

Women and Psychology: Myth, Experience, and Gendered Stigma

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Introduction/Abstract

The intersection of gender and mental health has long been a subject of critical examination within psychology, sociology, and feminist theory. Central to this discourse is the persistent overrepresentation of women in diagnoses of “madness,” a phenomenon that is both historically rooted and contemporarily reinforced by various societal mechanisms. Jane M. Ussher’s seminal work, *The Madness of Women: Myth and Experience* (2011), interrogates the genealogy, constructions, and lived realities of women’s psychological distress, challenging the notion that such conditions are merely medical pathologies. Instead, Ussher situates women’s “madness” within a framework of gendered social regulation, objectification, and resistance.

Simultaneously, emergent computational approaches reveal how gendered mental health stigma is perpetuated and encoded in contemporary technologies, notably within language models that inform digital health interventions and social media platforms (Lin et al., 2023). These findings underscore the enduring and evolving nature of gendered stigma, reinforcing the urgency of critically re-examining mental health paradigms. This essay synthesizes Ussher’s multi-factorial feminist analysis with recent computational research on gendered stigma, exploring the myths and realities of women’s madness, the regulatory function of psychiatric diagnosis, and the implications for contemporary psychological practice and digital culture.

Key words- Foucaultian, Women, Pathologization, Distress, Stigma, Madness.

Historical and Social Construction of Women’s Madness

The association of women with madness dates back to classical and early modern medicine, where diagnoses like hysteria were almost exclusively applied to women. Such diagnostic practices laid the groundwork for conceptualizing women as inherently prone to emotional instability and irrationality. Ussher traces this genealogy to demonstrate continuity between historical and contemporary psychiatric discourse.¹

1. Western Sydney University Research Portal. (2017). Ussher, J. M. *A critical feminist analysis of madness: Pathologising femininity through psychiatric discourse*. In B. M. Cohen (Ed.), *Routledge International Handbook of Critical Mental Health* (pp. 72–78). Taylor & Francis.

The term “hysteria” itself is rooted in the Greek word for uterus and throughout the 18th and 19th centuries was linked explicitly to female biology and temperament. These historical associations continue to echo in modern psychiatric categories, many of which remain gendered in their application. Contemporary diagnoses such as depression and PMDD are frequently framed in ways that align with traditional stereotypes of women’s emotionality and supposed biological fragility².

For centuries, women have occupied a unique and problematic position in the annals of insanity. As Ussher (2011) notes, the history of psychiatry is inextricably linked to the regulation and pathologization of women who deviate from prescribed norms of femininity. The “madwoman” archetype—whether the hysterical patient, the melancholic wife, or the deviant daughter—has functioned as a tool of social control, legitimizing the incarceration, silencing, or medicalization of women whose behaviors threaten patriarchal order³.

Ussher’s exploration of these genealogies is informed by Foucaultian analyses of power and discipline, where madness is not merely a clinical entity but a gendered label deployed to regulate nonconformity (Ussher, 2011). Women who resisted marital roles, expressed sexuality outside of prescribed bounds, or articulated anger and distress were often institutionalized or subjected to treatments designed less to cure than to normalize^{4&5}.

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2. Western Sydney University Research Portal. (2017). Ussher, J. M. *A critical feminist analysis of madness: Pathologising femininity through psychiatric discourse*. In B. M. Cohen (Ed.), *Routledge International Handbook of Critical Mental Health* (pp. 72–78). Taylor & Francis.
 3. Kasu, S. K. R., Rehman, M. Z. U., Dar, S. S., Junghare, R. B., Namboodiri, D. S., & Kumar, N. (2025). D-HUMOR: Dark Humor Understanding via Multimodal Open-ended Reasoning—A Benchmark Dataset and Method. arXiv preprint arXiv:2509.06771v2. <https://arxiv.org/pdf/2509.06771v2>.
 4. Potter, N. N. (2012). Review of *The Madness of Women: Myth and Experience* by J. M. Ussher. *Metapsychology Online Reviews*. Retrieved from <https://metapsychology.net/index.php/book-review/the-madness-of-women/>.

5. Lin, I. W., Njoo, L., Field, A., Sharma, A., Reinecke, K., Althoff, T., & Tsvetkov, Y. (2023). Gendered Mental Health Stigma in Masked Language Models. arXiv preprint arXiv:2210.15144v2. <https://arxiv.org/pdf/2210.15144v2>.

The Myth of Madness: Feminist De-construction

Feminist critics have long argued that madness is a social construction—a myth that reflects and reinforces gendered power relations (Ussher, 2011). While the suffering of women is real, the meanings ascribed to their distress are deeply shaped by cultural narratives that equate femininity with irrationality, emotional excess, and vulnerability to disorder. Ussher’s analysis challenges the positivist assumption that psychological disorders are gender-neutral or purely biological, instead highlighting how diagnostic categories themselves are imbued with patriarchal assumptions⁶.

The labeling of women as mad, Ussher contends, is a regulatory practice that serves to oppress and marginalize, transforming reasonable responses to injustice or trauma into symptoms of individual pathology (Ussher, 2011). This critique is echoed in contemporary computational research, which demonstrates that even in ostensibly neutral technologies, such as masked language models, the association between mental illness and femininity persists, reinforcing societal stereotypes at scale (Lin et al., 2023)⁷.

Multiple Determinants of Suffering: the Reality of Women’s Distress

While feminist critiques rightly problematize the construction of madness, Ussher is careful to acknowledge the reality and complexity of women’s psychological distress. Drawing upon case studies, in-depth interviews, and critical literature, she advances a multi-factorial analysis that recognizes both the material and discursive dimensions of suffering (Ussher, 2011). Women’s distress is often the result of intersecting factors, including sexual violence, objectification, economic marginalization, and the emotional labor demanded by familial and societal roles⁸.

Ussher’s research on premenstrual syndrome (PMS), depression, and borderline personality disorder illustrates how such conditions are frequently misunderstood or

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6. Ussher, J. M. (2011). *The Madness of Women: Myth and Experience*. Routledge.
 7. Western Sydney University Research Portal. (2017). Ussher, J. M. *A critical feminist analysis of madness: Pathologising femininity through psychiatric discourse*. In B. M. Cohen (Ed.), *Routledge International Handbook of Critical Mental Health* (pp. 72–78). Taylor & Francis.
 8. Analysis of Ussher’s book *The Madness of Women: Myth and Experience*. (n.d.). Student Share. mis-diagnosed, with women’s reports of pain or distress dismissed, minimized, or medicalized (Ussher, 2011). The construction of PMS as a psychiatric illness, for instance, pathologizes normal variations in mood and experience, while ignoring the social and relational contexts in which such symptoms arise⁹.

Pathologization and Medicalization

The tendency to medicalize women’s misery has profound consequences. As Ussher (2011) observes, the routine diagnosis of depression or personality disorders in women often functions as a mechanism of silencing, shifting attention away from structural sources of suffering—such as sexual violence, discrimination, and economic precarity—and toward individualized models of treatment. The result is a double bind: women are simultaneously expected to bear the burdens of care, emotional regulation, and subordination, and are stigmatized when they fail to do so “successfully.”

Recent computational analyses provide further evidence of this dynamic. Lin et al. (2023) found that masked language models—central to many digital mental health applications—are significantly more likely to associate mental health conditions with women than with men (32% vs. 19%), particularly in contexts involving help-seeking and treatment. This digital reproduction of gendered stigma mirrors the medical and cultural practices identified by Ussher, suggesting that the pathologization of women’s distress is both enduring and technologically mediated.

Gendered Stigma in Contemporary Contexts

The integration of artificial intelligence and natural language processing into mental health care and social platforms has opened new avenues for both intervention and harm. Lin et al. (2023) demonstrate that masked language models not only reflect but also amplify societal biases regarding gender and mental health. Their research operationalizes stigma as models’ propensity to generate gendered associations in response to mental health prompts, revealing that

stereotypes—such as anger, blame, and pity—are more strongly linked to women with mental health conditions than to men.

9. Times Higher Education. (2011, November 3). *The Madness of Women: Myth and Experience (Textbook Guide)*. Retrieved from <https://www.timeshighereducation.com/books/textbook-guides/8-november-2012/the-madness-of-women-myth-and-experience/417950.article>.

This finding is consistent with Ussher's (2011) argument that madness is a gendered label, used to pathologize women's emotionality and resistance while minimizing or overlooking distress in men. The computational evidence underscores the inter-sectionality of stigma, showing how digital technologies can entrench rather than mitigate the biases embedded in clinical, cultural, and linguistic practices.

Nuances of Stigma: Over-diagnosis and Under-diagnosis

The asymmetric association of mental illness with women has consequences for both genders. As Lin et al. (2023) note, while women are more likely to be diagnosed and pathologized, men's mental health is often neglected or dismissed, leading to under-diagnosis and barriers to help-seeking. This "double harm" reflects a broader pattern in which gendered expectations shape not only who is labeled mad but also whose suffering is rendered visible or legitimate.

The attribution of anger, blame, and pity to women with mental health conditions, as identified in language models, mirrors the cultural scripts that Ussher (2011) critiques—scripts that equate feminine distress with weakness, excess, or moral failure. Conversely, men's reluctance to seek help is reinforced by models that associate avoidance and lack of help with masculine subjects, perpetuating harmful norms of stoicism and emotional suppression (Lin et al., 2023).

Madness as Cultural and Institutional Construct

Ussher adopts a Foucauldian perspective in which psychiatric discourse is understood not as the neutral discovery of internal dysfunctions, but as part of regimes of truth that define what is considered normal and abnormal. Knowledge here is inseparable from power: the ability of

experts to define and regulate subjects creates particular subject positions, such as the “mad woman,” that shape individual identities and social relations¹⁰.

This discursive framework resonates with broader feminist criticisms of psychiatry. For

10.Ussher, J. M. (2011). *The madness of women: Myth and experience*. Routledge.

example, contemporary critiques argue that psychiatric diagnoses have historically been used to regulate women’s behavior and confine dissent from normative gender roles. The medicalization of emotional responses to structural inequalities functions to divert attention from social determinants of distress such as poverty, violence, and discrimination. Further, Ussher’s analysis aligns with work in critical mental health studies that views psychiatric labels as tools of social control rather than purely scientific categories. From this perspective, labeling women’s distress as a “mental disorder” serves to depoliticize social problems and locate responsibility within the individual rather than structural conditions.

Narratives of Resistance and Survival

Despite the weight of stigma and regulation, women have developed strategies of resistance, reclaiming agency and challenging the meanings imposed upon their experiences. Ussher documents women’s narratives of survival, resilience, and self-definition, emphasizing the importance of listening to women’s voices and centering their subjectivities in psychological practice (Ussher, 2011).

This emphasis on resistance is echoed in recent technological research, which advocates for the design of mental health interventions that are sensitive to context, intersectionality, and the multiplicity of identities (Lin et al., 2023). Both Ussher and Lin et al. highlight the need for women-centered, non-pathologizing approaches that acknowledge the structural roots of distress and empower individuals to redefine their experiences on their own terms¹¹.

Implications: Towards Non-Pathologizing, Women-Centered Care

The convergence of feminist theory and computational evidence underscores the necessity of reimagining mental health care in ways that resist the pathologization of women’s

suffering. Ussher (2011) calls for approaches that are attentive to the material, discursive, and relational determinants of distress, rejecting reductive models that individualize or medicalize what are often social and political problems.

11.Ussher, J. M. (2011). *The madness of women: Myth and experience*. Routledge.

Similarly, Lin et al. (2023) advocate for the development of digital mental health tools that are critically aware of gendered stigma and its technological reproduction. This includes the creation of models and interventions that are not only empirically robust but also ethically attuned to the complexities of gender, identity, and power¹².

Research Directions: Inter-Sectionality, Technology, and Social Change

Future research must continue to interrogate the intersections of gender, mental health, and technology, employing interdisciplinary methods that bridge qualitative, quantitative, and computational approaches. The findings of Lin et al. (2023) suggest that context and overlapping dimensions of identity—such as race, sexuality, and class—are crucial for understanding and mitigating stigma in both clinical and digital domains¹³.

Moreover, the study of dark humor and its targets in digital media, as explored by Kasu et al. (2025), illustrates how gender and mental health remain salient (and vulnerable) categories in online discourse, shaping public perceptions and individual experiences (*Kasu et al., 2025*). This highlights the importance of content moderation, education, and advocacy in combating stigma and fostering a more just and inclusive mental health culture¹⁴.

Conclusion

The madness of women, as both myth and experience, remains a site of contestation, negotiation, and transformation. Ussher's incisive analysis exposes the gendered underpinnings of psychiatric diagnosis, the social construction of madness, and the lived realities of women's distress, while recent computational research reveals the persistence of these dynamics in digital technologies. Together, these perspectives call for a radical rethinking of mental health care—one that is feminist, intersectional, and critically reflective of the ways in which gendered stigma

is produced, reproduced, and resisted. As the boundaries between clinical practice, cultural discourse, and technological mediation continue to blur, the challenge for psychology and allied fields is to move beyond pathologization, centering the voices and experiences of women and

12-14.Ussher, J. M. (2011). *The madness of women: Myth and experience*. Routledge.

other marginalized groups. Only by doing so can we begin to unravel the madness of women, not as pathology to be cured, but as a testimony to the enduring struggle for recognition, agency, and justice.

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