor in the emergence of *madness* disrupts the harmony between physical and mental states, so madness is found to be an intensification of passion rather than a separate entity. Also, Foucault (1965) highlights *delirium* as a crucial characteristic of *madness*,

where false perceptions are mistaken for reality and often distorted. On the one hand, he adds that "the savage danger of *madness* is related to the danger of the passions and to their fatal concatenation" (p.85). At this level, passion merely serves as a foundation for *madness*. This imposes a complex interplay between soul and body, blurring the relationship between cause and effect. The concept of *madness* as a sort of passion emphasizes the fact that mental distress can originate in both the physical and spiritual features of the human being, with the brain sharing the same aspects (Ibid, 1965).

On the other hand, the idea of *madness* as a *delirium* tries to unfold the experimental frameworks of madness. For instance, insanity involves not only classical definitions but also shifts in the body or mind with notable discrepancies in behavior and speech reflective of delusional thinking because *madness* itself is a form of delusion, and all objectives relating to madness cannot detach from language. The possibility of *madness*, therefore, is implicit in the very phenomenon of passion and delirium. It manifests intense nerve and muscle activity, apparent in mania and melancholia, which can lead to persistent agitation of the mind and a minimization of external experiences. Raising questions about its nature as the essence of insanity within discourses linked to dreams and delusions may share an origin and significance regarding truth, where physical and spiritual dispositions can highlight perceptions of reality (Foucault, 1965).

I.2.2.2 Madness as Hysteria and Hypochondria

One major issue regarding hysteria and hypochondria is the question of whether it is legitimate to classify them as mental diseases or as forms of madness. In this context, Foucault (1965) explores this dilemma by examining the classification of mental illnesses. He notes:

Hypochondria does not always appear beside dementia and mania; hysteria is very rarely found there…Felix Plater mentioned neither one of the lesions of the senses. At the end of the classical period, Cullen still cataloged them in another category than that of the vesanias: hypochondria among the "adynamias, or diseases which consist of a weakness or a loss of movement in the vital or animal functions"; hysteria among "the spasmodic affections of the natural functions. (p.136)

They were, however, slowly identifying under these fixed distinctions madness as two possible forms of the same disease. Towards the end of the eighteenth century, hysteria and hypochondria were described as mental illnesses. According to Foucault (1965), hysteria and hypochondria

developed under the umbrella of nervous diseases. This was different from the alignment of mania and melancholia because the features of hysteria were never fully understood.

But hysteria was often attributed to convulsions and amorous desires, especially in women. As for hysteria, it is associated with symptoms of high blood pressure and increased venous fluid mobility. Its main concern is biological problems. This condition is usually a dominant one in people with weak immune systems. Hysteria is present in both mobility and immobility, whether fluid or dense, but its fundamental movements remain poorly understood (Foucault, 1965).

Foucault's (1965) critical analysis of the history and aspects of madness has, in general, provided the basis for the current depiction of madness in literary works. The best clue that madness is conceived in various ways as psychical inconvenience, biological inconvenience, or mental inconvenience is that, for the present, madness is a judgment and not a truth.

I.2.3 Emergence of Madness Through Periodic Times

Madness is one of the most active penetrations of the scholars into the psychological and psychological sensibility of the human being. Foucault (1965) was at pains to impress upon his audience. The historical understanding of it does not describe a constant condition but a continual episode of cultural and social upheavals. Madness was integrated into society through the ages as the insane were linked to mental disorders. In the 18th and 19th centuries, we see the development of what appear to be humane asylums. Conversely, in modernity, madness is medicalized via diagnostic and biological paradigms. Foucault (1965) distinguished four ages of the emergence of madness. They are:

I. 2.3.1 The Late Middle Ages (14th-15th Century)

The concept and the name of the Middle Ages were invented by Italian humanist thinkers who wanted to cancel their time from the time that preceded them and to reincarnate their economic, cultural, and intellectual activity from the depths of darkness and ignorance. The period was marked by religious dominance, with the Christian church being the highest power in society. As Habib (2005) says, "the Church has been described as the single institution which enjoyed continuity throughout the whole transition from Antiquity to the Middle Ages. It effectively latinized the classical language in their speech and allowed the emergence of the Romance languages (p.152)." Medieval scholars lived through the great movements of the later Middle Ages,

and in doing so, they paved the way for the emergence of humanism, the Renaissance, and the Reformation, despite the challenges of understanding the most basic and most sophisticated ideas in culture, education, and science (Habib, 2005).

More importantly, it was in this era that the idea of madness as part of communal life was laid down. As Foucault (1965) explains, the mad were not treated or incarcerated. They roamed free and appeared in popular culture, folklore, and religious imagery. The famous Ship of Fools is a symbol of society's banishment of the mad, not its institutional connection of them with cosmic disorder, sin, or spiritual trial (Foucault, 1965).

I.2.3.2 Renaissance Age (15th- 17th Century)

The Renaissance was one of the most influential shifts in history, science, literature, art, and other fields. Indeed, this time itself was a time when mental illnesses were allowed to be talked about. Scholars have argued against the idea that the Renaissance was solely inspired by the classical world, particularly Ancient Greek and Roman culture. They pointed out that the Renaissance was a revival of science and knowledge. Such were the great historical developments and cultural imaginations that produced the intellectual currents of that period (Habib, 2005). The idea of madness was a major force in cultural life at the time. According to Foucault (1965), madness was often represented in literature, art, and philosophy as being in opposition to reason. Besides, most Renaissance criticism was consistent with the classical texts of Aristotle and Cicero, which emphasized rhetoric, imitation, and morals, and were taught in the universities of Paris, Italy, and Oxford. This involved the teaching of rhetoric and grammar in social settings (Habib, 2005).

The paradigm shift at the end of the Renaissance prepared the ground for the classical age to begin considering madness as an object of speculation and a susceptibility to confinement. According to Foucault (1965), Shakespeare's most tragic characters, Hamlet and King Lear, are cited in literature as examples of the social construction of madness. Madness in literature was frequently associated with wisdom, self-awareness, and social expectations. After that, the notion of madness as a confining behaviour quickly caught on and refused to accept the old idea of wisdom and insight. The hospitals were used for the treatment of the mad and for charity, excluding them from society, with the history of leprosy disease all over Europe. Madness was the legacy of leprosy, a concern that continued in the Western world (Foucault, 1965).

I.2.3.3 Classical Age (17th– 18th Century)

The anxious Middle Ages of madness are gone, and the moon of the new classical age is born. Madness has now taken a new form, knowing the importance of the mind. Foucault (1965) argues that madness was regarded as a form of social deviance in the classical period and was subject to surveillance. Then the break was made between the reasonable and the unreasonable, the confinement. He affirms that, in general, the hospital is presented as a quasi-experimental institution. This supports regulations concerning physical restraints in the treatment of the insane. Hospitals were, as places of confinement, also places of moral and social discipline and of medical treatment.

The period of the Great Confinement, in its functioning, was linked to the need to work in order to survive social imperatives. Today's readings often portray the confinement as benign, obscuring its implicit condemnation of perfection. According to Foucault (1965), the Great Confinement gave rise to new authority over physical and moral experiments. This laid the foundation for psychiatric institutions that controlled through medical knowledge. The houses of confinement were a failure by functional standards, especially given that they disappeared in early nineteenth-century Europe, a sign of their ineffectiveness as a social remedy during industrialization. But this failure was an ethical experiment in labor, seen as a solution to poverty rather than a cause of social problems (Foucault, 1965). The classical period set the conditions for re-thinking the modern notion of madness as a social force in need of therapeutic unearthing.

I.2.3.4 Modern Age (18th– 19th Century)

It was only in the late 18th and 19th centuries that the world witnessed the emergence of psychiatry as a scientific discipline. The asylum brought with it new ways of investigating the different ways in which mental illness presented itself. As was traditionally explained by Baldick (2015), "an asylum refers to a sort of institution designed to host and care for people with mental illness" (p.78). However, the asylum is often a site of confinement, control, and social exclusion in literature, echoing wider cultural anxieties about reason, order, and deviance (Baldick, 2015). In this view, madness was an active refusal of the violence and repressive structures of society, and was part of wider critiques of knowledge, power, and the normal. In contrast to earlier humanistic views, for Foucault (1965), the asylum is a space of moral treatment, surveillance, and authority that introduces subtle forms of power and control. (e.g., Pinel & Tuke, 1801).

Moreover, the scientific advancements of the modern era allowed for a reformulation of early psychiatric ideas about the human mind and cognition. There was a growing emphasis on recognizing mental disorders, leading to the view of madness as a medical condition. In this context, Foucault (1965) observes:

> The *asylum* as a juridical instance recognized no other. It was judged immediately and without appeal. It possessed its own instruments of punishment and used them as it saw fit. The old *confinement* had generally been practiced outside of normal juridical forms, but it imitated the punishment of criminals, using the same prisons, the same dungeons, the same physical brutality. (p.266)

In other words, the purpose of asylum is the opposite of the purpose of confinement. It was intended to treat the mad, not to put them into a state of psychological sleep. People revolted against this moral framework and were thus excluded from the reformative asylum practices. Pinel's approach to mental health focused on liberation, but he also believed that people who disrupted social order through disobedience, fanaticism, or theft should be confined, which shows the tension between individual mental health and societal norms (Ibid, 1965).

In short, madness is one of the most controversial notions ever, and it is gaining momentum among ancient and modern scholars as an act of cosmic disorder, a poetic value, social deviance, or mental illness. For Foucault (1965), madness is the mirror of judgment, not a universal truth. That is why it should be studied as a result of a mixture of purely moral, cultural, class, or economic dynamics.

I.3 The Intersection of Madness and Literature

It is vital to note that similar interpretations of madness have been reflected in literature, with early literary fiction depicting a range of human upheavals stemming from social, cultural, and emotional differences. But with a particular focus on the interplay between literature and psychology, several interpretations of madness in literature have been linked to human emotional inconveniences on sensibilities. This section bridges the blurred line between madness and literature, highlighting the practicality of emotional themes in West Indian literature. Additionally, it examines the literary perspective on madness and explores its thematic portrayal in Myriam Warner-Vieyra's novel *Juletane(1982)* through a female lens.

I.3.1 Madness in West Indian Literature

At the turn of the twentieth century, a time of great literary insurrection worldwide. The 1920s were a roaring decade in which unrecognized authors started to emerge with a wide variety of literary works with entirely new ideas. Then the Western literature gained momentum across the transatlantic borders. West Indian literature, particularly Caribbean literature, attracted the attention of literary critics in those days for its wide range of themes, dynamic contemporary landscape, and its zeal for colonialism. After presenting a full account of this literature, the treatment of madness in West Indian literature will be discussed. As Dalleo and Forbes (2020) point out:

> When the 1920s began, Caribbean literature was virtually unimagined. Within a few decades, writers from the Caribbean were achieving worldwide recognition. It underwent a rapid ascent from the isolated literary efforts of the nineteenth and early twentieth centuries…because the sociopolitical and literary histories of these societies intersect at different points, highlighting these convergences helped provide a fuller picture of anglophone Caribbean literary studies. (p.5)

The simple definition of 'West Indian literature' is anything that is written down, but the term has been loaded with the impossible-to-quantify distinction between merit and superiority in its historical context. West Indian literature is the diverse literary output of the Caribbean region, shaped by its historical and cultural background (Brathwaite, 1984). Caribbean literature arose in the 1920s from the interaction of African and European cultures. It reflects the lived experiences, traditions, and folk cultures of Caribbean people. This defines West Indian literature as a postcolonial literary movement . It reflects the struggle with identity and existentialism after centuries of colonialism (Brathwaite, 1984). Exile, dislocation, and nationhood are recurrent themes in most of the literary texts.

According to Baldick (2008), West Indian literature comprises a wide range of literary works from countries that were once under the European powers' colonial or dependent rule. It is most often used to refer to the literature of "Africa, the Indian subcontinent, the Caribbean, and other regions whose 20th-century histories are marked by colonialism, anti-colonial movements, and subsequent transitions to post-Independence society" (p.200). Later, in the 1980s and 1990s, Postcolonial analysis of Western Indian literature emerged, usually under the influence of Edward Said's Orientalism. It was used to explore universal issues such as identity, otherness, race,

imperialism, and language, in colonial and post-colonial contexts. It interprets the relation between the imperial powers and the colonized areas through the lens of poststructuralist thought (Baldick, 2008). After Said, Gayatri Spivak, and Homi Bhabha are key figures in postcolonial theory.

The idea of a perceived Western canon of great works of literature has been changed by each generation, re-examining the ideology and thematic structures that informed the selection of strong themes related to human nature and culture. Madness was always represented in West Indian literature. Chatterjee (1986) states that madness is a recurring theme in Caribbean literature. Recent academic work has emphasized the ongoing academic discussion of madness, especially in Caribbean literature, given its multiple meanings. The European colonialism that lasted for more than two decades was arguably a solid framework for understanding the contextual place of madness within the West Indian society. Madness was hence perceived as an integral aspect of the Caribbean aesthetic and of the establishment of power in the formation of national identity.

Madness has also been thought to be prevalent in the Caribbean islands, and sometimes associated with rage, self-making, and silence. In their work Madness in Anglophone Caribbean Literature: On the Edge, Ledent, O'Callaghan, and Tunca (2018) examine the real meaning of madness, calling it "altered states of consciousness" (1). Most Caribbean writers used madness, in other words, as a rhetorical tool to challenge Western ideas about normality, knowledge, and identity. Caribbean literature has, in so doing, moved beyond the limits of post-colonial thought and its own epistemologies. The researchers claim that madness can lead to an altered state of consciousness, enabling the creation of a unique perspective on any discourse concerning Caribbean identity. In fact, a look at Caribbean fiction shows that West Indians often agree with perceptions of their culture. They are aware in the sense that they can question the limits of human experience (Ledent et al., 2018).

Though politics shapes a person's identity and worldview behind the walls of colonialism, works on madness are generally situated in historical and cultural contexts.

I.3.2 Causes of Madness

Madness in West Indian literature is a metaphor for the historical, cultural, and political disruptions. Caribbean writers exploit madness as an emotional theme to improve the readers' perception of the idea of normality in West Indian societies, in which oppression dominates the story of people with existential questions to locate their worth among a series of inhuman actions.

Basically, madness is used in Western Indian literature to show the agony of the people who feel that they don't belong anywhere. A question of existentialism, this is. The latter is "a concept in European philosophy characterized by its emphasis on lived human existence. His thought has had the greatest literary impact of all his works. It is a philosophical response to the experience of nothingness, anomie, and absurdity which seeks to find meaning in and through this experience" (Baldick, 2008, p.89). In this sense, madness can be described as the result of a lifelong struggle between the identity and the psyche.

At this point, Malpas (2012) suggests that the main contribution of existentialism to literature lies in its overt themes, which resonate with modern literature and twentieth-century philosophy. It deals with the problems that attend human existence in a profoundly broken world. West Indian Literature presents three major reasons for female characters' being driven to madness, as outlined by scholars. They are explained as follows:

I.3.2.1. Colonialism

The question of how colonialism can breed madness has been debated for decades. The Cambridge Dictionary of English describes colonialism as a part of a large policy or system that imposes control and domination over a region. Fanon (1967) begins by pointing out the relationship between power and control and emotional distress. It is obvious to say that colonialism is directly linked to madness in literature through the imposition of European culture on regional people and the abandonment of their heritage, including their language, religion, and social norms. Therefore, the colonized people are progressively affected by the new cultural orientations, and mental degradation may be caused.

Madness can also be connected to colonial violence and slavery. The slave trade was on a massive scale at the time. The impulse to imprison and enslave people from around the world is an ancient quest that is deeply connected to cultural, religious, and political aspirations (Frankopan, 2016). For example, in the West Indian islands, the slave trade in the world at that time was enormous. It was a multi-billion-dollar industry in today's dollars. Sooner, slavery became a pandemic that spread over the world. This savagery and exploitation of human essence has supported the rise of mental breakdown by erasing the boundary between the dream of freedom and the nightmare of obedience (Frankopan, 2016). In the West Indies, madness was the result of cultural and social alienation.

I.3.2.2 Identity Crisis

Identity is a recurring theme in West Indian literature and symbolizes human existence and the search for meaning in colonialized societies. Given the significance of this theme, a voluminous body of research posits that identity is ever-changing throughout history. According to Garvan (2017), identity can be understood in terms of exile: the exile of ideas and values as well as physical exile. In this context, particularly in relation to colonialism, understanding selfhood can challenge conventional understandings of social constructs. According to Fanon (1967), West Indian literature often differentiates identity crises as psychological and cultural problems. It is set in the aftermath of colonialism, where people find themselves in difficult situations, caught between the new identity imposed by the colonizer and their search for true identity (Fanon, 1967). Madness is thus perceived as an attitude of instability and hybridity.

I.3.2.3 Social Discrimination

The late eighteenth and early nineteenth centuries were a period of social, political, and cultural upheaval. Europeans who proclaimed themselves the world's greatest power often ruled over areas they considered inferior by expanding educational horizons and literacy and by increasing people's readiness to challenge religion and politics (Greenblatt, 1993). Under this, the West Indian literature started to reveal the real reasons for the decline in social values and expectations. In practice, male dominance was a significant aspect of West Indian societies shaped by colonial history and traditions. It paints a disturbing picture of women driven mad by oppression. For instance, Jean Rhys's Wide Sargasso Sea (1966) presents Antoinette Cosway as a victim of her husband's patriarchal zeal to silence her and ultimately obliterate her identity. This increased the number of mental disorders and madness in the end. Furthermore, it shows how male-dominated societies shape societal expectations such as individualism, independence, and optimism. Most of the characters are portrayed as lively, inquisitive, aspiring, and self-sufficient. But they end up trapped in a lifestyle that goes against their integrity and blurs their femininity (Georgie, 2019).

This is where Spivak (1988) explains the tension between men and women in West Indian societies in the face of colonial forces that are changing things. He condemns the unwholesome aspects of social decadence in traditions. The theme of madness is often seen as a result of marginalization. Imperial power was exercised by men, so women were expected to be silent and obedient. Madness is therefore understood as a form of rebellious attitude that truly embodies

female resistance in a male-dominated world. Madness is associated with insanity and women who were proven to have mental instability (Spivak,1988). This improves understanding of the role of patriarchal systems in creating a psychological climate that, in turn, leads to mental distress.

In short, these reasons demonstrate that madness functions as a symbolic and critical standpoint, allowing Caribbean writers to highlight the psychological complexities of oppression, displacement and inequality. It is important to note that West Indian literature interrogates madness as a form of defiance or as a voice of the marginalized.

I.3.3. Conclusion

This chapter is devoted to demonstrate the complex nature and the impossibility of defining madness in a single way . It traces the development of the concept from early supernatural or moral associations to modern clinical and social understandings, and demonstrates how cultural, political, and intellectual forces have shaped its understanding over time. It also engages with Foucault's analysis of madness as a historical phenomenon and not a clinical illness. Ultimately, it enhances understanding of madness in literature, especially the West Indian writings. This concerns Myriam Warner-Vieira's novel Juletane (1982).

Chapter Two: Madness as social construct

II. Introduction

Throughout history, the designation of "madness" in women has frequently served as a diagnostic mirror for broader societal anxieties regarding femininity, sexual expression, and the pursuit of female autonomy, rather than representing an objective, purely biological dysfunction.

This chapter provides a thorough and critical analysis of female madness from a social constructivist perspective, arguing that the “mad” woman is a figure co-created by the society that defines her.

It moves beyond the narrow confines of the biological model to examine how definitions of insanity are constructed within the macrostructures of society and then reproduced within the microdynamics of the family unit. Central to this inquiry is an interrogation of how patriarchal arrangements, such as the legal system, the domestic sphere, and the psychiatric profession, systematically shape these definitions to sustain social order.

II. 1 Madness as a Social Construct

Social construction was initially conceptualized by Berger and Luckmann (1966) and has since been widely used in the humanities and social sciences to cover topics such as gender, race, sex, technology, and mental illness. As Siziba (2023) explains, social constructivism, the notion of right and wrong, and the meanings of various objects are maintained through ongoing human interactions. Most modern ideas are viewed as socially constructed, and those of higher status influence this construction. Likewise, Richards and Schmidt (2023:534) refer to social constructivism as:

A movement about the knowledge built by social interaction with others and that reflects the culture, customs, and beliefs of the individual, as well as in different political and social contexts. Sometimes this theory is used as a basis for teaching composition or rhetoric and is an important dimension of critical literature. (p.534)

It is complicated to say that people who act, behave, or talk differently are often seen as socially abnormal. Madness, thus, is considered a complex attitude, and its analysis is difficult, assuming that it may involve social pressures, physical illnesses, or hereditary seizures. Mental illness is often thought of as a social construct because it requires a set of cultural and societal influences or

misinterpretations to develop it. Social experts often regard mad people as dangerous persons because of their abnormal behaviors. However, cultural contexts can affect how some people express their symptoms and seek treatment. This can greatly contribute to social alienation and the difficulties in employment and relationships for those with mental health issues (Siziba, 2023).

Foucault's definition of madness centers on society's intervention in shaping "knowledge" of the mad person. For him, madness is a label invented for those who question the social norms, institutions, and assumptions. It is society that defines, regulates, and interprets acts and behaviours. The main evidence for Foucault that madness is not medical but rather a social construct is the “Great Confinement” of the Classical Age, when Europeans began to lock up the irrational, beggars, criminals, and the “mad”.

The objective of this practice is to maintain the social order. Here, madness is opposed to reason, which is an essential category for defining what is normal and abnormal (Madness and Civilization xii). Here, madness is demonstrated not only as a localized medical condition of the individual mind, but rather as a fluid category carefully constructed by shifting discourses, state and medical institutions, and the changing dynamics of social relations (Foucault, 1988).

For Foucault, institutions, families, hospitals, laws, prisons, and asylums are essential in the control of the individual. Hence, madness is stifled and pushed to the margins in the face of the voice of reason. What is called ‘irrational’ is best read as an expression of dominant values rather than as an indication of an objective truth. Foucault points out in this regard:

> The moment when madness was perceived on the social horizon of poverty, of incapacity for work, of inability to integrate with the group, the moment when madness became one of the problems of the city. The new meanings attributed to poverty, the importance given to the obligation to work, and all the ethical values related to labor, finally defined the experience of madness and bent its course. (Foucault, 1965, p. 64)

The construction of madness can vary over time and culture, reflecting shifting social norms and values (Foucault, 1965). He demonstrates how social power is key to the construction of mental illness. In particular, female madness is connected to the patriarchal power structures that define norms of femininity like obedience and emotional restraint. Women who violate these norms can be labeled unstable, ostracized, or marginalized. Thus, the power of society over women may lead

to the internalization of the perception of their emotions as excessive, often resulting in self-doubt and surveillance (Foucault, 1965).

II.3 Madness, Power, and Discourse

More recent critiques, taking their lead from the work of Michel Foucault and later feminist sociologists, insist the connection between madness and power is not incidental but foundational. Psychiatry, medicine, and the legal system are institutions particularly well positioned to delineate the boundaries of "normalcy" and "abnormality." These definitions are never neutral; they are discursive tools that reflect and reinforce pre-existing power structures. By establishing a clinical "truth" about what constitutes a healthy mind, these institutions determine who has the right to autonomy and who must be subjected to surveillance, confinement, or "correction."

Here, madness is seen as a label applied to individuals whose behavior, desires, or identities fall outside dominant social and cultural norms. For women, the bar for this labeling has been historically lower and more rigorously policed. Acts that flout traditional domestic roles – refusing to marry, rejecting motherhood, or displaying "unfeminine" intellectual ambition – have often been reclassified as signs of a disordered mind. Likewise, real expressions of unacceptability of social constraints or patriarchal oppression are often dismissed as "hysteria," "emotional instability," or "personality dysfunction" (Foucault, 1988).

Madness is thus a complex form of social control. Through the medical-legal apparatus, dissent and non-conformity become pathology, silencing the female subject and invalidating her lived experience. When a woman's anger is called "bipolarity," or her resistance is called "paranoia," the political and social roots of her distress are hidden. In this way, the 'problem' is located in the individual woman's biology or psyche rather than understood as a rational response to a restrictive or coercive social environment. Thus, the diagnosis of madness functions to uphold the status quo by delegitimising the voices of those on the margins of power (Ussher, 2011).

Foucault's works, Discipline and Punish (1975) and The Archaeology of Knowledge (1969), explain the parameters through which power contributes to the construction of truth. Through power, psychology becomes a discourse of control; it controls, excludes, and defines who is mad and who is normal. Power not only represses those who do not conform to the norms but also produces knowledge.

II.4 The diverse factors Considering Madness as a Social Category

What is “ mad ” in one specific historical or cultural context can be fully normalized , or even revered , in another context . Social constructivism proposes that all knowledge, including the supposedly objective structures of medical and psychiatric science, is meticulously constructed through social interaction, specialized language, and the internal logic of common cultural beliefs.

Madness should therefore be understood not as a fixed and static reality within the individual but as a dynamic outcome of continuous cultural and historical processes (Busfield, 1996).

II.4.1 The Architecture of Normalcy

The classification of mental illness is ultimately based on a set of changing social norms that set the limits of "acceptable" or "rational" behavior. These norms are far from neutral and are rigorously constructed by dominant ideologies, including deeply entrenched gender expectations. This often generates different interpretations of the same behaviors depending on the gender of the person (Association, 2013).

II.4.2 The Mechanism of Labeling

The process of labeling functions as a complex form of institutional surveillance in which the psychiatric apparatus systematically translates any deviation from rigid gendered norms as a definitive medical failure, thereby serving as a potent tool of social regulation. It is through this process of pathologization that the medical establishment ensures that women who resist, subvert, or simply are unable to conform to the prevailing "feminine" ideal, such as domestic docility, emotional restraint, or passivity, are effectively marginalized and silenced through the imposition of a clinical diagnosis.

The process of labeling social or political nonconformity as an internal psychological defect takes the focus away from restrictive environmental conditions and places the “burden of cure” entirely on the woman herself. Therefore, conceptualizing madness as a social construct shows that the supposed “problem” is rarely located in the inner workings of the woman’s mind, but rather in a fractured social framework that continues to define female anger, autonomy, or independence as a manageable pathology (Link, 2001).

II. 5.The Construction of Madness in Society and Family

Society and family establish gendered norms that dictate "appropriate" and "inappropriate" behavior.

II.5.1 Societal Norms and Gender Expectations

Society creates gendered standards of 'appropriate' behavior and hence creates a binary where masculinity often equals rationality and femininity equals emotionality. The norms are learned through the socialization process, the lifelong process of inheriting and disseminating norms, customs, and ideologies. These boundaries are reinforced by ‘ideological state apparatuses’ such as education, religion, and the media (Ussher, 2011).

Women have been conditioned for ages to exhibit stereotypical "acceptable" behaviors of passivity, domesticity, and emotional restraint. When women’s behavior departs from these narrow scripts, it is often viewed through a clinical rather than a social lens. For example, assertiveness, lauded as “leadership” in men, is all too often redefined as “aggression” or “personality instability” in women . Real responses to systemic oppression or domestic distress are often pathologized as “weakness” or “irrationality.”

This “labeling” is a potent means of social control. By medicalizing deviant behavior (madness), society effectively silences the social or political causes of the distress. This construction of madness serves two purposes: it denies the individual’s experience by labeling them “unwell”, and it reinforces collective conformity because it warns those who might challenge the status quo of gender hierarchies (Becker, 1963).

In patriarchal societies, women’s roles were often confined to the domestic sphere. Any deviation – be it assertiveness, sexual autonomy, or emotional expression – was viewed with suspicion. The label of madness became a convenient way to control and marginalize women who defied these norms. Women who challenged the roles they were expected to play could be institutionalised, supporting the idea that their behaviour was pathological rather than an attempt to respond to the oppressive situation (Ussher, 2011).

II. 5.2 .The Role of the Family

The family unit is the primary site of socialization, a microcosm of the larger social order where gender roles are learned, internalized, and reinforced. At home, women are often limited to a narrow set of relational identities: daughter, wife, and mother. These roles are not simply descriptive; they carry deep, historically based expectations for behavioral submissiveness, domestic responsibility, and "appropriate" emotional expression. The family apparatus rewards conformity to these feminine archetypes, from an early age, while monitoring and correcting any signs of divergence.

When women fail to meet these multi-faceted expectations, the family is often a first line of surveillance where non-conforming behavior is quickly reinterpreted as deviant or pathological. For example, a woman who essentially refuses the traditional routes of marriage or motherhood is rarely seen as making a legitimate autonomous choice; instead, her refusal is often deemed "abnormal," "selfish," or a sign of "fear of commitment." Likewise, true feelings of frustration, burnout, or dissatisfaction with the domestic "double burden" are frequently decontextualized and medicalized as symptoms of clinical depression or hormonal instability. (1964).

On the other hand, the family is decisive in actively reinforcing stigma. Often, the family unit seeks outside psychiatric help not to relieve the distress of the woman, but to control and contain behaviors which threaten traditional patriarchal norms or the family's perceived 'respectability'.

This dynamic results in the extreme medicalization of essentially social and emotional conflicts, converting a woman's struggle for identity into a "case" to be processed by the medical-legal system. By defining domestic tension as an individual mental health crisis, the family maintains its own structural status quo, leaving the roots of the woman's unhappiness unaddressed and obscured by a clinical diagnosis (Laing, 1964).

II. 6 .Social Sanctions and Stigma

The designation of "mad" is never a clinical act of neutrality, but rather an event of social sentencing with immediate and life-changing consequences. The application of a psychiatric label, within the socio-legal frame, unleashes a cascade of social sanctions that extend far beyond the clinic walls. Stigma is a powerful mechanism of "spoiled identity" that leads to systematic social exclusion, systemic discrimination in employment and housing, and a catastrophic loss of social

status. Moreover, for women, this stigma is not just additive but is inherently compounded by the gendered expectations, as the “mad” label is often used to delegitimize their status as reliable social subjects (Link, 2001).

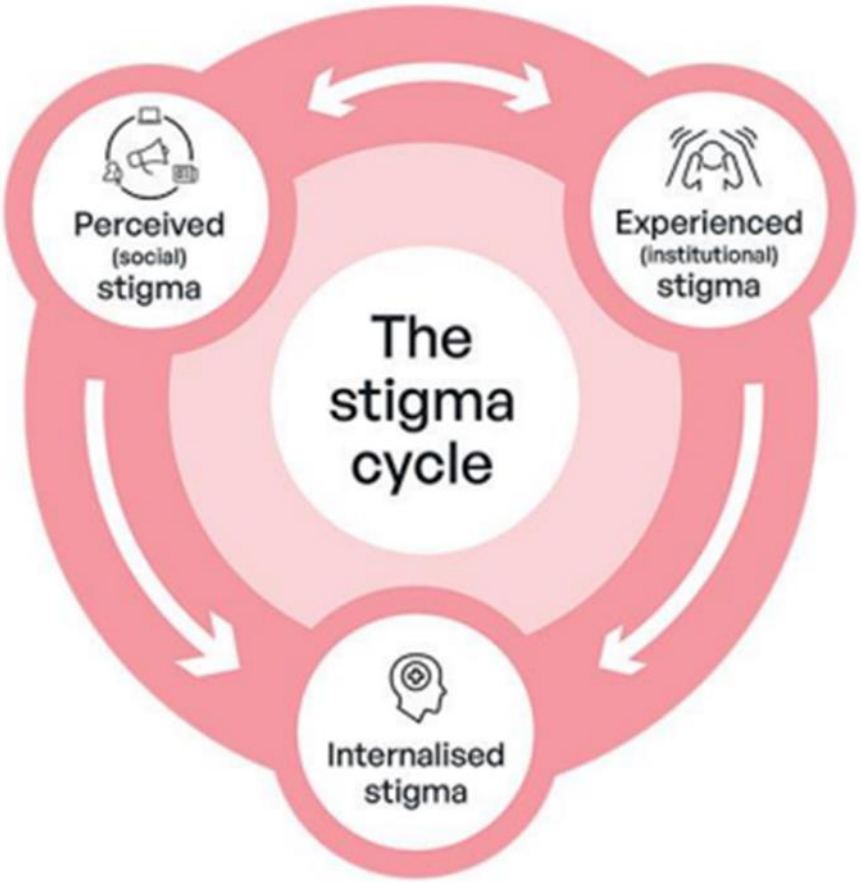

Figure 1: Stigma in the system(Adapted from Davies, S., Evans, J., & Cross, K. (2025), *Stigma in the System: Experiences of the UK Social Security System*, Personal Finance Research Centre, University of Bristol).

Such gendered stigma is most strongly experienced in the domestic and reproductive spheres. Women labeled as “mentally unstable” or “mad” are frequently considered to be biologically or temperamentally inappropriate for traditional social roles, particularly marriage and motherhood.

Indeed, the constant fear of stigma presents a second barrier to true well-being. Many women are prevented from seeking valid support by the knowledge that a formal diagnosis may cause their credibility to be permanently lost or their social identity to be “stolen”. This internalized pressure to 'perform' sanity according to patriarchal standards often exacerbates the underlying mental health problems, as the woman has to hide her distress so as not to face the catastrophic social sanctions attached to the 'mad' label. In this sense, the stigma itself becomes a tool of conformity,

ensuring that women stay within the bounds of acceptable behavior or suffer the totalizing consequences of being “cast out” from the social order (Link, 2001).

II.7. Patriarchal Society and Family

Patriarchy is a social system in which men hold primary power and predominate in political leadership, moral authority, social privilege, and control over property. In this hierarchical structure, women’s roles are often confined. Both family and society exert high pressure on women.

II.7.1 Understanding Patriarchy

Patriarchy is a social system in which men hold primary power and predominate in political leadership, moral authority, social privilege, and control over property. In this hierarchical structure, women’s roles are often confined to domestic or supportive roles, and their public and private behavior is tightly regulated.

This is not a mere sum of individual prejudices, but a basic organizing principle of society which establishes the "masculine" traits as the universal norm of rationality and the "feminine" traits as a deviation, a specialized and often subordinate category of human experience (Millett, 1970).

The construction, definition, and clinical interpretation of ‘madness’ is decisively determined by patriarchal norms. In a system that equates male authority with objective reason, women who challenge this authority, express anger at their systemic subordination, or fundamentally reject traditional domestic roles are often labeled as irrational, hysterical, or emotionally unstable. This way of labeling functions is a sophisticated defense mechanism of the patriarchal order.

Finally, the conjunction of patriarchy and psychiatry produces a context in which the “problem” of female discontent is met not through social reform, but through the clinical treatment of the individual woman. In turning a critique of power into a diagnosis of the mind, patriarchy guarantees that its own structural inequities are neither questioned nor upset (Millett, 1970).

II.7.2 Control and Regulation of Women’s Bodies

Control and regulation of the female body is a central pillar of patriarchal governance. The physical self is not an autonomous entity, but a site of social, political, and medical surveillance.

In these systems, power is exercised through close monitoring of sexuality, fertility, and behavioral conformity. The female body has traditionally been positioned in medical discourse as inherently unstable, as a 'leaky' vessel; a site of constant instability and potential disorder that must be managed externally by the patriarchal or clinical in order to be socially functional. (Ussher 2006)

Women suffered from hysteria over a hundred years ago, in the West. Symptoms included epileptic fits, verbal outbursts & headaches. Clitoral stimulation was administered to them. Hysterical paroxysms were the name given to moaning during pelvic massage. It would alleviate their problems.

This ongoing perception of biological instability has led to the pathologization of natural physiological processes, turning universal experiences such as menstruation, pregnancy, and menopause into “syndromes” or “disorders” requiring intervention. The medical-patriarchal apparatus achieves several regulatory ends by conceptualizing these transitions as periods of heightened psychological risk.

Within this framework, the "regulation" of the body and the "regulation" of the mind are inseparable. Patriarchal structures perpetuate the need for institutional supervision by keeping the female body in a state of permanent medical “crisis.” This serves to keep women tied to a diagnostic identity which gives primacy to their biological functioning over their social and intellectual autonomy, reinforcing the idea that the female subject is a ward of the medical-legal state rather than a self-determining individual (Ussher, 2006).

II. 7.3 Psychological Consequences of Patriarchy

The psychological effects of living in a patriarchal system are profound and complex, but these are systematically decontextualized by a medical apparatus that prefers individual pathology to structural critique.

The ongoing negotiations over limited autonomy, the internalization of rigid gender roles, and the systematic denial of equal opportunity generate a chronic “environmental stress” that is neither surprising nor unusual to manifest as anxiety, depression, or emotional exhaustion. But the psychiatric gaze usually ends at the border of the individual skin, and so these legitimate responses

to a coercive social order are reframed as internal biochemical failures or personality defects. This interpretive shift is vital to maintaining power: when a woman's despair or "hysterical" outbursts are understood as private medical crises, the system can effectively pathologize her dissent and silence her potential for political anger.

Thus, the larger social context of the “double burden” of domestic labor and the continued surveillance of the female body is entirely ignored in favor of a “cure” that seeks to fit the woman to her oppressive circumstances rather than challenge the circumstances themselves. In this sense, the psychological distress of women under patriarchy is not a sign of inherent fragility, but a rational, if painful, response to a social structure that defines their very pursuit of selfhood as a clinical transgression. (Ussher, 2011)

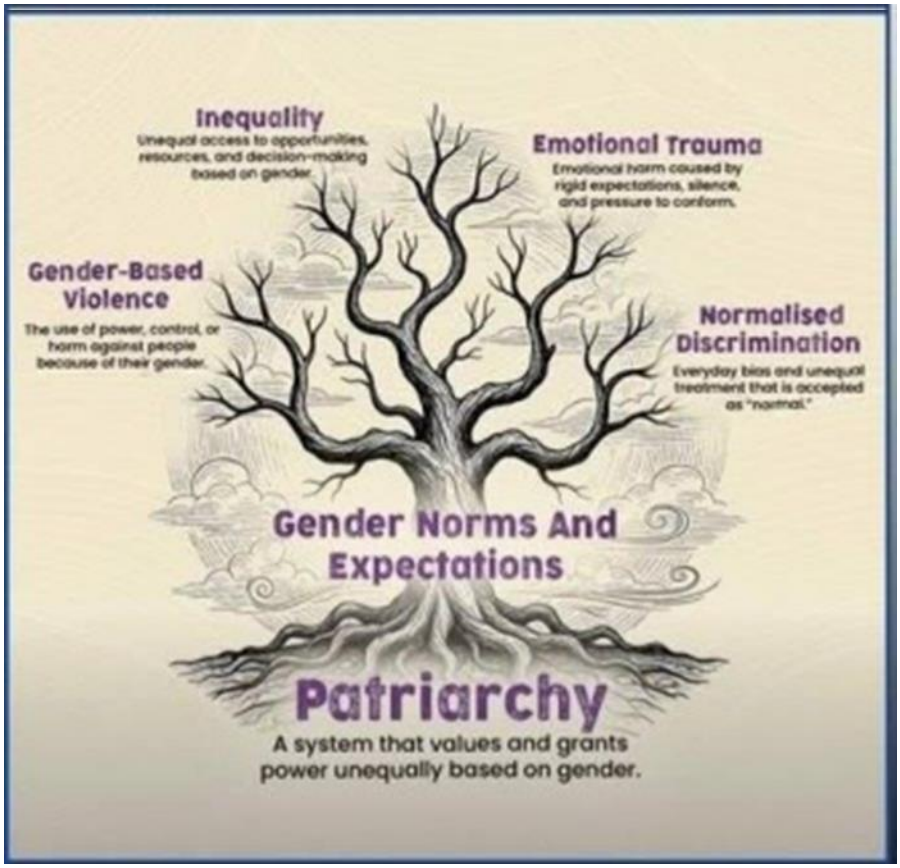

Figure 2: Psychological Consequences of Patriarchy (Dash)

II. 8 Social Constructivism

The main analytical lens that I will use in this chapter is social constructivism. In this view, knowledge (including the taxonomies of psychiatry and the 'truths' of medical science) is not a static reflection of an objective reality, but is constantly produced through social processes

II. 8.1 Social Constructivist Approach

This framework essentially challenges the reductionist view of mental illness as a purely biological or neurological malfunction within the vacuum of the individual brain.

Rather, it foregrounds the determining roles of culture, language, and power in shaping our shared sense of what constitutes "sane" and "mad." Constructivism sees diagnosis as a linguistic and social act, and shows how illness categories are often used to delineate the boundaries of acceptable citizenship and gendered behavior. (Gergen, 1985).

As Pilgrim and Rogers (2014) note in A Sociology of Mental Health and Illness, social constructivism needs to incorporate social and cultural factors in order to acknowledge and shape our perceptions of mental health and illness. They say:

One of the most influential theoretical positions in the sociology of health and illness since the 1980s has been social constructivism – as noted earlier, it sometimes appears as 'social constructionism'. A pivotal assumption of this wide-ranging approach is that reality is not self-evident, stable, or waiting to be discovered, but rather a product of human activity. (Pilgrim and Rogers, 2014, P 11)

This theoretical perspective invites a critical analysis of diagnostic categories and treatment practices, questioning whose interests are served by the labeling of certain behaviors as "disordered." It shifts the focus away from the "patient" as a separate biological entity and stresses the significance of context in understanding mental health. In a constructivist model, a woman's

distress is not viewed as a symptom to be silenced, but as a "text" to be read against the backdrop of her life: her economic status, her safety in the home, and her position in patriarchal structures.

This framework deconstructs the “naturalness” of mental illness, enabling us to view treatment as a social negotiation. Seeing that definitions of madness have changed from demonic possession to humoral imbalance to chemical deficiency shows that our current " scientific " certainties are also subject to the cultural biases of our time. This opens up the possibility of a more emancipatory practice, a practice that sees the individual’s experience as a rational response to their environment, rather than an internal failing. (Gergen 1985)

Rogers and Pilgrim (2014) explore the influence of gendered power relations in adolescence on social identity and potential exposure of girls to mental health problems.

II. 8.2 Feminist Perspectives

Feminist scholars have made an important contribution to the social constructivist paradigm by highlighting gender inequality as an important structural determinant of mental health. They argue that traditional psychiatric models, which often claim to be objective and value-free, often ignore the specific material and lived experiences of women.

These models, by focusing almost exclusively on internal biological mechanisms or individual personality traits, inadvertently reinforce gender stereotypes such as the notion of female “fragility” or “emotionality” while ignoring the external pressures that produce psychological distress. Feminist critiques have argued that the “neutral” subject of psychiatry is actually based on a male norm, and that women's unique social locations are both under-theorized and over-pathologized. (Miller 1976)

A cornerstone of feminist critique is the insistence on the inextricable association between women’s suffering and negative social conditions such as systemic discrimination, gender-based violence, and economic inequality. Feminist scholars reframe a woman's depression or anxiety, not as a mere chemical event, but as a legitimate response to Structural Violence, defined as the persistent stress of living in conditions where patriarchal power dynamics threaten physical, sexual, or emotional safety. Economic Dependency reveals the anxiety of the lack of economic independence, which often restricts women to coercive or unfulfilling social structures.

Therefore, feminist viewpoints demand a radical transition to more inclusive and contextualized approaches to mental health. It means moving away from "top-down" diagnostic labeling and towards a practice that validates women's voices and addresses the underlying social causes of their suffering. Feminist scholars have incorporated analysis of power into the clinical encounter and have called for a model of "wellness" inseparable from social justice and structural reform. They argue that true healing for women cannot take place in a society that remains fundamentally unequal (Miller, 1976).

Sociological, feminist, and philosophical approaches are combined to pathologize women's lived experiences as they deviate from normative gender expectations or traditional domestic roles. We will consider madness not as an isolated pathology, but as a phenomenon deeply embedded in systems of power and meaning, a 'malady' that often says more about the constraints placed upon the female subject than about her internal psychological state (Showalter, 1985).

The label of "insanity" or "instability" has functioned throughout history as a sophisticated mechanism of social regulation, used to pathologize dissent, reinforce traditional domestic roles, and systematically limit female autonomy by reframing rational resistance to oppression as a clinical internal defect (Showalter, 1985).

II.9Deconstructing Diagnostic Labels

Diagnostic categories are not objective, neutral findings of natural science but serve as linguistic constructs that mirror and reaffirm specific cultural values and assumptions. Social constructivism provides a critical interrogation of these categories, not only how they are constructed in manuals such as the DSM or ICD, but also the power relations in their use. In applying a label, a clinician is not merely stating a biological fact; they are participating in a social classification that may affirm or deny a person's lived reality. If you unpack those labels, you can see that "disorders" often means "behaviors that are inconvenient to society," especially when the label is applied to marginalized groups. (Boyle, 2011)

Many behaviors that have been labeled as symptoms of mental illness, such as hypervigilance, emotional withdrawal, or intense anger, can be adaptive responses to difficult circumstances, such as chronic instability, systemic oppression, or domestic trauma. Within a purely medical model, these acts are viewed as internal dysfunctions to be suppressed. However, a constructivist approach

reinterprets them as survival strategies developed in response to an irrational or hostile environment. Recognizing this fundamental shift in perspective is essential to move forward to more empathetic and effective ways of treatment, as it re-centers the clinical goal from "curing" a defect to understanding a person's navigation of their world.

Ultimately, decomposing diagnostic labels leads to a more "person-centered" and less "symptom-centered" model of care. When we peel away the clinical jargon, we are forced to confront the social and material conditions that produce distress. The result is a form of support that is more about agency and social change than about mere behavioral compliance. Understanding that a label such as "borderline" or "histrionic" is often a veil for a history of silenced protest, we can start to establish a framework for mental health that permits the individual to define their own recovery outside of patriarchal and institutional constraints. (Boyle, 2011) .

II. 10 Towards a Holistic Understanding

From this social constructivist lens, a more holistic view of mental health is nurtured that avoids the compartmentalization of human experience into silos that are purely biological or psychological. Instead, it takes into account biological predispositions, internal psychological processes, and, most importantly, the full range of social and structural factors that shape an individual's life. This paradigm shifts the clinical focus from a "deficit-based" model, in which the patient is seen as a broken machine, to a "context-based" model, in which the individual is seen as a sentient being responding to a complex environment. This approach acknowledges that the brain is not in a vacuum and that 'chemical imbalances' are often the physiological signatures of 'power imbalances' in the social world (Engel, 1977).

This holistic perspective is based on the urgent need to address the root causes of social problems, such as poverty, domestic enclosure, systemic sexism, and the lack of political agency, rather than simply repressing individual symptoms. If treatment is limited to pharmacological intervention or behavioral modification, it often becomes a "band-aid" that allows a person to survive, but not thrive, in a toxic environment.

Ultimately, deconstructing women's "madness" as a social category paves the way for a more emancipatory and compassionate framework. This framework does not aim to silence the "mad"

woman, but to listen to her – hearing her distress not as a failure of biology, but as a profound and often rational commentary on the world she inhabits (Engel, 1977).

II.11Conclusion

This chapter tackles the manner in which madness in women is, in essence, demonstrated to be a complex, socially constructed category, not a purely objective medical phenomenon, as a diagnostic framework, carefully shaped by shifting cultural norms, the internal policing of family dynamics, and the overarching weight of patriarchal power structures .

Chapter Three: Madness, Power, Patriarchy, and Resistance

III.1 Introduction

Historically, women have been exposed to many forms of suffering and oppression, and continue to be oppressed today. Social inequality, discrimination, and patriarchal oppression have often deprived women of their freedom, identity, and emotional stability; in some cases, this leads to depression, psychological breakdown, madness, or violent reactions. Rebellion and resistance are often the only means for women to defend themselves and reclaim the autonomy denied them by society; therefore, this chapter examines the character of Juletane and her suffering and emotional turmoil, as portrayed through her narrative.

Therefore, this chapter will focus on Juletane, the novel's main character. It will also focus on the main agents contributing to the construction of madness.

III. 2 Echoes from *Jultane*

Her tragic story explores many themes, including loneliness, betrayal, cultural displacement, polygamy, and psychological disintegration. Juletane leaves her home in search of love and happiness upon marrying her husband; however, she soon finds herself trapped in an unfriendly foreign country, where she feels rejected, isolated, and emotionally abandoned.

Having no family nearby and not being able to relate to the existing society, she attempts to assimilate but instead feels that she has been treated like an outsider by those around her, including her husband, who has many other wives and neglects her.

III. 3. Madness as a Social Construct in *Juletane*

In *Juletane*, Myriam Warner-Vieyra explores how societal norms can drive individuals towards madness, framing it as a consequence of social pressures rather than merely a medical issue. The protagonist's struggle to adapt to the dynamics of a polygamous household, a core institution in her new cultural setting, results in her being perceived as deviant.

(Warner-Vieyra, 1987).

III. 4. Social Norms and the Production of Deviance

In Jultane (1982),Warner-Vieyra argues that society's perception of insanity is closely linked to its interpretation of unconventional behavior or heightened emotional sensitivity. Through the protagonist's diary, she questions the validity of social labeling: "What if mad people weren't mad? What if certain types of behaviour which simple, ordinary people call madness, were just wisdom, a reflection of the clear-sighted hypersensitivity of a pure, upright soul plunged into a real or imaginary affective void?".(p20,xii)

According to François and Bass (2010), Juletane's characterization as a "madwoman" stems primarily from her resistance to conforming to cultural disparities. This classification not only delegitimizes her emotional turmoil but also reduces it to a simplistic manifestation of mental illness (François, 2010) . Juletane is acutely aware that her household has assigned her this role:

"Here, they call me 'the mad woman', not very original. What do they know about madness? ... To me, I am the most lucid person in the house"(p02).

Brodzki (1993) contends that the autobiographical form empowers marginalized individuals to reconstruct their lives from within, enabling them to reclaim identities stripped away by external social forces. For Juletane, keeping a diary becomes an act of re-envisioning, allowing her to impose order on a reality that increasingly feels chaotic and irrational (Brodzki, 1993)

Similarly, Felman (1985) proposes that madness serves as a form of silence or a rupture in humanity's normative interactions. Since Juletane rejects the communal, male-dominated dynamics of her household (Felman), she is ostracized and labeled both a "family scourge" and a "leper". This social isolation forces her into what she describes as a "vegetable life": "I was struggling in a strange, irrational world... the very ground seemed to be crumbling under my feet" (p.25).

III. 5 Gendered Construction of Madness

Warner Vieyra's analysis from 1982 sheds light on the dynamics of the domestic sphere, highlighting how it remains firmly rooted in the dominance and patronage of male authority (Warner-Vieyra, 1987).

III. 5.1 The Patriarchal Construction of Madness

Within this context, the character of Awa embodies the archetype of the "traditional" African wife: she is portrayed as uneducated, gentle, unquestioningly submissive, and so self-effacing that her identity is nearly erased. In stark contrast, Juletane's Western-influenced independence is perceived not as a valuable trait but as a threat or even a flaw, challenging established cultural and patriarchal norms.

It does not take long for Juletane to recognize that within this household framework, wives are stripped of their agency and reduced to mere objects, commodities to be borrowed, lent, or shared rather than treated as equal partners.

The critiques presented by Jonathan Ngate in 1986 and later expanded upon by Mildred Mortimer during the 1990s delve deeper into Juletane's sense of alienation . Her "exile" is multilayered, encompassing both her unfamiliarity with African cultural traditions she hoped to embrace and her inability to conform to entrenched patriarchal conventions that seek to silence her voice.

This dual estrangement ultimately traps Juletane in a profound sense of isolation, leading her to describe her existence as a "vegetable life." In her own words, she laments a reality in which she has "buried once and for all everything that goes on outside this house," resigning herself entirely to a life confined within the suffocating boundaries of domestic oppression and solitude.

III. 5.2 Reproductive Value and the "Barren Tree."

The protagonist's value is narrowly defined by her ability to bear children. Warner-Vieyra (1982) emphasizes this notion, pointing out that Mamadou views children as the "greatest blessing in a marriage."

As a result, Juletane's inability to conceive following her accident subjects her to being metaphorically deemed a "barren tree." This diminishing of her identity reduces her to a social outcast, described as: " ...the family scourge, the leper whom they hide and feed for love of Allah, the stranger who Mamadou made the mistake of bringing home."(p41)

Bella Brodzki (1993) contends that Juletane's psychological disintegration stems from societal rejection of women who do not conform to the traditional expectation of motherhood. Her

"madness" manifests as an escape from a reality where she is left with no children, no parents, no friends, and not even the sense of a name to call her own (Brodzki, 1993).

III.5.3 Cultural Hybridity and Narrated Identity

The demands of patriarchal society placed "madness" within Juletane's identity. In the book, Mamadou's first wife, Awa, is the "stereotyped portrait of the 'traditional' African wife: 'uneducated', gentle, submissive". Juletane prides herself on her independence, which turns out to be illusory in a world that views women as "objects to be lent or shared".

The Warner-Vieyra (1982), among other things, shows Mamadou's belief that children are the "greatest blessing in a marriage", subsequently calling Juletane a "barren tree" for not giving any. A woman's worth is measured solely by her ability to reproduce. Being unable to conceive due to losing her only child makes her "the family scourge, the leper whom they hide and feed for love of Allah".

According to Scholar Celia Britton Brodzki (1993) , Juletane's fragmented identity stems not merely from personal instability but from the pressures of a patriarchal society that marginalizes women who resist or fail to adhere to traditional feminine roles, such as motherhood, obedience, and submission (Brodzki, 1993).

In the narrative, Juletane, the protagonist, becomes emotionally and psychologically isolated because she does not conform to the socially accepted ideals of an ideal wife and mother. Her struggles are compounded by rejection, loneliness, and a lack of emotional support within both her marriage and community.

Brodzki posits that society systematically "erases" women like Juletane by silencing their voices and dismissing their emotional suffering as madness. Consequently, Juletane's fractured state serves as a reflection of the profound harm inflicted by patriarchal oppression on women's sense of identity, autonomy, and mental health.

Françoise Lionnet (1995) and Ann Elizabeth Willey (1997) highlight that Juletane's diary serves as an effort to reclaim a "multi-dimensional" identity in defiance of a society that confines her to a one-dimensional role, such as being solely a mother or a "madwoman." (François, 2010)

Through her "wandering mind," Juletane challenges the "reality" she perceives as irrational. Saida Hanchi and Samira Douider (2018), along with Anna-Leena Toivanen (2012), propose that Juletane's inability to connect with other women apart from through the "favours of the man"intensifies her sense of deviance (Toivanen, 2012).

As a result, she is left "absurdly alone to face them." Meanwhile, scholars such as Juliette M. Rogers (2000s), Debra Popkin (1990s), and Jean-Marie Volet (1990s) point out that writing becomes Juletane's sole form of "control." Through her diary, she strikes back at the fatalistic mentality tied to her West Indian heritage, demonstrating that, despite being labeled insane, she is in fact "the most lucid person in the house." (Rogers, 2000)

III. 6 Family and Community as Disciplinary Institutions

Warner-Vieyra (1982) highlights Mamadou's role as the chief enforcer of domestic order within the narrative. Both family and community legitimize Jultane's neglect.

III.6.1.Mamadou as the Agent of Patriarchal Discipline

Mamadou's "cowardice" is evident early on, when he conceals his first marriage until after they embark on their journey, portraying him as a "deplorable coward" who ensnares Juletane in a life she did not choose."For a year we had been together and he had never mentioned his first family nor this child who was his daughter. Why? What I blamed him for most of all was that he had hidden the truth from me. "(p25)

Mamadou exhibits an "armor of indifference," treating Juletane with a "cold, cruel heart" while elevating Ndeye as his sole "presentable" wife. "I am no longer the woman in his life. Was I ever? Is there a woman who really matters to him? Awa is the mother of his children, Ndeye his partner in debauchery. How does he feel about me now? "(p41)

Both Jonathan Ngate (1986) and Jean-Marie Volet (1990s) point out Mamadou's dismissal of Juletane's suffering, which drives her into a "semi-conscious state," leaving her "struggling in a strange, irrational world. (Ngate, 1986)"

Mildred Mortimer (1990s) adds that Mamadou wields unquestionable authority, portraying him as the "sole master" who makes "all the decisions without any regard for the wishes and desires of the

women." (Mortimer, ourneys through the French African novel. Heinemann., 1990), Jultane claims,"I would also have to come from a little village in the bush, have been brought up in a polygamous family, taught to share my master with other women. "(p63)

III.6.2.Social Exclusion and the Labeling of Madness

The family structure functions as a mechanism to judge and marginalize Juletane. Bella Brodzki (1993) highlights how the community legitimizes Mamadou's neglect while trivializing Juletane's profound suffering, dismissing it as either a "stubborn whim" or "episodes of delirium."

Similarly, Felman (1985) argues that madness is better understood as the outcome of social exclusion rather than the progression of a mental illness. This perspective is vividly illustrated in Juletane's experience, where she becomes the "family scourge, the leper whom they hide and feed out of devotion to Allah." (Felman, 1985)

Scholars such as Françoise Lionnet (1995) and Ann Elizabeth Willey (1997) emphasize that the community's sense of "fatalism" enables them to disregard contextual and environmental factors, attributing their condition solely to "Allah's will." Juletane poignantly observes that her "madness is the private property of Mamadou Moustapha's house."

" 'Do they know what caused the children's death?'

'It is Allah's will. He gives us children and, he takes them back when he needs them. We must respect his will.' " (p62)

III. 6.3 The Erasure of Identity

Saida Hanchi and Samira Douider (2018) describe Juletane's gradual loss of identity, both as a wife and as a Black woman striving to find her place within her husband's Senegalese household. This erasure is amplified by the use of the term *toubabesse* ("white woman"), deliberately invoked by Ndeye to alienate Juletane from the familial sphere and strip her of cultural belonging. Despite being Black herself, Juletane is symbolically linked through this label to foreignness and colonial otherness, rather than to kinship or acceptance (Hanchi, 2018).

> "Mamadou came up and spoke very softly to Ndeye, who answered: 'I have just met your toubabesse. She is crazier than I imagined her; she refused to say good morning.' And here I was, as far as she was concerned, crazy, and what was just as annoying to me, 'European' or toubabesse. She was quite simply identifying me with the white wives of the colonials. She was even stripping me of my identity as a black woman. "(p42)

In a similar vein, Juliette M. Rogers (2000s) highlights the emotional damage this designation inflicts on Juletane, as it ties her to "the white wives of the colonials," severing her connection to African identity and heritage. The insult serves not only as a deeply personal affront but also as a societal tool of exclusion, casting her outside both communal and familial bonds (Rogers, 2000).

As a result, Juletane descends into emotional isolation and resignation, leading her to describe her existence as a "vegetable life" within a household that refuses to acknowledge or integrate her. Her poignant realization that "The family, never having adopted me, did not need to reject me" encapsulates her profound sense of alienation. The novel thus exposes how patriarchal and cultural frameworks can dismantle women's sense of self by denying them identity, recognition, and meaningful human connection. "I can't see what I would go back to Paris to do. I have no desires, no family, no really close friends. I have become accustomed to my vegetable life. "(p41)

III.7 The Role of Psychiatry and Stigma

Myriam Warner-Vieyra (1982) illustrates how entrenched institutional and patriarchal structures precipitate Juletane's psychological decline by stripping her of agency and suppressing her voice.

III. 7.1 Psychiatry as an Instrument of Control

Juletane's interactions with medical professionals reveal a troubling dynamic; she is not acknowledged as a rational person capable of articulating her own suffering. Instead, authority is handed to Mamadou, whose perception of her condition dominates the narrative. Juletane pointedly notes that her male psychiatrist "apparently understood nothing of my problem" and "talked mainly with Mamadou, " underscoring the medical system's preferential treatment of the husband's perspective over her lived reality. Rather than delving into the emotional roots of her anguish, feelings of loneliness, betrayal, cultural displacement, and isolation, the psychiatrist reduces her

ordeal to mere symptoms of madness and "fits of delirium". "I was deeply depressed, really raving, or to use the doctor's expression, I suffered 'fits of delirium'. " (p25)

By doing so, her trauma is medicalized, dismissed as irrational, and denied recognition as a legitimate response to oppression. Mamadou's portrayal of Juletane as "irresponsible" is further validated by this medical authority, which amplifies his control over her and erodes her credibility even more. The novel critiques not only the patriarchal dynamics within marriage but also the complicity of societal and medical systems in silencing women whose pain disrupts traditional gender norms. "Awa never goes out on Saturday. Saturday evenings are especially reserved for Ndeye, the official wife. The only presentable wife, because Awa is illiterate and not educated in the European sense, and because I am crazy and irresponsible. "(p51)

III. 7.2 The Stigma of the "Mad Woman."

The clinical and social designation of the "mad woman" effectively deprives Juletane of her agency, reducing her to an object subjected to constant surveillance. She experiences what she describes as an "unprecedented rage" upon realizing she is incessantly "being watched" by members of the household, including Awa's children, who are tasked with monitoring her every move.

This relentless scrutiny thrusts her into a state of profound psychological collapse, described as "nervous prostration," wherein she perceives the "very ground seemed to be crumbling" beneath her.

III.8 .Spatial Control and Social Exclusion

Warner-Vieyra (1982) highlights Juletane's physically restrictive existence, portraying her life as confined to a domestic prison.

III. 8.1 Confinement as Social Regulation

Warner-Vieyra recounts that Jultane's "life unfolds in a room five paces by four," a space that serves as both her refuge and her cell. Within this room, her belongings, described as her "treasures", are not immune to Mamadou's control, as demonstrated when he "unceremoniously took" her table to replace a damaged one in the kitchen. "As for me, I never dream of Paris or

anywhere else any more. I have buried once and for all everything that goes on outside this house. My life unfolds in a room five paces by four.."(p25), sha adds,"I hope that they won't take it away from me, like the table Mamadou unceremoniously took to replace the one in the kitchen which termites had eaten ... "(p5)

Mildred Mortimer (1990s) interprets this spatial limitation as a reflection of Juletane's inward retreat. She voluntarily isolates herself, staying "locked in our room" during Mamadou's weekends with Awa, a self-imposed seclusion that gradually solidifies into an established norm within the household (Mortimer, 1990).

Furthermore, Jean-Marie Volet (1990s) argues that this enforced solitude reduces Juletane to a state of dehumanization in the eyes of her family. She becomes akin to a "zombie" or a "discarded object," stripped of agency and significance."He took my hand, mechanically, without even gracing me with a look. Had I become a zombie? He no longer saw me. As the hours went by I felt myself melting away; like ice in the sun. About mid-day I felt as if I was as small as an ant. "(p39)

III. 8.2 Linguistic Silencing and the Affective Void

Language can be a powerful tool for reinforcing social exclusion, further isolating individuals. Even while living on African soil, Juletane experiences linguistic marginalization. She recounts being introduced to relatives and subsequently "left forgotten in a corner... surrounded by women who were smiling and kind but spoke no French," underscoring her disconnection from meaningful social interaction.

Jonathan Ngate, in 1986, explores this linguistic divide, describing it as an "affective void." In such a space, Juletane is surrounded by "smiling faces" but remains excluded from the shared human experience and communication that foster connection.

Later, Saida Hanchi and Samira Douider, in their 2018 analysis, highlight how Ndeye weaponizes language as an act of aggression. Ndeye deliberately speaks French in the courtyard, aiming to ensure Juletane comprehends every boast or insult, deepening her sense of alienation and emotional distress.

"Here she is again today, with her friend Binta, in the courtyard, right under my window, and to make sure that I don't miss a single word of their conversation, they are speaking French. "(p02)

III. 9. Madness as Resistance to Social Order

Warner-Vieyra (1982) highlights that by embodying the role of the "mad woman," Juletane effectively opts out of a societal framework she feels powerless to change. She refers to her existence as a "vegetable life," a condition that enables her to withdraw from the relentless competition for Mamadou's attention and the everyday turmoil of her domestic life. This retreat, however, stems not from ignorance but from an intentional rejection of a reality she perceives as "irrational."

Mildred Mortimer (1990s) interprets Juletane's silence as a form of empowerment. By refusing to engage with Mamadou's questions, she compels him to confront his own isolation, forcing him to "talk to himself."

The Role of Violence as Retribution Juletane's eventual act of physical violence emerges as the culmination of years of repressed "unprecedented rage." Her choice to pour boiling oil on Ndeyea, a deliberate act framed as a "very special dish,"is a calculated, retaliatory response to the physical and verbal abuse she has endured.

Also, Bella Brodzki (1993) describes this eruption of "mad rage" as a "raging torrent," transforming Juletane's years of passive suffering into a moment of active destruction. Saida Hanchi and Samira Douider (2018) note that Juletane consciously decides not to kill Ndeye but to disfigure her instead, ensuring that Ndeye "lives long enough to remember" the pain she inflicted (Hanchi, 2018).

III.9.1. Challenging Fatalism and Reclaiming Agency

Shoshana Felman (1985) posits that madness can serve as a form of resistance, a way to "strike out" against societal expectations. For Juletane, her act of violence represents an effort to reject the determinism of West Indian fatalism, the idea that her destiny was "predetermined by her history." She claims: " I cut off all my hair and put on mourning clothes. It was a way of finally crushing any hope that was still left within me. Mamadou thought that I | had really lost my mind. I did nothing to dissuade him. "(p37.38)

Moreover, Françoise Lionnet (1995) and Ann Elizabeth Willey (1997) underline how Juletane, through her diary and her final acts of rebellion, seeks out a "crack" within the suffocating walls of her metaphorical "pit."

"After a week of living together, I could no longer stand Mamadou. I had reached the depths of the abyss of my misfortune.

Fill my lamp with oil, oh Lord,

Light up my long night from the depths of this pit.

Fill my lamp with oil, oh Lord,

Make my dark and sorrowful soul to shine.

Fill my lamp with oil, oh Lord,

This world is full of shadows, this pit so dark.

Fill my lamp with oil, oh Lord,

From my heart full of bitterness banish the darkness.

I rambled, begged, bombarded the Eternal one with ardent prayers."(p37)

III. 10 Literary Techniques Introduced by the Author

Juletane employs a complex and multifaceted narrative framework in which the protagonist Juletane’s tragic life story unfolds progressively through the medium of a diary, discovered and read by Hélène.

III.10.1 The Double Narrative and Epistolary Frame

This narrative approach creates a multilayered and introspective mode of storytelling, granting readers direct access to Juletane’s intimate thoughts, profound emotional turmoil, and gradual psychological disintegration. Simultaneously, Hélène's responses to the diary serve as an external lens through which Juletane's experiences are interpreted and engaged, offering a dialogic dimension to the narrative.

The novel thereby establishes what literary scholars often describe as a contrapuntal structure, a dynamic interplay in which the narratives of Juletane and Hélène continuously interact, reflect upon, and critique one another. Juletane's narrative embodies themes of emotional vulnerability, alienation, and psychological fragility within a patriarchal context, while Hélène initially embodies self-possession, emotional detachment, and independence. As Hélène delves deeper into Juletane's diary.

However, her perspective begins to shift; she becomes increasingly affected by Juletane's anguish, compelling her to reevaluate her positions on love, marriage, and solidarity among women. This dual narrative structure enriches the text by juxtaposing two disparate yet interconnected female experiences, weaving them together through overarching themes such as solitude, cultural displacement, and identity.

The diary transcends its role as a mere personal account to become a vehicle for testimony, a bridge that connects silence with understanding among women. Through this interaction of voices, Myriam Warner-Vieyra underscores the essential roles of empathy, collective memory, and female solidarity in challenging systems of oppression and resisting emotional marginalization.

III. 10.2 Autobiographical "Intimate" Genre

By using a first-person diary format in *Juletane*, Myriam Warner-Vieyra provides the marginalized female protagonist with an opportunity to reclaim her agency and articulate her own narrative. Rather than being defined by external figures such as Mamadou, his family, or medical professionals who trivialize her suffering, Juletane conveys her emotions and personal experiences directly through her writing. The diary thus emerges as a space for the previously silenced "subaltern" subject to assert her voice and speak independently.

As Bella Brodzki (1993) observes, the fictional diary structure encapsulates the efforts of a "problematic" protagonist to impose order on a disjointed and fragmented reality. For Juletane, writing becomes a method of navigating the profound loneliness, alienation, and psychological pain that characterize her existence (Brodzki, 1993).

The diary functions not only as a medium for self-expression but also as a mechanism for achieving psychological agency, enabling her to reconstruct an identity that societal structures have

denied her. In this process, Juletane engages in self-creation through narration, transforming her writing into a form of resistance that contests imposed silence and cultural erasure.

III. 10.3. Symbolism of the "Barren Tree."

The mango tree in the courtyard serves as a poignant metaphor for Juletane's isolation and her perceived lack of value in her social and familial context. Referred to as a "barren tree" because it never yields fruit, the tree symbolizes Juletane's role within the family, where she is viewed as unproductive and emotionally alienated.

This analogy is amplified by Awa's judgmental gaze, which seems to label both Juletane and the tree as "defective," reducing her identity to notions of usefulness and fertility imposed by a patriarchal system. The theme of stagnation is further underscored by the image of Juletane's bed, a simple pallet that "never loses the shape of my body." This detail vividly conveys her physical and emotional immobility, as she remains confined to a space that mirrors her psychological state of entrapment and paralysis. Her life is stripped down to a state of passivity, evoking the notion of a "vegetative" existence. These intertwined images collectively emphasize the novel's depiction of Juletane as a woman deeply confined by isolation, rejection, and societal norms that equate her value with productivity and conformity.

III. 10.4 .Magical Realism and Hallucination

Juletane's mental state unravels in *Juletane*, the narrative increasingly distorts the line between reality and hallucination. Her perception shifts toward symbolic imagery, such as the depiction of the "underground river," a metaphoric space detached from societal order and physical suffering. Within these visions, she encounters a serene community of silent individuals who assert that "mad people are not mad, but wise and just," directly contesting conventional notions of madness.

These hallucinations serve a dual purpose: they act both as a psychological refuge and a medium of expression, enabling Juletane to convey truths that she cannot articulate in her tangible reality. Through these imagined experiences, she gains the ability to "speak the unspeakable," redefining her suffering not as mere collapse but as an elevated state of awareness. Her self-described "clearsighted hypersensitivity" recasts madness as an alternative form of understanding, implying

that her supposed illness could also be interpreted as a profound response to extreme trauma and isolation.

III.10.5.Language Appropriation

In *Juletane*, Myriam Warner-Vieyra employs linguistic markers rooted in African languages and cultural practices to anchor the narrative firmly within its postcolonial framework, while simultaneously illuminating the tensions that emerge between disparate cultural identities. This approach, often associated with concepts such as "Arabization" or the broader phenomenon of postcolonial linguistic hybridization, embeds local cultural realities within the text's fabric. The novel deliberately retains culturally laden terms such as *boubou* (a traditional tunic), *cuuraay* (incense), and *toubabesse* (white woman).

These terms transcend mere functional translation, carrying nuanced social and cultural connotations that enrich the narrative's authenticity. Moreover, they underscore the profound cultural dissonance that Juletane encounters within her marital home. Particularly significant is the use of *toubabesse* by Ndeye as a pejorative term, which functions as a mechanism of exclusion. This label not only denies Juletane recognition as a Black woman but also relegates her to the status of an outsider within her immediate social context. Through this linguistic strategy, Warner-Vieyra interrogates how language itself perpetuates cultural hierarchies, intensifies identity conflicts, and enforces social marginalization.

III.11 Conclusion

Warner-Vieyra wants us to think about what it means to be sane or insane. Sometimes, when people seem to be falling apart, it is because they are telling the truth. They are saying things that other people do not want to hear.

Juletanes' madness is a way for her to say she will not accept what is happening to her. She will not just go along with it. Juletane's voice is not clear to the people around her. That is because they do not want to hear what she is saying.

Therefore, I devoted this chapter to exploring what madness means for the heroine. I tried to exhibit the main factors contributing to the creation of madness.

General Conclusion

One of the more subtle and difficult themes in post-colonial literary studies is the relationship between historical displacement and psychological distress. Traumatic events that occur in early developmental stages tend to leave lasting psychological scars, trapping individuals in cycles of painful memories that resurface during times of structural crisis.

Here, madness is not a mere biological glitch. It is a concrete expression of the antagonism of the environment, of social hierarchies, and systemic oppression that human consciousness cannot absorb or normalize. Myriam Warner-Vieyra expertly unpacks this dynamic in Juletane, clearly demonstrating the destruction of the individual's mental health by an oppressive society. The narrative structure of the novel is intentionally fragmented into several layers reflecting Juletane's psychological decline.

The fictional first-person journal format allows Warner-Vieyra to give the reader a sense of the heroine's intensely personal voice, portraying her not only as a passive medical subject but as a self-determining individual fighting to regain her identity, which has been systematically eroded by her family and the colonial state. Juletane may have been emotionally vulnerable from childhood, but her later psychological breakdown can be attributed to acute experiences of relational rejection. In her early years, she was deprived of maternal care, and this created an emotional void that turned into lasting feelings of inner emptiness.

She married Mamadou for convenience, and with this deep sense of neglect, she was very vulnerable to outside adversity. Juletane is systematically disinherited in the rigid structure of a patriarchal and polygamous household in Africa. As a figure of an authoritarian gatekeeper of patriarchal power, Mamadou remains impassively distant, while the family at large pushes her to the margins through relentless judgment and rejection. Society reduces her obvious grief to pathological "fits of delirium" or declares it madness – a way for society to preserve its established order and stifle her voice. Juletane is divested of her societal worth as a "barren tree" and insulted with the racialized label of *toubabesse*. Retreating into a self-described "vegetable life", Juletane is imprisoned in a household that refuses to embrace her.

Ultimately, her mental breakdown is a form of rebellion against this oppressive system. Her descent into madness is a conscious rejection of the tyranny of the system. In the end, her tragic

suicide is the ultimate act of liberation, a harrowing but determined escape from the suffocating constraints of her life.

This dissertation successfully addresses the important questions posed in the introduction. It first establishes the ways in which Juletane's turbulent psychological journey is shaped by parental rejection, maternal alienation, and systemic marginalization as she struggles to find her place within societies characterized by class inequality and rigid gender norms. Secondly, it shows Warner-Vieyra's skillful use of literary strategies, including a dual narrative structure, evocative symbolic motifs such as the barren tree, and linguistic hybridity to amplify the silenced voice of the subaltern protagonist. Finally, it employs a socio-constructivist perspective to illustrate the immense interaction between historical trauma and madness in Juletane, showing that the post-colonial female subject's breakdown is inextricably linked to external mechanisms of violence and oppression.

Bibliography

- *American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders.*
- *Baldick, C. (2008). The Oxford dictionary of literary terms (3rd ed.). Oxford University Press.*
- *Baldick, C. (2015). The Oxford dictionary of literary terms (4th ed.). Oxford University Press.*
- *Becker, H. S. (1963). Outsiders: Studies in the sociology of deviance. Free Press.*
- *Berger, P. L., & Luckmann, T. (1966). The social construction of reality: A treatise in the sociology of knowledge. Anchor Books.*
- *Boyle, M. (2011). Making the world go round: The function of diagnosis. In J. Z. & S. C. (Eds.), The critical psychotherapy, psychoanalysis and counselling series. Palgrave Macmillan.*
- *Brathwaite, K. (1984). History of the voice: The development of nation language in Anglophone Caribbean poetry. New Beacon Books.*
- *Brodzki, B. (1993). Re-writing Algeria: Narratives of exclusion and resistance.*
- *Busfield, J. (1996). Men, women and madness: Understanding gender and mental disorder. Macmillan.*
- *Cambridge University Press & Assessment. (n.d.). Colonialism. In Cambridge Dictionary. Retrieved March 21, 2026, from https://dictionary.cambridge.org/dictionary/english/colonialism*
- *Chatterjee, P. (1986). Nationalist thought and the colonial world: A derivative discourse. Zed Books.*
- *Comer, R. J., & Comer, J. S. (2021). Abnormal psychology (11th ed.). Worth Publishers.*
- *Conrad, P. (2007). The medicalization of society: On the transformation of human conditions into treatable disorders. Johns Hopkins University Press.*
- *Dalleo, R., & Machado Sáez, E. (2020). Caribbean literature in transition. Oxford University Press.*
- *Dash, A. (2020). Patriarchy tree infographic [#NariSpeaks]. Anushree Dash.*

Bibliography

- *Davies, S., Evans, J., & Cross, K. (2005). Stigma in the steam.*
- *Delahoyde, M. (n.d.). Psychoanalytic criticism. Washington State University. https://public.wsu.edu/~delahoyd/psycho.crit.html*
- *Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129–136.*
- *Eysenck, H. J. (1976). Dimensions of personality. Routledge & Kegan Paul.*
- *Fall, W. (n.d.). Glossary of the Gothic: Madness. Marquette University. https://epublications.marquette.edu/gothic_madness/*
- *Fanon, F. (1967). Black Skin, White Masks. Grove Press.*
- *Felman, S. (1985). Writing and madness: Literature/philosophy/psychoanalysis. Cornell University Press.*
- *Fleming, G. (2025, May 6). The importance of historic context in analysis and interpretation. ThoughtCo. https://www.thoughtco.com/what-is-historical-context-*
- *Foucault, M. (1965). Madness and civilization: A history of insanity in the age of reason. Random House, Inc.*
- *Foucault, M. (1988). Madness and civilization: A history of insanity in the age of reason (R. Howard, Trans.). Vintage Books. (Original work published 1961).*
- *François, A., & Bass, A. (2010). Cultural maladaptation and the construction of madness in Warner-Vieyra's Juletane. Journal of Caribbean Literatures.*
- *François, I., & Bess, J. (2010). Paradise deferred: Utopia, eutopia and dystopia in Juletane. Anglistica, 14(1), 71–82.*
- *Frankopan, P. (2016). The Silk Roads: A new history of the world. Bloomsbury.*
- *Gallon, R. (2015). Nine dimensions of madness: Redefining mental health. North Atlantic Books.*
- *Georgie, A. (2019, February 23). The Portrait of a Lady. LitCharts.*
- *Gergen, K. J. (1985). The social constructionist movement in modern psychology. American Psychologist, 40(3), 266–275.*
- *Gerrans, P. (2014). The measure of madness: Philosophy of mind, cognitive neuroscience, and delusional thought. PsycCRITIQUES, 60(5), 1–8.*
- *Goffman, E. (1961). Asylums: Essays on the social situation of mental patients and other inmates. Anchor Books.*

- *Gomory, T., Cohen, D., & Kirk, S. A. (2013). Madness or mental illness? Revisiting historians of psychiatry. Florida State University Repository.*
- *Gramaglia, L. (2008). Representations of madness in Indo-Caribbean literature [Doctoral dissertation, University of Warwick]. Warwick Research Archives Portal.*
- *Greenblatt, S. (1993). The Victorians. British Literature Wiki.*
- *Habib, M. A. R. (2005). Modern literary criticism and theory: From Plato to the present. Blackwell Publishing.*
- *Hanchi, S., &Douider, S. (2018). The representation of the female predicament in Myriam Warner-Vieyra's Juletane.*
- *Herman, J. L. (1994). Trauma and recovery. Pandora.*
- *Hossain, M. (2017). Psychoanalytic theory used in English literature: A descriptive study. Global Journal of Human-Social Science, 17(1), 40–46.*
- *Josephs, K. B. (2013). Disturbers of the peace: Representations of madness in Anglophone Caribbean literature. University of Virginia Press.*
- *Koh, C. (n.d.). Reviewing the link between creativity and madness: A postmodern perspective. Educational Journal of Research and Reviews, 1(7), 213–221.*
- *Lahens, Y. (2008). Exile between writing and place. Callaloo, 15, 741-742.*
- *Ledent, B., O'Callaghan, E., & Tunca, D. (Eds.). (2013). Madness in Anglophone Caribbean literature: On the edge. Palgrave Macmillan.*
- *Madness. (n.d.). In Cambridge Dictionary. Retrieved February 27, 2026, from https://dictionary.cambridge.org/dictionary/english/madness*
- *Madness. (n.d.). In Oxford Learner's Dictionaries. Retrieved February 28, 2026, from https://www.oxfordlearnersdictionaries.com/definition/english/madness?q=madness*
- *Malpas, J. (2012). Existentialism as literature. In The Cambridge Companion to Existentialism (S. Crowell, Ed., pp. 291–321). Cambridge University Press.*
- *McVean, A. (2017, July 31). The history of hysteria. McGill University Office for Science and Society.*
- *Millett, K. (1970). Sexual Politics. Doubleday.*
- *Mortimer, M. (1990). Journeys through the French African novel. Heinemann.*
- *Ngate, J. (1986). Francophone African fiction: Reading a literary tradition. Africa World Press.*

- *Pietikainen, P. (2015). Madness: A history. Routledge.*
- *Roberts, G. (2000). Narratives and severe mental illness: What place do stories have in an evidence-based world? Advances in Psychiatric Treatment, 6, 432–441.*
- *Rogers, J. M. (2000). Fictions of girlhood: Coming of age in the Francophone novel.*
- *Rose, D. (2021). Critical qualitative research on 'madness': Knowledge making and activism among those designated 'mad'. Wellcome Open Research, 6, Article 98. https://doi.org/10.12688/wellcomeopenres.16835.1*
- *Sayce, L. (2000). From psychiatric patient to citizen. Macmillan.*
- *Scheff, T. J. (1966). Being mentally ill: A sociological theory. Aldine Publishing.*
- *Scull, A. (2015). Madness in civilization: A cultural history of insanity from the Bible to Freud, and from the madhouse to modern medicine. Princeton University Press.*
- *Scull, A. (2016). Madness in historical perspective. Canadian Medical Association Journal, 188(10), 756–758.*
- *Sheridan, A. (2003). Michel Foucault: The will to truth. Routledge.*
- *Siziba, M. (2023). How madness is socially constructed. North-West University.*
- *Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg (Eds.), Marxism and the Interpretation of Culture (pp. 271–313). University of Illinois Press.*
- *Staub, M. E. (2011). Madness is civilization: When the diagnosis was social, 1948–1980. University of Chicago Press.*
- *Toivanen, A. (2012). Craziness and alienation in postcolonial Francophone literature.*
- *Ussher, J. M. (2006). Managing the Monstrous Feminine: Regulating the Reproductive Body. Routledge.*
- *Ussher, J. M. (2011). The Madness of Women: Myth and Experience. Routledge.*
- *Warner-Vieyra, M. (1982). Juletane. Présence Africaine.*
- *Warner-Vieyra, M. (1987). Juletane. Heinemann.*
- *Whooley, O. (n.d.). The sociology of madness. Social Sciences Building.*
- *Wundt, W. (2012). The beginnings of the mental life date from the beginnings of life. In C. Collin et al. (Eds.), The psychology book: Big ideas explained (pp. 34–37). Penguin Random House.*