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Hugvísindasvið

Women and Madness in the 19th Century

The effects of oppression on women's mental health

Ritgerð til BA prófs í ensku

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Abstract

This essay explores mental illness in the nineteenth century and how it is reflected in the literature of the time. Historical context is explored with the theory that many women were driven to illness by the lifestyle thrust upon them in the form of oppression and societal expectations. Examples are given of the injustice women faced and the medical procedures many had to undergo. Selected literature from the nineteenth century is analyzed, as well as the opposition female authors faced as they attempted to publish their work. Along with minor examples, two works are analyzed in connection to the topic: "The Yellow Wallpaper" by Charlotte Perkins Gilman, and *Dracula* by Bram Stoker.

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Introduction

Women have been a silent part for the majority of human history, playing only background roles in major events, the credit for their work given to others, and their thoughts and feelings not considered to be of importance. This has changed for the better in Western society with the rise of feminist movements where women studies have become popular in the last few decades. Now at last some light is being shed on women's active roles and importance which among other things includes female inventors and scientists becoming better known, although further effort has to be made to put these names and stories into the classrooms. The literary arts were not always open to women but as this slowly changed, it allowed women to express themselves, though not without difficulty and opposition. The writings that survived to this day are a valuable look into women's lives and minds and are worthy of examination.

A part of women's studies centers on the nervous syndromes that swept over women in the nineteenth-century Western world, This essay will explore, with connections to literature, the possible causes for mental illness in women in the nineteenth century and why it was so prevalent.

Historical Context

The nineteenth century was an era of great changes and scientific progress in the Western world. After the industrial revolution, the search for knowledge escalated and it was the nineteenth century that saw, among other things, the discovery of electricity and the theory of evolution. Medical advances were great, and the understanding of mental illness began to improve after the birth of psychiatry, but up until then, there was no particular field of

research specifically aimed at mental illness. New asylums were built in Victorian England and became a source of national pride for how progressive and efficient these new institutions were. At this time it was still customary for the rich to be treated at home or in private care so these asylums were mainly used for middle and lower class patients.

When psychiatry began in the 1830s there was an active cooperation between European and American psychiatrists where ideas were exchanged and knowledge shared. In 1839, John Conolly, a prestigious English psychiatrist, introduced the 'non-restraint' system at Hanwell Asylum. He showed his distaste in how the mentally ill were previously inhumanely restrained as he spoke of how "exhibitions of madness were witnessed which are no longer to be found, because they were not the simple product of malady, but of malady aggravated by mis-management" (Showalter, *The Female Malady*, 26). Similar events took place in Paris when Philippe Pinel approached his patients like human beings, an act of kindness that has been memorized in Tony Robert-Fleury's famous painting of 1876 *Freeing the Insane* (Appignanesi, 63). The painting shows Pinel watching as chains are removed from a young, beautiful woman. It might even be considered a romanticized image if not for the obviously mentally ill patients in the background, looking haggard and disturbed.

A few states in The United States soon followed Europe's example when Dorothy Dix, an army nurse and activist, began lobbying for better care for the insane poor after seeing the progress being made in Europe. Dix described the conditions before the reform in her 1843 report as barbaric, and even apologizes for the necessity of coarse language in her description: "The condition of human beings, reduced the the extremest states of

degradation and misery, cannot be exhibited in softened language, or adorn a polished page" (Dix, 2).

This harsh treatment of the mentally ill could in part be blamed on the fact that the perception of these patients up until the nineteenth century was that of criminals and idiots, and asylums were all but places of horror, filled with the criminally insane. With the reforms of the nineteenth century, this changed, and the mentally ill were seen as "sick humans needing care" instead. With this progress, the public's perception began changing as well (Showalter, *The Female Malady*, 6) and interestingly, the popular image shifted from that of the bestial madman of the eighteenth century, to the the less threatening but troubled mad-woman.

This sudden shift between the genders of the icon of madness was no coincidence. New diagnosis included hysteria, anorexia nervosa and neurasthenia, almost all exclusively attributed to women. Not all of these were created equal in the eyes of the psychiatrists. Nervosa anorexia was seen as a self sacrificing and a very feminine disease while hysteria was often deemed selfish and destructive, a rebellion of which doctors did not approve (Showalter, *The Female Malady*, 133).

Assigned to more women than men was the so called 'rest-cure', invented by Silas Weir Mitchell, an American physician and nerve specialist. Mitchell noted that women who suffered from neurasthenia were thin and anemic. The solution to this, according to him, was plenty of rest and an overwhelming diet of fattening food. The patient was not permitted to leave bed or even move within it without the doctor's approval, and every day she would receive a massage from a specialized nurse. There was a darker side to this

treatment which can be seen in the way Mitchell writes about this therapy and his patients in his book *Fat and Blood* (1877). There he describes the 'rest-cure' as an incentive for women to stop avoiding their housework and get back on their feet. According to him: "the 'rest-cure' could be used to discipline women whose illness became a means of avoiding household duties" (Stiles, 4).

This reflects the status of women at the time but their role was to be submissive, docile and in all ways well behaved and subservient to men. Female doctors were not permitted until 1847 when Elizabeth Blackwell was the first woman to graduate from medical school and join the profession. As a result, women were treated by men exclusively in the first half of the century. Even after this, the psychiatry profession was completely male dominated as it was not until 1894 that they allowed female doctors to join the Medico-Psychological Association (Showalter, *The Female Malady*, 127).

Women were under more scrutiny when it came to their appearances than male patients, and their ability to keep themselves well groomed was a measurement of their improving or deteriorating health. Yet it seemed that this was a difficult balancing act since there was such a thing as having too much interest in their appearances which then gave them a label of vanity: a problem all of its own according to psychiatrists (Showalter, *The Female Malady*, 84).

Insanity has long been romanticized in novels as something bordering on supernatural and, in England's asylums, 'The Ophelia' became a common image for female inmates. Inspired by the famous character from Shakespeare's *Hamlet*, the role of Ophelia was that of a grieving mad-woman whose strange ramblings often bore wisdom and uncanny insight into

the play's events. 'The Ophelia' became a popular subject for painters in the nineteenth century, and female inmates of English asylums were often made to mirror her appearance; wearing white, keeping their hair unbound and unruly, and wearing wreaths of flowers and branches on their heads (Showalter, *The Female Malady*, 92).

'The Ophelia' was only one of three famous archetypes of the mad-woman. The other two were 'The Crazy Jane' and 'The Lucia'. Lucia was a character from Gaetano Donizetti's 1835 opera, *Lucia of Lammermoor*, a woman who goes mad and murders her bridegroom. 'The Crazy Jane' was a subject of popular ballads of the time and was depicted in a 1855 Richard Dadd painting. Both of these archetypes represented the less feasible types of madness, namely psychosis and violence, while 'The Ophelia' represented a pliant and pleasant patient. The first president of the Medico-Psychological Association, J.C. Bucknill, commented that every mental physician of "moderately extensive experience" had seen many Ophelias. Later, John Connolly would arrive at the same conclusion (Harrison). Connolly even invited actresses to come to his asylum to study the madwomen to better prepare for the role of Ophelia (Showalter, *The Female Malady*, 92). According to Sandra M. Gilbert and Susan Gubar, imposing these sorts of labels onto women was in fact a way for men to garner further control over them. "Men have fastened masks over women's faces- identifying them with eternal types of their own invention to possess them more thoroughly" (Gilbert and Gubar, 17).

In the mid nineteenth century, women outnumbered male patients in mental asylums. This did nothing to help the rights of women and the popular consensus at the time was that women were more prone to diseases of the mind; made more vulnerable by their

reproductive system and delicate sensibilities. Silas Weir Mitchell is quoted to say: "the man who does not know sick women does not know women" (45).

In hindsight it seems more likely that women were victims of circumstance and it is important to take into account what women's lives were like at the time and what roles they were expected to fill. A woman was supposed to be the dutiful wife, not to quarrel with her husband or demand equal rights. Even an independent woman did not have the right to vote, nor did she have any autonomy over her own self. As women began testing their boundaries and vying for their freedom, some of the more powerful opposition came from the scientific and medical establishment which specialised in nervous and mental illness. "The medical warnings against any activity that might change women's domestic status, seen as a fact of God and nature, were deafening" (Appignanesi, 120).

A documented example of a wrongful admission is the 1860 case of Elizabeth Parsons Ware Packard, a teacher and mother of six. Packard was married to Reverend Theophilus Packard, a radical Calvinist. When she began questioning his extreme theology, the reverend had her admitted at an Illinois state hospital for stepping outside the boundaries of her role as a wife. At that time Illinois law allowed for such a thing to happen with no evidence required of actual mental illness and Packard was locked away with the violent and hopelessly insane. She remained there for three years before she was able to prove her sanity after which she became a women's rights activist (Langworthy; Prouba and Tianen, 98). Packard wrote as much as she could during her confinement, a daunting task as she was not allowed personal belongings, and books and paper she tried to smuggle in were often confiscated by her doctor. In her writings she described the horrors that went on in the

asylum including "many female asylum suicides as due to constant harassment, loneliness and despair" (Chesler, 10-11).

Similar cases can be found in England and France such as the cases of Edith Lanchester and Hersilie Rouy. Rouy was contained in French asylums for twenty-four years, likely due to her half-brother's ill will toward her. As she tried to prove her sanity, one of the replies she got from her medical professionals was: "Your delusion is total and all the more dangerous and incurable in that you speak just like a person who is fully in possession of her reason" (Appignanesi, 101-104). Lanchester was admitted against her will in 1895, simply for refusing to marry. She was diagnosed as insane by reason of "over-education" (Showalter, *The Female Malady*, 146).

This was not a strange diagnosis to make at the time as it was a popular belief that women were not built to take in much knowledge. In his 1875 book *Sex and Education; or, a Fair Chance for Girls*, Edward Clarke claims that while girls can go to school and study as boys do, this will cause them to suffer from: "euralgia, uterine disease, hysteria, and other derangements of the nervous system" (Clarke).

The cases of Packard, Rouy and Lanchester were not unique. In England, many patients were admitted under the Poor Law and Lunacy Acts and some of them were not what would be classified as mentally ill by modern medicine. The psychiatric terminology used at the time seemed to vary between asylums and many patients admitted were listed with diagnoses "unascertained" (Hill). In many places a woman could be committed to an asylum or a state hospital because her husband or father demanded it, and this rarely required proof of her actual mental instability. Admission files show that many women

were admitted under questionable circumstances for reasons such as suppressed menstruation, depression after the loss of a loved one, and even abusive language (Pouba and Tianen, 95).

Fiction mirrored reality where wrongful admittance made for a dramatic plot in Wilkie Collins's 1860 novel *Woman in White*. In his novel Collins touches on how women can be prey to corrupt men and how men can destroy women's lives. Lisa Appignanesi describes how the book: "illustrates rampant social fears about mistaken incarceration" and how "men in power can literally drive women mad, whether through marital sadism, drugs or sexual violation" (Appignanesi, 98).

Patients of special wards and asylums were not given a voice. They had their pictures taken and their assessments written, but it is rare to find their own actual testimonies. Modern perception of mentally ill women of the nineteenth century is limited to the words of professionals and the few women who suffered from bad health but were lucky enough to be afforded the right to express themselves in writing. This was not a privilege granted to many and it is only late in the century that these writings take place, mostly by women who were treated at home or in private care. The writings include Elizabeth Packard's books, Emily Dickinson's letters and poetry, Alice James's letters and Charlotte Perkins Gilman's famous short story, "The Yellow Wallpaper". Higher learning was not widely available to women, regardless of class (Showalter, *Literature of their own*, 41), yet all of these authors were women who obtained education and the opportunity to write. As a result they do not really represent a large or diverse group of the mentally ill, or nineteenth-century women in general. Although these women were a minority, each story offers a glance at life with

mental illness, what it was like being a woman at the time, and, in Gilman's case, a valuable insight into the the patient's mind.

The symbolic imprisonment of women

According to Gilbert and Gubar, many gothic novels suggest that: "imprisonment leads to madness, solipsism, paralysis" (279). Assuming this is true, it is hard to imagine what then lies in store for a woman who is a prisoner of her own societal role and her own body. At the time, even women's clothes were restrictive, from corsets to crinolines; in many cases their clothing contributed to their weakness by restricting their breathing and disallowing them the freedom of effortless movement. Women were expected to endure and be grateful, and the ideal of the perfect wife became deeply inspired by "The Angel in the House", a poem by Coventry Patmore. "The Angel in the House" was published in installments in 1854 to 1862. It is an ode of admiration from Patmore to his wife whose devotion to him inspired the lengthy narrative. Submissive, sweet, and self sacrificing, "The Angel" took on the blame for things gone wrong, regardless of whose fault it really was; she lived for her husband and children, her love for them all-consuming and pure. This perfect wife did not demand time for herself, or rights for herself; she was content to be a doll-like servant (22-24).

A woman with a strong personality and vivid imagination could never fit into this role without sacrificing the core of her being and even her sanity, yet this became the standard for which women were held up to in the nineteenth century, in a society which put far more restrictions on women than ever men. As is common with oppression, the oppressed took

active part in enforcing the rules on their own kind and, with only a few exceptions, women lacked the solidarity to stand up for themselves and each other.

The twentieth-century author Virginia Woolf is famous for speaking of the female author's need to kill the angel in the house in order to gain her narrative freedom, but in doing so the female author risks becoming the monster – the demonic other which has no hope of surviving societal bounds. As demonstrated time and again in fiction and reality, the madwoman must be contained and destroyed in one way or another, be it death, incarceration or simply reprogramming to make her take her rightful place. As such, the female author's choice is not whether she ought to sacrifice herself, but which part of herself to sacrifice: her mind, or her social standing. Either way, the female writer "feels herself to be literally or figuratively crippled by the debilitating alternatives her culture offers her" (57). Gilbert and Gubar address this inner struggle in their book, *The Madwoman in the Attic* (1984), where they aptly name it "dis-ease"; a play on words highly relevant to the topic. A person constantly facing negativity and restraints can not be expected to be a healthy individual, and this is where a woman's 'dis-ease' may contribute to her poor health.

These restraints placed on women came from many directions and in many different forms. Female novelists were perceived to be loud and overbearing, and there were many complaints that women were taking over the literary market. "Invaded by women, children and ill-trained troops" Critic and philosopher G.H. Lewes is quoted to say (Showalter, *A Literature of Their Own*, 39) and this was but one voice of many. These complaints notably began during a time when writing became a viable paying career for men (39) and there

was a lot of judgment on this ever growing phenomenon. The reality was that women never went far above twenty percent of all authors and this number was fairly consistent between 1800 to 1935. Despite their small numbers, a high percentage of rejected manuscripts were those of women (38-39).

Critics were merciless when it came to published works of women, and female authors were always women first, writers second (73). A female novelist could expect a variety of obstacles to her craft; scorn, satire, outrage and, at worst, the risk of becoming an outcast in the society that expected her to behave in certain ways. Robert Southey, an English poet, warned Charlotte Brontë in a letter that: "Literature is not the business of a woman's life and it cannot be" (Gilbert and Gubar, 8). The only female writing deemed acceptable was flat and void of passion. An example of positive criticism of a woman's work can be seen when an English novelist, Anne Marsh, was cited to write "as an English woman should" (Showalter, *A Literature of Their Own*, 26). It was generally believed that the perfect Victorian woman had no anger, passion or strong emotion. This led to the belief that a woman could not write fully, for she neither felt nor lived fully, and this idea was only enforced by the fact that women authors were not allowed to write about their emotions or their bodies (26). It did not help that when women did write something more meaningful than pretty descriptions of nature or innocent love, their work was censored. Florence Nightingale sent her work to be published after the Crimean war and found it gutted of all things that were "too revealing, too forceful, or too "crazy"" (Showalter, *The Female Malady*, 66). She was not alone. Women's books were often edited to exclude anything that might be construed as 'vulgar', such as the notion in Charlotte Yonge's 1854 novel

Heartsease that the woman "had a heart, though some people thought it was only a machine for pumping blood" (Showalter, *A Literature of Their Own*, 26).

While not being seen as equals to male authors, female authors were expected to meet the same standards despite the fact that they did not have access to the same quality of education. Only twenty percent of female authors were learned beyond that which they taught themselves and none had access to any sort of proper higher education (41-42). Because this too was used against them, those who had the opportunity to self-educate, tended to over-educate themselves and even surpass male authors in their knowledge because they had to do so (43-44). Those who did not possess the means or self-discipline to do this, feigned ignorance so as to not be called out by spiteful critics for their "intellectual pretension" (42).

Women reacted to criticism in different ways and undoubtedly it was harder for some to stand against the constant negativity. Charlotte Brontë was unafraid to respond to her critics and her temper was hard to control as she did so: "To you I am neither man nor woman – I come before you as an author only," she once told a critic of the *Economist*. "It is the sole standard by which you have a right to judge me – the sole ground on which I accept your judgment" (96). Her reaction clearly indicates what sort of criticism she constantly faced as a female writer, and shows why she and many other women wrote under male pseudonyms to escape this scrutiny. Those who chose to write under androgynous pseudonyms were constantly questioned on whether their writing was male or female; it appeared to be an irritation if a novel was not easily labeled masculine or feminine (79).

Women were not merely restrained from acting on their dreams and ambitions, their sexuality was smothered, feared and demonized in a variety of ways. Psychiatrists would police their bodies, recommend treatments that focused on their sexuality and normal physical functions. Dr. Edward Tilt, an English physician, recommended delaying menstruation in teenaged girls for as long as possible with a variety of methods. Mothers should ensure that their daughters "remained in the nursery, took cold shower baths, avoided feather beds and novels, eliminated meat from their diets and wore drawers" (Showalter, *The Female Malady*, 75). Menstruation, according to Dr. Tilt, was disruptive to the female brain and affected a woman's constitution, morals, and judgment.

Menopausal women were ridiculed and mistreated, and any sign of sexual desire from these women was considered "ludicrous or tragic" (75). Many women were subjected to treatments that no doubt served more as a deterrent to showing their emotions than an actual remedy. These treatments included injecting ice water into a patient's orifices and using leeches on her labia and clitoris (75). The most drastic of treatments involved removing the clitoris altogether, a practice invented by an English doctor by the name of Isaac Baker Brown. Some of the patients he operated on were women whose only 'illness' was to have a will of their own. These were women who wanted divorce or refused marriage. Others were women who suffered from epilepsy or paralysis. It is worth noting that not many physicians subscribed to Brown's ideas. He was expelled from the Obstetrical Society of London on the grounds that he tricked some of his patients into undergoing his surgeries (77). Regardless, these extreme measures were but a few of many actions taken to police women's bodies and frighten them into compliance.

While struggling with the external sources of oppression, women writers had to confront their own internalized ideas of themselves, to battle both the angel and the demon within in order to find their freedom and balance as authors. This struggle is often visible in women's stories. Charlotte Brontë's *Jane Eyre* (1847) shows the mirroring of two female characters when Jane Eyre discovers Bertha Rochester. Bertha symbolizes the rage and madness that Jane herself was shown to be capable of at the beginning of the book, but unlike Bertha, Jane has managed to contain her anger. Gilbert and Gubar analyze the two women's similarities in behavior, from the way they both tend to pace back and forth, to how Jane too was once locked up, "howling and mad". Bertha is a very notable symbol of the Victorian woman who has gone – or is going – insane due to her imprisonment and restrictions. She expresses the feelings that Jane must keep in check and, in mirroring her, serves as a warning of what Jane herself might become if she is not careful (361).

In Emily Brontë's *Wuthering Heights* (1847), Catherine's wild nature is stifled and she is molded into a proper young lady. This never suits her personality and she is driven mad before long, unable to operate within the confines of her new life. Her transformation from a child to a woman is a violent one, a foreshadowing of what is to become of her once she crosses the threshold to adulthood (271).

This struggle with oneself and others permeated the life of women. Florence Nightingale, before she began her revolutionary work in nursing, suffered from depression and suicidal thoughts. She poured her emotions and conflicts into writing a series of essays, and spoke of how passivity was making middle-class Victorian women ill. One of her more powerful statements can be found in her 1852 essay "Cassandra": "Give us back our suffering, we

cry to heaven in our hearts - suffering, rather than indifferentism; for out of nothing comes nothing. But out of suffering may come the cure. Better have pain than paralysis" (Showalter, *The Female Malady*, 65).

Nightingale's opinion is a stark opposite of what was believed about the 'rest-cure, a treatment which operates on the notion that women become ill from too much play. This conflict is evident in "The Yellow Wallpaper" where Nightingale's belief that passivity could drive a woman mad is well represented.

When the Brontë sisters, Anne, Charlotte and Emily, took to publishing their works, they did so under pseudonyms, well aware of the scorn women writers had to face. Their first book of poems was thus attributed to Acton, Curris and Ellis Bell. Despite the pseudonyms, the book was not well received, selling only two copies (87). Charlotte reluctantly revealed her true identity as a woman when her publisher advertised her new novel by attributing her sisters' works to her. Charlotte was loathe to come forward but felt she had no choice. Her feelings on becoming known are revealed in a letter to her close friend, Ellen Nussey in 1848: "The most profound obscurity is infinitely preferable to vulgar notoriety; and that notoriety I neither seek nor will have" (The Brontë Letters, 144). In 1849 she wrote to G.H. Lewes, lamenting that her sex was known at all: "I wish you did not think me a woman. I wish all reviewers believed 'Currer Bell' to be a man; they would be more just to him" (171).

When looking at the professions available to women in the nineteenth century, they all seem to be nothing more than extensions of their work at home. Whether it was taking care of children, maintaining a home or nursing people back to health, women did not have a

wide variety of options outside of marriage. The Brontë sisters were no strangers to this and reading their letters reveals their own unhappiness as they took on these female professions. Charlotte Brontë did not like being around children yet she continually found herself in teaching positions either in private homes or at her former school, Roe Head (Bentley, 55). A prime example of a woman not built for those traditional roles, Charlotte felt depressed and isolated in her work as a governess as witnessed time and again in her letters. Her passion lay in writing and dreaming up imaginary worlds, yet she was warned against indulging in daydreams by Robert Southey. Charlotte fought this urge and wrote to Ellen: "If you knew my thoughts; the dreams that absorb me; and the fiery imagination that at times eats me up and makes me feel society, as it *is*, wretchedly insipid, you would pity and I dare say despise me" (The Brontë Letters, 54).

It is no wonder that these conflicts between the true characters of the Brontë sisters and the expectations they faced would be reflected in their work. None of them made any allusions to this reflecting their own lives in any way, but it is easy to see Charlotte's own experiences with school in *Jane Eyre* as well as the Brontë's wild natures in *Catherine of Wuthering Heights*. "I should hardly like to live with her ladies and gentlemen, in their elegant but confined houses," Charlotte wrote to G.H. Lewes on the topic of Jane Austen's writing, which she found commonplace and dull (143). This reflects the contrast of the two worlds which Catherine navigates in *Wuthering Heights*, an insight into how the Brontë sisters were ill-suited for the dainty roles and the world of "a carefully fenced, highly cultivated garden, with neat borders and delicate flowers". The sisters' own lives and feelings are more visible through their letters, though many were sadly destroyed. Years later women would dare to become more direct in their writing and if the Brontë sisters had

not died young, it would no doubt have been interesting to see how these changed affected them and influenced their writing. One of these more direct narratives is "The Yellow Wallpaper" by Charlotte Perkins Gilman, published nearly forty years after the last of the Brontë sisters passed away. The attitude toward women's maladies and 'ill behavior' had changed radically but the road had already been partly paved for this new generation of writers.

The Yellow Wallpaper

"The Yellow Wallpaper" (1892) can be read as either a drama or a horror story, perhaps even a mixture of both since losing one's mind is no doubt among the worst things that can happen to a person. Regardless of approach, it clearly reads as a warning against Silas Weir Mitchell's popular treatment for neurasthenia. Gilman intended the story as a condemnation of the 'rest-cure, having undergone the treatment herself. In her own words the treatment disagreed with her so badly that: "I came so near the borderline of utter mental ruin that I could see over" (Gilman, 804).

The story tells of a woman suffering postpartum depression. Throughout the story, she remains nameless which can be attributed to the fact that the story is written in first person narrative, but also serves to underline the narrator's lack of autonomy and self. Her husband, John, rents a house for her to undertake the rest-cure in and even threatens to send her to Silas Weir Mitchell himself if she does not get better (796). The protagonist is unhappy but feels she has no choice but to do what he tells her and as the story progresses, she slowly delves deeper into madness, emphasized by her focus on her bedroom's hideous

yellow wallpaper where she becomes certain she can see a woman trying to break through the ugly pattern.

It is made clear early on in the story that the narrator has a vivid imagination and enjoys stories of a gothic nature, given that she all but wishes the house she is staying in might be haunted (792) and reminisces about her childhood where she used to frighten herself with thoughts of monsters (795). This creativity is stifled by John who forbids her to write, as dictated by the rest-cure. While the protagonist feels that socializing would do her good, John denies her the chance to meet people, isolating her in a strange house with nothing to occupy her time.

The story depicts both the insanity of the narrator, as well as the helplessness that came with being a woman in the nineteenth century. The narrator's husband oppresses and infantilizes her, constantly belittling her needs and dismissing her concern that the treatment is only making her worse. He refuses to face the reality of her situation, quiets her when she tries to speak of it and spends long hours away from her, as if avoiding her. When she requests a different room, he refuses; a pivotal plot point since the wallpaper in her current room bothers her and becomes the focus of her illusions later on.

The narrator begins withdrawing into her own head. Her insanity increases page by page, her ideas full blown hallucinations and her thoughts becoming more and more erratic as she pictures the woman behind the pattern of the wallpaper and begins scheming how to free her. Eventually she begins to see the woman everywhere. "I can see her out of every one of my windows! It is the same woman, I know, for she is always creeping, and most women do not creep by daylight" (801). In the end, after contemplating suicide, she begins tearing

down the wallpaper to free the woman in the wallpaper, or to free herself, symbolically tearing away at her own boundaries (802).

It would be too easy to classify the narrator's husband as a villain in this story. He laughs at his silly little wife, calls her "blessed little goose" (794), dismisses her worries by telling her she is getting better (798) while inadvertently preventing her recovery by keeping her contained. Yet John is moving in the same reality as his wife is, obeying the rules of the patriarchy and genuinely believing that he is helping her. It may even support his beliefs that on the one occasion when he does permit her to have company, she is tired quite easily (795-6). John has internalized the misogyny that is acceptable and normal in his environment, and is unaware of the harm he is doing to his wife. Gilman herself points out in her autobiography that the 'rest-cure was designed for "the business man exhausted from too much work, and the society woman exhausted from too much play" (Shumaker, pp 591).

While "The Yellow Wallpaper" is slightly exaggerated when it comes to the protagonist's descent into madness, at least in light of how it is inspired by Gilman's own experience and she did not suffer from hallucinations, the 'rest-cure is still known to have been excessive and often cruel. Some women were force-fed if they refused to eat and others were punished physically for disobeying their doctor's orders (Stiles, 4).

Applying the rest-cure could also have possible drastic consequences. It was not the treatment itself which proved dangerous, but the fact that nervous women were not listened to, much like the narrator in "The Yellow Wallpaper". An example of this is Winifred Howells, the daughter of the author William Dean Howells. Ms. Howells was another

patient of Dr. Mitchell whose disease was assumed to be psychological. Mitchell applied the 'rest-cure and force-fed Howells who died shortly after. Her autopsy led to the realization that her symptoms were very real and not the product of her "hypochondriacal illusions" as Mitchell had supposed. Her illness might not have been treatable, but her last days alive might have been made more comfortable if anyone had believed her (Stiles, 6).

"The Yellow Wallpaper" can be interpreted as a woman's struggle to free herself from the oppressive forces in her life where her madness is her freedom and the attempts to cure her are the oppressors' tools. In her article, 'Doctoring "The Yellow Wallpaper"', Jane F. Thrailkill points out that feminist critics interpreted the rest-cure as "paradigmatic of the patriarchal silencing of women" (Thrailkill, 526) and feminist theory interprets the narrator's journey into madness as her means of escape from the oppression of the patriarchy. The more removed from reality she becomes, the more freedom she has, and the style of Gilman's writing throughout the story can be seen as a collaboration of this theory. The narrator begins as quiet and obedient, quick to correct herself whenever she feels she has had a 'slip of the tongue' in speaking ill of her husband. Her struggle to keep up appearances despite a growing anger inside of her is exhausting: "I take pains to control myself – before him, at least, and that makes me very tired" (Gilman, 793). Her frustration bubbles under the surface but she always keeps herself in check. In the story, the wallpaper becomes the symbol for the patriarchy and how it oppresses her. She begins smelling that yellow smell wherever she is; "It creeps all over the house. I find it hovering in the dining-room, skulking in the parlor, hiding in the hall, lying in wait for me on the stairs" (800). Much like the oppressive life of women, the smell and color of the wallpaper permeates her entire existence. By the end of the story she is bolder and more assertive, telling her

husband: "I've got out at last [...] in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!" (803). At this point she has become one with the woman she imagined in the wallpaper, or perhaps realized that this woman was a reflection of herself and her predicament – a woman contained and stifled, caged by her circumstances. The fact that she kept seeing this woman in multiples speaks of her subconscious realization that she is not the only one being stifled.

Much like how the yellow color and smell is inescapable in "The Yellow Wallpaper", subtle but all consuming, the patriarchal oppression of women is everywhere and the age of the madwoman affected authors both consciously and unconsciously. As seen in a previous example of Wilkie Collins's novel, men touched on this topic of the madwoman as well, though not all of them were consciously exploring the plight of women. Bram Stoker had an obvious interest in psychiatry and his best known novel to date gives a valuable insight into the topic, despite his intention to write pure fiction in the form of horror.

Dracula: Vampirism as a Symbol of Mental Illness

In his 1877 book *Fat and Blood*, Silas Weir Mitchell stated that the invalid woman was like a vampire, "sucking slowly the blood of every healthy, helpful creature within reach of her demands" and that he had himself "seen an hysterical, anemic girl kill in this way three generations of nurses" (Thraikill, 539). Ten years later, Bram Stoker's book was published, serving as a stark reminder of this comment.

Dracula, (1897) is presented as a collection of letters, news clippings and diary entries. It focuses on a small group of people whose ordinary lives take a sharp turn when they must fight against a supernatural foe, the Transylvanian Lord Dracula. The story begins with

Jonathan Harker, a London lawyer sent to conduct business with Dracula in his home in Transylvania. Harker barely escapes with his life and is met by his fiancée, Mina, in Budapest where he takes time off to recover. Meanwhile, in England, Dracula begins integrating himself into Harker's life, targeting Mina's friend Lucy, a sweet and naïve socialite. Lucy has recently gotten engaged to Arthur Holmwood after rejecting two other suitors; the American Quincy Morris, and Dr. Jack Seward, an asylum administrator. They all remain friends despite their feelings for her and as Lucy becomes ill, Seward contacts his mentor, Dr. Van Helsing, a progressive Dutch professor, in hopes that he may be able to understand what is causing Lucy's troubles. Together the four men try to save Lucy's life to no avail as she dies from blood loss after Dracula's final attack on her. When Mina begins to show the same symptoms, the men have a better understanding of the cause and so begins a race against Dracula to save Mina's life and, more importantly it seems, her soul. Other notable characters are the three frightful wives of Dracula as well as Renfield, a lunatic in Seward's asylum who has a strange connection with the vampire.

The novel is rich with symbolism and has been subject to a variety of interpretations and speculation. The novel's link with 19th century psychiatry is undeniable. The plot is rife with psychoanalytic concepts and it can hardly be coincidence that it was published only two years after the term psychoanalysis was introduced (Gelder, 66).

Aside from the scenes which take place in an English asylum with a lunatic character and his psychiatrist, many other events and characters mirror mental illness and its treatment. Van Helsing speaks highly of the French neurologist Jean-Martin Charcot and uses the methods of hypnosis which Charcot famously used to treat hysteria. Van Helsing and

Jonathan Harker bring up the topic of physiognomy, the practice of judging personalities from physical appearance which was typical of Darwinist Psychiatry at the end of the century.

Dracula's victims all display symptoms of depression, hysteria or lunacy. The first known victims are male: Jonathan Harker, whose symptoms include nervousness and depression, and Renfield, a lunatic in Dr. Seward's asylum. Then there is Lucy, who contrasts Mina in that her treatments are more physical and ineffective as the men do not know what it is that ails her. Lucy serves as a warning of what awaits Mina but her illness is also a learning curve, preparing the men for Mina's salvation.

It is interesting to note how Jonathan Harker suffers a far worse mental breakdown than the women of the story, yet he needs no treatment for his nervous maladies. His cure lies in being heard (Van Helsing reads his journals) and being believed. While not a strong point in the story itself, it ironically mirrors the fact in nineteenth-century medicine, men had a voice and were taken seriously, while women were not. The women, while not disbelieved or discredited in the story, need more extensive therapy for their maladies since they are affected by Dracula in far stronger ways, which mirrors the belief about women and madness at the time. Jonathan's illness is somewhat brief and underplayed and Renfield stands out as the old idea of lunacy. He is the "animalistic brute" that represented the mentally ill before the delicate madwoman took over in the public's mind. Only two days before Mina shows the first symptoms of her malady, Renfield seems jolted into sanity. Upon meeting her, he seems clearer than ever according to Dr. Seward (Stoker, 235).

Renfield then dies, symbolizing the change of image from the madman to the madwoman and it is now Mina who struggles with the symptoms of insanity.

It is not difficult to compare the main leading lady's distress to that of the patients at the time who suffered from hysteria or nervous maladies. Mina becomes the focus of the men in her life, two of those doctors, as they try to cure her of her illness. As Mina becomes sicker, her symptoms are quite similar to those of depression. From the very start she is tired and pale as noted many times in the novel. Despite being constantly fatigued, she cannot sleep without medicinal aide from her doctors. This changes as her symptoms progress. When she is at a safe distance from Dracula, but already turning, all she does is sleep. "She looked heavy and sleepy and pale, and far from well," her husband Jonathan notes in his journal as he worries over his wife's fate (264). The other men and Mina herself make similar remarks throughout the book. Mina writes about her sleep difficulty in her journal: "The sleep has not refreshed me, for today I feel terribly weak and spiritless." It is very common in sufferers of depression to feel physical weakness along with their melancholy. Mina also speaks about how her bouts of crying are a new thing: "I am crying when I think of him. This is a new weakness, of which I must be careful" (261).

In the beginning of her downward spiral, Lucy displays similar symptoms to Mina. Arthur writes to Dr. Seward of his fiancée's troubles: "Lucy is ill, that is she has no special disease, but she looks awful, and is getting worse every day [...] I am sure that there is something preying on my dear girl's mind." Seward in turn confirms his worries: "I have come to the conclusion that it must be something mental" (112-113). Lucy's symptoms can be attributed to her blood loss and the vampiric effects, but difficulty breathing, heavy

lethargic sleep, nightmares and sleep paralysis are also common symptoms of anxiety and depression (114).

Silas Weir Mitchell theorized that his patients needed to be separated from what he called "a willing slave, a mother or a sister, whose serfdom, as usual, degrades and destroys the despot, while it ruins the slave" (Appignanesi, 116). Lucy's mother appears to symbolise this role as she accidentally tears away the garlic wreath which is meant to protect Lucy. This action allows Dracula access to Lucy for the last time, causing the downfall of both mother and daughter.

Stoker made the connection to mental illness quite obvious in the book, even comparing Lucy to the popular image of the madwoman, 'The Ophelia'. Lucy likens herself to the tragic Shakespearean heroine as she is bedridden, surrounded by garlic flowers: "Well, here I am tonight, hoping for sleep, and lying like Ophelia in the play, with 'virgin crants and maiden strewments'" (Stoker, 134). Lucy may see herself as the docile and appropriately feminine icon of madness, but her death turns her into a threatening menace more related to 'The Crazy Jane' or 'The Lucia'. This can be seen as her succumbing to her madness and her sexuality, becoming a *femme fatale* who is a danger to men and children, and as such must be destroyed. When the group of men find Lucy in her altered state, a horrified Dr. Seward describes her appearance thus: "by the concentrated light that fell on Lucy's face we could see that the lips were crimson with fresh blood, and that the stream had trickled over her chin and stained the purity of her lawn death-robe" (211). It is not merely the purity of Lucy's dress which is stained, but her whole being: "Lucy Westenra, but yet how changed. The sweetness was turned to adamant, heartless cruelty, and the purity to voluptuous

wantonness." As Lucy dies, so dies the 'angel in the house', replaced by a demonic figure, the madwoman, symbolic for the female rebellion which must be silenced.

Unlike her friend, Mina is an active agent in her own salvation, a contrast to most women of this era who had to deal with both mental illness and the psychiatrists of the time. Mina has a voice of her own and works hard to fight against her transformation. It is however telling that when things get very difficult, the men decide to exclude her for her own safety. Van Helsing comments that she is every bit as wise as a man, yet as gentle as a woman ought to be. Despite her intelligence "her heart may fail her in so much and so many horrors and hereafter she may suffer, both in waking, from her nerves" (236). This reflects the era's common belief; that women were more prone to bouts of hysteria, more delicate and unable to withstand what men could easily comprehend. It also demonstrates the delicate balance a woman had to keep in her self-presentation. Mina is allowed to be wise because it is never overwhelming or threatening to the men around her because of her demure and gentle nature. While she is often seen as a modern woman, due to her participation and her ability with technology, Mina still plays the part of the ideal woman; she never questions the men around her and she is never ill-tempered, despite her illness.

Much like feminists saw madness as the desperate escape from oppression, so can vampirism be seen as women's liberation from expectations and sexual repression. "Feminist critics have thus analysed the ways in which women are both unleashed and contained or constrained in *Dracula*" (Gelder, 77). In the nineteenth century, women's sexuality was directly linked to mental illness, even frequently considered to be its cause. Many treatments were designed around this belief, as Showalter writes: "Nineteenth-

century medical treatments designed to control the reproductive system strongly suggest male psychiatrists' fear of female sexuality" (Showalter, *The Female Malady*, 74). Many women suffering from mental illness were seen as sexual degenerates and this is reflected in the wives of Dracula. They are women who are already free from the restraints of society; madwomen hidden away in Dracula's castle, sexually uninhibited and dangerous to children. They have become demonic abominations and must be destroyed.

Afterword

A great deal of women's illnesses in the nineteenth century were merely the result of their oppression, sometimes even something that was expected of them by the society in which they belonged. Women authors of the nineteenth century faced a difficult task in getting their work published and acknowledged without harm to their person or reputation. Within the home or out in society, they faced heavy opposition each step of the way. This was not only the problem of female authors; women in general were silenced and oppressed and it is not surprising that many women suffered ill mental health as a result. Nineteenth century literature is colored by this in many ways, intentionally and unintentionally.

Many women were probably happy with their lives, content in their roles. "The Yellow Wallpaper" gives a very grim view of the 'rest-cure' but not all reviews of the treatment were negative. English novelist Elizabeth Robins gave a positive account of the rest-cure in her 1893 novel *A Dark Lantern*, where her protagonist, Katherine Dereham, undergoes the treatment for what appears to be a broken heart rather than clinical depression. She ends up falling in love with her physician, Garth Vincent, and the book promises a happy future for the two. Despite her positivity, it is easy to read more into the story. At closer inspection

many of the same damaging elements can be found in her story that have been addressed by others. Garth does not listen to Katherine when she complains that the massage does not agree with her. He keeps forcing her to undergo this treatment despite it bringing her discomfort. He patronizes her at every turn and is a cruel and dominant man (Stiles, 8). However, he allows Katherine to write, therefore giving her an outlet for her creative energy, something which other doctors often did not permit. This may well be the reason why her experience is more positive than that of others and makes for a good juxtaposition with Gilman's experience of literary stifling.

Equal rights have come a long way since the nineteenth century, yet women still face opposition that is both insidious and difficult to battle. One of many studies showed that if women's speech took up up to thirty percent of the dialogue, it was perceived that the women were speaking more than the men in the group (Coates, 118). "Women have not been judged on the grounds of whether they talk more than men, but of whether they talk more than silent women. When silence is the desired state for women [...] then any talk in which a woman engages can be too much" (Spencer, 42).

This is an echo of the critical voices in the nineteenth century when women were thought to be overtaking the literary market, even if they were a mere twenty percent of the writers at the time. The silencing of women was without a doubt a contributor to the increase in mental illness.

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