



## Psychological Disorders of Characters in Charlotte Brontë's Jane Eyre: A Clinical Reading

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### Abstract

Charlotte Brontë's *Jane Eyre* (1847) has been extensively researched in feminist, postcolonial, and psychoanalytic perspectives. But a clinical psychological reading grounded in ICD-10 and DSM-5 diagnostic frameworks will throw light upon the mental states of its characters. The novel vividly portrays the struggles with trauma, depression, dissociation, and psychosis, which are characteristic of Victorian anxieties. This paper explores Bertha Mason's psychosis, Jane Eyre's post-traumatic resilience, Mr. Rochester's depression and guilt, and Helen Burns's passive acceptance, quantifying each within modern diagnostic criteria. The analysis demonstrates how Brontë's narrative anticipates modern psychiatry while also exposing the stigmatization and confinement of the mentally ill in the 19th century, while the era was still not aware of psychological trauma and ailments that could be attended to in more positive ways.

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**Keywords:** Jane Eyre, Charlotte Brontë, ICD-10, DSM-5, trauma, psychosis, depression, feminist psychology

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### Introduction

Charlotte Brontë's *Jane Eyre* (1847) is a complex novel that imbues Gothic elements with social critique. The novel interrogates psychological struggles—madness, trauma, grief, and resilience. The social structures that prevailed during the Victorian era lacked modern psychiatric frameworks, yet Brontë's novel vividly illustrates disorders that are found in today under ICD-10 and DSM-5.

Many have argued that Brontë's depiction of Bertha Mason as the “madwoman in the attic” as a symbol of patriarchal oppression (Gilbert and Gubar 336). Yet, from a clinical perspective, Bertha's symptoms align with schizophrenia or bipolar disorder with psychotic features. Jane herself exhibits signs of post-traumatic stress from childhood abuse. Rochester's secrecy and despair suggest major depressive disorder with features of guilt and self-punishment. Helen Burns embodies a pathological passivity that borders on depressive resignation.

This article attempts a clinical reading of *Jane Eyre*, analyzing psychological disorders in four major characters with references to ICD-10 and DSM-5 diagnostic frameworks.

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### Bertha Mason: Psychosis and Confinement

Bertha Mason, Rochester's wife, is depicted as the most obvious figure of “madness.” Jane's first encounter with her terrifies her as she hears frightening noises: “a demoniac laugh—low, suppressed, and deep” (Brontë 125). Bertha breaks out exhibiting signs of aggressiveness and violent outbursts: Bertha bites, tears Jane's wedding veil, and ultimately commits arson (Brontë 290–302).

#### *Clinical Analysis*

According to **ICD-10 (F20–F29)**, schizophrenia includes hallucinations, delusions, disorganized behavior, and episodes of aggression. Similarly, **DSM-5 criteria for Schizophrenia Spectrum Disorders** include hallucinations, delusions, disorganized thinking, grossly disorganized behavior, and impaired functioning (APA 99). Bertha's symptoms—maniacal laughter, violence, incoherence—suggest a psychotic disorder.

Some scholars suggest **bipolar disorder with psychotic features (ICD-10 F31.2; DSM-5 296.44)** is more appropriate, since her behavior alternates between agitation and catatonia. Gilbert and Gubar argue she represents “Rochester's imprisoned secret self” (352), but clinically, she exemplifies untreated psychosis confined in oppressive conditions.

#### *Historical Context*

The Victorians had the practice of confining the mentally ill in a secluded place and alienating them from society. This increases the illness without proper care and treatment. Michel Foucault describes such practices as the “Great Confinement” of madness (Foucault 67). Brontë exposes the cruelty of confinement without treatment through the characterization of Bertha.

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## Jane Eyre: Trauma and Resilience

Jane's childhood is full of misery, loneliness, and abuse. All she finds in Gateshead and Lowood are abuse, neglect, and bereavement. She could narrate from memory, bitter experiences of being locked in the "red-room" where her uncle died: "my heart beat thick, my head grew hot; a sound filled my ears, which I deemed the rushing of wings" (Brontë 15). These are physiological symptoms of acute stress, especially for a little girl.

### *Clinical Analyses*

According to **ICD-10 (F43.1)**, Post-Traumatic Stress Disorder (PTSD) includes re-experiencing trauma, avoidance, hyperarousal, and emotional numbing. DSM-5 also emphasizes intrusive memories, nightmares, flashbacks, and exaggerated startle responses (APA 271). Jane's terror in the red room resembles trauma re-experiencing, and every time she revisits these moments of horror, she leads herself to land in a cumulative trauma.

Later, her resilience and her efforts in getting back to normal life is evident: "I am no bird; and no net ensnares me" (Brontë 221). Scholars like Shuttleworth argue Jane transforms trauma into moral strength (Shuttleworth 124). Clinically, she demonstrates **post-traumatic growth**, an adaptive psychological process. Jane's resilience, her survival approaches in her moments of stress, and assertion of autonomy illustrate coping strategies that modern trauma therapy—such as cognitive restructuring or cognitive behavioural therapy—advocates

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## Mr. Rochester: Depression, Guilt, and Self-Destruction

Rochester shows signs of depression, burdened by guilt over Bertha and failed relationships. He confesses: "I began to see and acknowledge the hand of God in my doom. I was wrong to attempt to deceive you" (Brontë 424). His despair leads him toward self-destruction, as when he risks death to save Bertha from the fire.

### *Clinical Analysis*

**ICD-10 (F32.2)** defines a severe depressive episode as including depressed mood, loss of interest, fatigue, guilt, and suicidal thoughts. **DSM-5 criteria for Major Depressive Disorder (296.23)** include depressed mood, diminished interest, insomnia, guilt, poor concentration, and suicidal behavior (APA 160). Rochester demonstrates guilt, anhedonia, and reckless disregard for life.

Scholars such as Susan Meyer emphasize his "crippling sense of sin and despair" (Meyer 89). His depression culminates in blindness and physical injury, symbolizing psychological punishment, coupled with a sense of despair and grief.

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## Helen Burns: Depressive Resignation

Helen Burns, Jane's friend at Lowood, embodies religious acceptance of suffering and tends to derive pleasure in suffering. She tells Jane: "If all the world hated you, and believed you wicked, while your own conscience approved you, you would not be without friends" (Brontë 62). Yet, her passivity in the face of abuse suggests pathological resignation.

### *Clinical Analysis*

Helen shows traits of **Dysthymia / Persistent Depressive Disorder (ICD-10 F34.1; DSM-5 300.4)**, which includes chronic low mood, low self-esteem, and resignation. Her willingness to endure bullying and her early death from consumption combine religious piety with depressive withdrawal from family, friends, society, and later from life.

Critics like Elizabeth Rigby praised Helen's piety, but modern psychology identifies her resignation as maladaptive coping, which slowly leads one to fall prey to situations and end up depressed forever. Her acceptance of injustice contrasts with Jane's assertiveness.

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## Broader Implications: Victorian Madness and Modern Psychiatry

Brontë's characters illustrate psychological struggles that can be recognized and identified as serious mental and psychic conditions, in terms of modern diagnostic categories, even though Victorian society lacked such terms. Madness was often feminized and pathologized in a patriarchal social structure that then prevailed, as with Bertha. Trauma was moralized and attributed to various other reasons, rather than being treated, as with Jane. Depression was interpreted as sin or fate, as with Rochester and Helen. From a feminist perspective, Bertha's psychosis symbolizes patriarchal silencing and a respondent behaviour to external stimuli, but from a clinical perspective, her untreated disorder requires psychiatric recognition. Jane's resilience demonstrates empowerment despite trauma. Rochester and Helen reflect the burdens of guilt and passive suffering.

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## Conclusion

Charlotte Brontë's *Jane Eyre* provides profound insights into psychological suffering and resilience. Bertha Mason embodies untreated psychosis, Jane Eyre reflects trauma and growth, Rochester suffers from depression, and Helen Burns represents depressive resignation. Applying ICD-10 and DSM-5 highlights how Brontë anticipated psychiatric concepts while also showing the inadequacy of Victorian responses to mental illness.

Brontë's work not only illuminates 19th-century attitudes toward madness but also contributes to modern understandings of trauma, resilience, and mental health.

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