

Eastern Kentucky University

Encompass

Honors Theses

Student Scholarship

Spring 2022

From Reality to Fiction: How Women's Mental Health was Portrayed in 19th Century Literature

Sara Mason

Eastern Kentucky University, sara_mason34@mymail.eku.edu

Follow this and additional works at: https://encompass.eku.edu/honors_theses

Recommended Citation

Mason, Sara, "From Reality to Fiction: How Women's Mental Health was Portrayed in 19th Century Literature" (2022). *Honors Theses*. 909.

https://encompass.eku.edu/honors_theses/909

This Open Access Thesis is brought to you for free and open access by the Student Scholarship at Encompass. It has been accepted for inclusion in Honors Theses by an authorized administrator of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

Eastern Kentucky University

From Reality to Fiction: How Women's Mental Health was Portrayed in 19th Century
Literature

Honors Thesis

Submitted

In Partial Fulfillment

Of The

Requirements of HON 420

Spring 2022

By

Sara Mason

Faculty Mentor

Dr. Charlotte Rich

Department of English

From Reality to Fiction: How Women's Mental Health was Portrayed in 19th Century

Literature

Sara Mason

Dr. Charlotte Rich

Department of English

Abstract: This thesis is an examination of the history of mental health treatment for women in the 19th century. Fictional literature written during this time by American and English female authors is used to explore the underlying attitudes towards women who were perceived to have a mental illness. This thesis explores the three works *Jane Eyre*, "The Yellow Wallpaper," and *The Awakening*, as well as the biography of the female authors. This information is used to explore the patriarchal society represented in these works and how that is shown through the authors' writing. The medical profession is also scrutinized through a feminist lens, more specifically how the improper treatment of mental health issues severely affected the female characters and authors. This study was conducted for the purpose of giving female voices a second chance of telling their story. Different types of mental illness are defined in 19th century terms as well as what the illness would be classified now in 2022, such as anxiety and depression. The women authors went on to lead successful lives despite the restrictions the male dominated society and medical field placed on them. Overall, these women authors used their

writing to express their inner thoughts and feelings that were not socially acceptable to voice in the midst of the century.

KeyWords: Mental Health, Mental Illness, Women, Literature, Fiction, 19th Century

Acknowledgements

I would like to thank my faculty mentor Dr. Charlotte Rich for all of her support and guidance during this thesis process. I would also like to thank my friends and family who have supported me while writing and presenting my thesis.

Noting the treatment of hysteria in the 5th century BC, Greek physician Hippocrates offered treatment methods uniquely tailored to women: “However, when the disease is recognized, affected women are advised not only to partake in sexual activity, but also to cure themselves with acrid or fragrant fumigation of the face and genitals, to push the uterus back to its natural place inside the body” (Tasca 111). Mental health can be defined as our emotional, psychological, and social well-being. Just as a person’s physical health needs to be checked on, their mental wellness needs to be evaluated as well. According to the World Health Organization, mental health is “fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world” (WHO). However, awareness surrounding mental health has only been taken seriously since the twentieth century. The National Association for Mental Health deemed May as Mental Health Awareness Month in the United States only in 1949. There have also been many Mental Health Reform Acts since then. Overall, the importance of mental health has is no longer overlooked in today’s society.

When discussing mental health, it is important to expand upon mental illnesses. A mental illness, also known as a mental disorder, is a wide range of conditions that affect

mood, thinking, and behavior. Mental illnesses, like physical illnesses, are considered to be serious medical problems like heart disease or diabetes. Psychiatry.org states, “Nearly one in five (19 percent) U.S. adults experience some form of mental illness. One in 24 (4.1 percent) has a serious mental illness. One in 12 (8.5 percent) has a diagnosable substance use disorder” (Psychiatry.org). Looking at a worldwide view, 970 million people had a mental or substance use disorder in 2017. This piece of data also does not account for undiagnosed mental illnesses and the recent increase of mental illnesses caused by the COVID-19 pandemic. Some known mental illnesses include anxiety disorders, depression, dissociative disorders, eating disorders, obsessive-compulsive disorders, personality disorders, posttraumatic stress disorders, and schizophrenia. Mental illnesses are on a spectrum; therefore, the level of severity can present differently in people, and some mental illnesses are “worse” than others. Inherited traits, environmental exposures before birth, and brain chemistry are all causes of mental illness. Mental illnesses have been recorded since the beginning of time, but it is important to note they would not have been classified or named as they are today.

The treatment for mental illnesses has not always been correct or appropriate according to today’s standards of counseling and medication. Before the turn of the twentieth century, individuals with mental illnesses were not treated with the extensive care they would have received in recent times. Comparing the two sexes, which is relevant to this thesis, displays how the treatment for mentally ill men and women was often different. Women were treated a certain way just because they were women. Dating back to 1900 BC in Ancient Egypt, the first description of a mental disorder attributable

to women is hysteria. Egyptians thought hysteria was caused by spontaneous uterus movement. They would:

find indications of the therapeutic measures to be taken depending on the position of the uterus, which must be forced to return to its natural position. If the uterus had moved upwards, this could be done by placing malodorous and acrid substances near the woman's mouth and nostrils, while scented ones were placed near her vagina; on the contrary, if the uterus had lowered, the document recommends placing the acrid substances near her vagina and the perfumed ones near her mouth and nostrils. (Tasca 110)

In Greek mythology, Melampus, a physician, thought women's madness came from a lack of sexual relations with a man and could only be prevented by participating in the Maenad experience (wine and orgies). Philosophers Plato, Aristotle, and Hippocrates all believed women were sad because they were not joined with a male. Hippocrates "asserts that a woman's body is physiologically cold and wet and hence prone to putrefaction of the humors (as opposed to the dry and warm male body). For this reason, the uterus is prone to get sick, especially if it is deprived of the benefits arising from sex and procreation, which, widening a woman's canals, promote the cleansing of the body" (qtd. in Tasca 111).

Thus, in ancient cultures, there is already a theme of blaming a woman's mental health issue on a physical part of her body, specifically a female organ. Roman physicians had similar thoughts on the causes and treatment for hysteria in the second century, but one physician revolutionized hysterical cures by saying women should be treated with hot baths, massages, and exercise. During the Middle Ages, when women

were considered the inferior sex because of their physiological and anatomical differences from men; women were not even described as patients to be cured but rather the “cause” of a human disease, defined as unfulfilled sexual desire (Tasca 112). It was not until the 17th century that physicians related the cause of hysteria to the brain and nervous system, not the uterus. Physicians in the 18th century discovered that hysteria derives from hereditary degeneration of the nervous system and can affect both sexes.

Mental health treatment for women in the 19th century is a phenomenon reflected in real women during this time and in key works of literature written by women authors. Women were still being told false information, but they were following what they thought was the proper treatment. For example, during the Victorian Age (1837-1901), women would keep smelling salts in their handbags to smell whenever their emotions were high. They believed, as told by Hippocrates, that their womb would fall back into place because the womb disliked the scent of the salts. This motion would allow a woman to “recover her consciousness” (Tasca 114). However, there were still scientific breakthroughs concerning hysteria in women. French neuropsychiatrist Pierre Janet believed “the patient’s own idea of pathology is translated into a physical disability”(Tasca 114). He noted the reason for hysteria is the subconscious. Sigmund Freud also made a revolutionary theory regarding the cause of hysteria. The article “Women and Hysteria in the History of Mental Health” states, “...until Freud it was believed that hysteria was the consequence of the lack of conception and motherhood. Freud reverses the paradigm: hysteria is a disorder caused by a lack of libidinal evolution (setting the stage of the Oedipal conflict) and the failure of conception is the result not the cause of the disease” (Tasca 115). Furthermore, mentally ill people in 19th century

Victorian Britain would have been deemed as “insane” and kept in an asylum. Paul Marchbanks explains the attitude towards the mentally ill in Victorian Britain: “The early Victorian period witnessed a marked increase in the public’s willingness to deposit family members diagnosed with mental illness, cognitive disability, or drug addiction inside Britain’s growing number of government- and charity-run asylums” (Marchbanks 55). Treatment for these patients could be cruel, isolating, and degrading, and many of the asylums were poorly maintained.

In the United States, an important figure in the world of mental health treatment during this time is Dr. S. Weir Mitchell. Dr. Mitchell began his career as a Civil War doctor, then later turned his treatment for soldiers to patients with nervous disorders. He invented the rest cure, which was having people stay in bed for six to eight weeks without any stimulation hoping it would calm their nerves. Typically, the treatment for men and women was not the same. Dale Bauer, who wrote the chapter “Invalid Women” in *The Bedford Cultural Editions of The Yellow Wallpaper* states, “While men might be told to seek physical exercise—fishing or hiking— to reenergize themselves, Mitchell’s remedy for the female neurasthenic was rest, forced feeding, and seclusion, a treatment designed to infantilize the patient so that she acknowledged the paternal authority of the doctor” (Bauer 131). Today, the concept of hysterical neurosis cannot even be found in the Diagnostic and Statistical Manual of Mental Disorders: DSM-5. Symptoms of hysteria are under the category of dissociative disorders.

Women were seen as “nervous” or “hysterical” when really they were suffering mentally without proper treatment. This goes for real women in the 19th century and fictional women in works written during this time period, most notably *Jane Eyre*, “The

Yellow Wallpaper”, and *The Awakening*. *Jane Eyre*, written by Charlotte Brontë, was published in 1847. *Jane Eyre* follows the character of Jane Eyre through her journey to adulthood. The novel features a character named Bertha Mason who is implied to be “mad.” “The Yellow Wallpaper,” written by Charlotte Perkins Gilman, was published in 1892. This short story is about a woman going through the rest cure eventually leading to insanity. *The Awakening*, written by Kate Chopin, was published in 1899. Edna Pontellier, the main female character, struggles with her views that go against societal standards for women and mothers. Besides these female leads, Brontë, Gilman, and Chopin each had, in varying degrees, mental health issues of their own that correlated with their writing. The female characters in these works are not direct representations of their authors, but the authors used their writing to express themselves and their thoughts on the treatment of women. Together, these female characters face ineffective, or destructive, mental health treatments, or the lack of options altogether. In this way, Brontë, Gilman, and Chopin suggest that societal norms and patriarchal tendencies are factors when considering the treatment and diagnosis of women with mental illnesses.

The Brontë family is a notable example of how hard mental illnesses can affect a family on a group and personal level. Institutionalizing the mentally ill was quite common during the nineteenth century in England. The mentally ill, cognitively disabled, and drug-addicted individuals would often be taken away from their families and put in an asylum. However, Brontë’s father chose to keep their brother Branwell at home to care for themselves. Branwell struggled with opiate addiction, alcoholism, and depression. He used opioids and alcohol to escape his mood swings, Branwell explains, “When I fall back on myself I suffer so much wretchedness that I cannot withstand my temptations to

get out of Myself” (qtd. in Todd and Dewhurst 214). Branwell’s condition also took a toll on his family. The article “A Costly Morality: Dependency Care and Mental Difference in the Novels of the Brontë Sisters” states, “From this point until his death in 1848, the broken-hearted Branwell spent what money he could get on stimulants, borrowing on his family’s credit when his own funds ran dry, and forcing his father and sisters to deal with his incessant “drinking bouts, unstable temper, and deteriorating health” (Marchbanks 59). The Brontë sisters assumed their brother would look after their family after their father’s death, but the roles had to be reversed.

Using evidence from Charlotte Brontë’s personal writing, scholars have conjectured that she displayed signs of depression as well. This evidence is present in letters Brontë wrote to her good friend, Ellen Nussey, when Brontë doubted her worthiness. In 1836 she writes, “I am in that state of horrid, gloomy uncertainty that at this moment I would submit to be old, grey-haired, to have passed all my youthful days of enjoyment, and to be settling on the verge of the grave, if I could thereby ensure the prospect of reconciliation to God, and redemption through his Son's merits” (qtd. in Todd and Dewhurst 209). Mrs. Gaskell, a family friend, along with Brontë herself, admitted she was depressed. Her causes of depression can be linked to loneliness, homesickness, and a guilty love for a man named M. Héger. Constantin Héger was Brontë’s mentor and tutor. In addition, another cause of her depression can be linked to the changing of the weather. On December 18th, 1850, three years after *Jane Eyre* has been published, Brontë tells Ellen about her seasonal depression: “I can write to you now for I am away from home and relieved temporarily at least, by change of air and scene from the heavy burden of depression which I confess has for nearly three months been sinking me to the earth”

(qtd. in Todd and Dewhurst 211). Her depression caused her to obtain physical symptoms of weakness, headaches, loss of appetite, and disturbed sleep patterns. Ellen came to visit in 1852 to lift Brontë's spirits, but she again fell into a depressive episode. She then died in 1855 at the age of 38. The authors of "The Periodic Depression of Charlotte Brontë" conclude that Brontë's recurrent depression impeded her literary work and happiness in life. It is also important to note Brontë was also known for having states of anxiety as well as depression. She was treated for her anxiety by the mercury treatment, which caused a violent reaction (HealthyPlace.com). Mercury exposure was a popular treatment for melancholy, constipation, syphilis, influenza, parasites, and most diseases in the eighteenth and nineteenth centuries. However, the treatment had very harmful side effects, some being mood swings and nervousness.

Furthermore, Brontë's depression could have stemmed from her family history, for genetics can function as a factor in developing the disease. As mentioned earlier, her brother suffered from depression as well as her father, which is revealed in more of her letters. While Brontë was dealing with mental illness herself, she was also trying to take care of her weak and depressed father. Mrs. Gaskell writes of his depression, "Before her friend E----- took her departure, Mr. Brontë caught cold and continued for some weeks much out of health, with an attack of bronchitis. His spirits, too, became much depressed; and all his daughter's efforts were directed towards cheering him. (qtd. in Todd and Dewhurst 213). Her sister Anne Brontë was also described as pessimistic and to have "a touch of melancholy from birth" (Todd and Dewhurst 214). For years, Brontë was surrounded by people with clinical depression and eventually developed the mental illness herself, all without a record of her being properly treated for it.

Brontë's famous novel *Jane Eyre* highlights a female character who is perceived to have a mental illness and is treated disrespectfully because of it. Jane Eyre, the female protagonist of the story, falls in love with her master Edward Rochester. Rochester is the master of Thornfield Hall, where Jane is employed as a governess to Rochester's ward. Throughout Jane's time staying in Thornfield, she starts to become suspicious of strange noises she hears, like a demonic laugh. Then, the night before Jane and Rochester's wedding, a woman appears in Jane's room wearing her veil and proceeds to rip it into two pieces and trample it. When Rochester asks Jane to describe the woman, Jane replies, "Fearful and ghastly to me—oh, sir, I never saw a face like it! It was a discoloured face—it was a savage face. I wish I could forget the roll of the red eyes and the fearful blackened inflation of the lineaments!" (Brontë 250). She also tells him the woman reminded her of a German vampire. This "monster-like" woman is soon revealed to be Bertha Mason, Rochester's Creole wife. Bertha and Rochester were married due to financial reasons, not love. Rochester explains to Jane that Bertha suffers from congenital insanity and her mother is locked away in an insane asylum. Rochester described Bertha as slowly going mad, having violent outbreaks and unhealthy indulgences. Due to her behavior, Rochester expands on his plan of action:

Glad was I when I at last got her to Thornfield, and saw her safely lodged in that third-storey room, of whose secret inner cabinet she has now for ten years made a wild beast's den—a goblin's cell... The lunatic is both cunning and malignant; she has never failed to take advantage of her guardian's temporary lapses; once to secrete the knife with which she stabbed her brother, and twice to possess herself of the key of her cell, and issue therefrom in the night-time. On the first of these

occasions, she perpetrated the attempt to burn me in my bed; on the second, she paid that ghastly visit to you. I thank Providence, who watched over you, that she then spent her fury on your wedding apparel, which perhaps brought back vague reminiscences of her own bridal days: but on what might have happened, I cannot endure to reflect. (Brontë 273)

When Jane first sees Bertha trapped in her room, she describes her as a beast on all fours growling like a wild animal (Brontë 258). Bertha meets her demise when she burns Thornfield Hall down by lighting Jane's bed on fire and committing suicide by jumping off a high wall. It is important to keep in mind the audience only hears Jane and Rochester's insight into Bertha's mind, for Jane narrates the story and Bertha has no spoken dialogue.

It can be implied that Brontë used real-life experiences as inspiration for her fictional writing. There are certain parallels between Brontë's life and Bertha's. For one, they both did not have a positive love experience with a man; Bertha was rejected by her husband, and Brontë fell in love with a married man. They also felt a feeling of entrapment, both physically and mentally. Bertha was locked in her room for a decade at Thornfield, and Brontë stayed at her father's house in Yorkshire. The connection between Brontë's writing and herself is agreed on by the authors of the respected study *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. Sandra Gilbert and Susan Gubar defend that there are parts of Bertha that can be seen in Brontë:

[B]y projecting their rebellious impulses not into their heroines but into mad or monstrous women (who are suitably punished in the course of the novel or the

poem) female authors dramatize their own self-division, their desire both to accept the strictures of patriarchal society and to reject them. What this means, however, is that the mad woman in literature by women is not merely, as she might be in male literature, an antagonist or foil to the heroine. Rather, she is in some sense the author's double, an image of her own anxiety and rage. (Gilbert and Gubar 78)

On the other hand, scholars have seen also parallels between Bertha and Branwell. Just like Rochester, Brontë had to take care of a mentally ill family member. They also both felt rage for this person but felt responsible to take care of them: “Like Rochester, Charlotte too oscillated dramatically between her commitment to caring for those in need and her constitutional impatience with others’ (including her students’) imperfections, between accusing a family member of a lovesick lack of control and manifesting depression herself in the wake of unrequited affection” (Marchbanks 63). Either way, there is a correlation between mental illness and Brontë’s writing.

Brontë’s real life, and the fictional life she created for the character of Bertha Mason in *Jane Eyre*, represents mental illness and the problematic treatment of mental illness in women in Bronte's era. Many theories have come forth about who or what Bertha’s character symbolizes in the overall meaning of *Jane Eyre*. Anne Rüggeimeier in “Female Mental Illness, Monstrosity, and Male Medical Discourses: Revisiting *Jane Eyre*” expands upon the idea of character foils in 19th century literature, specifically focusing on *Jane Eyre*. This article argues that Jane, the gentle protagonist, offers a mirror for the mad Bertha Mason- representing the angel vs. demon trope in 19th century literature. Rüggeimeier also interprets Bertha’s character to be a foil for Brontë herself,

because she was childless and a female author- two things that were looked down upon in society. She states:

Charlotte Brontë – a woman without children, a woman who wrote books, a woman who was constantly accused of 'unwomanliness' – uses Bertha and also Jane as examples in order to dissect and illuminate the patriarchal oppression that shaped Victorian female lives: an experience which allows her to pointedly articulate an awareness of how every woman that deviates from the angelic ideal becomes overdetermined as potentially monstrous. (Rüggemeier 75)

During the Victorian Era, male physicians thought studying and education could lead to insanity and mental problems. This wrong notion could have severely affected Brontë, for she was a female author at the time. This is also why she wrote *Jane Eyre* under the general neutral pseudonym Currer Bell. Again, the perception of female authors during this time was as follows: “Positioned in this context, the Victorian woman writer must have been perceived as always on the verge of insanity and thus potentially monstrous: not only was excessive writing and studying considered to foster an imbalance of the energies; moreover, writing was considered a male profession and women who wrote novels were suspicious.” (Rüggemeier 76). The medical establishment during this era not only treated women’s mental illnesses incorrectly, but also was also incorrect about what caused them ultimately leading to more stress in women’s lives.

Looking generally at women living in the Victorian era, especially compared to men, they were expected to uphold a strong sense of morals and purity. Showing signs of having a mental illness automatically qualified a woman as a monster or immoral in Victorian culture. They were upheld to unreasonable standards, and if they did not follow

these standards they were seen as mad. According to Henry Maudsley, an English physician, Bertha's symptoms (excessive drinking and lasciviousness) would fit the description of nymphomania (Rüggemeier 77) even though Bertha never states her relationship with her sexuality. When Rochester first meets Bertha he describes to Jane, "She flattered me, and lavishly displayed for my pleasure her charms and accomplishments" (Brontë 269). Rochester is referring to Bertha's seductive traits and sexual prowess. Doctors at this time genuinely believed every woman naturally had the possibility of developing a mental illness that could lead them to go mad or insane. Anne Rüggemeier states, "In addition, contemporary medical discourses suggested that monstrosity in the form of monstrous madness lies asleep in every woman and is always in danger of breaking out if one does not carefully guard one's behaviour, conduct or, as Victorian physicians would add, the necessary balance of energy" (Rüggemeier 75). There were also distinct perspectives on men's mental health versus women's. As explained in the book *The Female Malady: Women, Madness and English Culture (1830-1980)*, men and women were both seen as susceptible to having a mental illness, but because of a woman's female organs and "weakness" they were believed to be more likely to become insane. It was also theorized that women would experience mental illnesses in feminine ways and be affected by them differently in the conduct of their lives (Showalter 7).

Along with Brontë, Charlotte Perkins Gilman, an American novelist in the nineteenth century, also exhibited signs of mental illness. She suffered from depression starting as a young woman and continued to suffer for most of her life. In 1882, Gilman met Walter Stetson, who would later become her first husband. This is when she suffered

her first bout of depression. In 1885 she gave birth to her only child, Katharine. The birth of her child is significant because it is likely Gilman developed “puerperal mania,” which would now be called postpartum, or peripartum depression (Bauer 130). Dale Bauer explains, “Puerperal mania was considered to be a physical and mental reaction to the traumas of childbirth, manifesting itself in symptoms such as obscene language, psychotic breaks with reality, and resistance to the needs of the baby” (Bauer 131). Due to her worsening mental state, Gilman was treated by Dr. S. Weir Mitchell in 1886 for neurasthenia. Neurasthenia was classified as nervous exhaustion. After entering Mitchell’s sanitarium in 1887, she was deemed “cured,” but she continued to suffer from chronic depression, despite many years of productive writing. In 1932 she was diagnosed with inoperable breast cancer and died three years later after committing suicide by taking an overdose of chloroform.

The improper treatment of women’s mental health in the era of Gilman’s writing of “The Yellow Wallpaper” was primarily due to Dr. Mitchell’s philosophy on women and the rest cure. Dr. Mitchell was a prominent figure in medicine in nineteenth century America. Mitchell believed that Americans were developing neurasthenia because they “devoted too little time to leisure activities and that incessant work was ruining the mental health of the country’s citizens” (Bauer 133). Like most physicians during this time, Mitchell had a differing opinion on how women’s mental health should be treated compared to men’s. In his book *Wear and Tear, or Hints for the Overworked* he states:

It were better not to educate girls at all between the ages of fourteen and eighteen, unless it can be done with careful reference to their bodily health. To-day, the American woman is, to speak plainly, too often physically unfit for her duties as a

woman, and is perhaps of all civilized females the least qualified to undertake those weightier tasks which tax so heavily the nervous system of a man. (qtd. In Bauer 141)

This misogynistic notion caused him to develop the rest cure. The idea for the rest cure first came to him when Dr. Mitchell was treating Civil War soldiers who were tired from marching. It is important to note up until this point Dr. Mitchell had no previous experience with women's diseases. He saw a female patient who was extremely tired after having children and doing tasks that were "far beyond her strength" (Bauer 146). She claimed to be tired but also needed exercise in order to properly digest her food. To combine rest and exercise, Dr. Mitchell sentenced her to bed rest with some hand massaging. He then thought of electric passive exercise, which is "the application of electricity to the parts of the body to offset the effects of prolonged confinement or immobility" (Bauer 148). Then, he told her to seclude herself and shut out friends, relatives, books, and letters. After ten days, Dr. Mitchell saw results. He claimed that she gained forty pounds and was in perfect health again within two months of the treatment. The rest cure gained some criticism from European physicians, but Mitchell "made no reply to his critics" (Bauer 150). Mitchell closes his journal "The Evolution of the Rest Treatment" by justifying his work: "It is one of the most scientific of the remedial methods" (Bauer 150).

Using Gilman's personal account, it can be inferred that she was not cured by Dr. Mitchell's rest cure. Mitchell decided to treat Gilman after she wrote him a long letter of her symptoms. She writes in her autobiography, "I was so weak that the knife and fork sank from my hands—too tired to eat. I could not read nor write nor paint nor sew nor

talk nor listen to talking, nor anything. . . . To the spirit it was as if one were an armless, legless, eyeless, voiceless cripple” (Thraikill 543). Like his other patients, she was subjected to isolation, complete physical rest, a rich diet of creamy foods, massage, electrical stimulation of disused muscles, and complete submission to the authority of the attending physician. (Thraikill 536). The rest cure caused Gilman to dive deeper into madness, for she was not able to express herself mentally, physically, and artistically. This notion is confirmed in her 1913 essay “Why I Wrote The Yellow Wallpaper” published in the magazine *The Forerunner*. In her justification, she states that she was suffering from mental illness and sought to find treatment from Dr. Mitchell. He commanded her to go through the rest cure “never to touch pen, brush, or pencil again”, and after three months she was “near the borderline of utter mental ruin” (Gilman). Purposefully, Gilman writes “The Yellow Wallpaper” as a diary written by the female narrator. As Peter Schneck observes, “The personal journal format not only invites Gilman’s readers to identify with the narrator, but also allows them to invest this affective identification in interpreting the narrator’s voice as Gilman’s own” (Schneck 333). Also, “the diary is specifically introduced as an act of resistance against the restrictions of the “rest cure” (Schneck 334).

Along with Brontë, Gilman’s writing in the short story “The Yellow Wallpaper” reflects events in her own life. “The Yellow Wallpaper” is narrated in first-person by an unnamed woman. She opens the story by explaining to the readers how she feels ill, but her husband John, who is also a physician, thinks she just has temporary nervous depression. More generally, he refers to her condition as “a slight hysterical tendency,” (Gilman 42) which is what most women’s illnesses ranging from pain to anxiety or

fatigue to depression were classified as. For treatment, the woman is forbidden to work and takes phosphates/phosphites (“Any salt or ester of phosphoric acid, used during the nineteenth century to cure exhaustion of the nerve centers, neuralgia, mania, melancholia, and often sexual exhaustion” (Bauer 42)). The narrator believes she will get better with doing work, but she knows her place as a woman who should listen to her husband. She states, “Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good. But what is one to do?” (Gilman 42). The narrator is self-aware that her opinion is considered useless compared to the males’ opinions in her life. They are the ones who get to make all the decisions for her.

John and she are staying at a colonial mansion for the summer; specifically in the nursery, with what the narrator describes as having hideous yellow wallpaper. The nursery has significance as the setting of this story because the female narrator is treated like a child throughout the story. It is especially ironic because the narrator has just had a baby, but the baby is being nursed by someone other than her. She is stuck in this place for infants without actually taking care of one. Gilman is subtly hinting at the treatment of women during this time who possessed the qualities of having a mental illness.

The narrator describes in detail the yellow wallpaper: “The color is repellant, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sunlight” (Gilman 43). The narrator is absolutely fascinated by the wallpaper and mentions the pattern looks like two eyes that are staring at her. She also notices a female figure that seems to be hiding behind the wallpaper. Gilman then alludes to Dr. Mitchell in the story, saying, “John says if I don't pick up faster he shall send me to Weir Mitchell in the fall. But I don't want to go there at all. I had a friend who was in his hands once,

and she says he is just like John and my brother, only more so!" (Gilman 47-48). The narrator begins to develop more anxiety due to being trapped in this room alone, but her husband will not let her leave. He even denies her idea of going to visit some family. She again tries to tell him how his treatment is not helping her get better, but he dismisses her feelings and questions why she does not trust her doctor husband. He tells her:

My darling, I beg of you, for my sake and for our child's sake, as well as for your own, that you will never for one instant let that idea enter your mind! There is nothing so dangerous, so fascinating, to a temperament like yours. It is a false and foolish fancy. Can you not trust me as a physician when I tell you so?" (Gilman 51)

The narrator admits she is getting a little afraid of her husband now (Gilman 52). Trying to occupy herself in what is essentially solitary confinement, the narrator continues to deeply study the inner workings of the wallpaper. While studying, she starts to notice a foul, yellow-smelling odor coming from the walls. The woman genuinely believes there are other women in the wallpaper crawling around and shaking the paper. The woman seems to be seeing a reflection of herself in the wallpaper. She also thinks she has seen the woman creeping outside during the day: "I think that woman gets out in the daytime! And I'll tell you why -privately I've seen her! I can see her out of everyone of my windows! (Gilman 55).

One night when John is gone overnight, the narrator descends into madness. She starts aiding the woman behind the walls in tearing off all of the wallpaper. The narrator becomes so entranced by the wallpaper, she now does not want to go outside because everything is green, not yellow. She believes, like the woman she discovered, that she has

also come from inside the paper. When her husband finally discovers what she has been doing, she tells him, "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!" (Gilman 58). The name "Jane" is only mentioned once in the story. It has been theorized that Jane is actually the name of the unnamed narrator, for she has gone so insane that she is referring to herself in the third person. The story then concludes with John fainting from her appearance.

The treatment for the female narrator's mental illness in "The Yellow Wallpaper" is an accurate reflection of therapeutic experiences women were receiving all across America towards the end of the century. "The Yellow Wallpaper" also perfectly illustrates the attitude of male doctors treating female patients during this time period. There were, and still are, sexist undertones in the medical field. The narrator's situation is worse because her husband is also her primary care provider. There is another small detail in the narration that her brother is a doctor as well. Knowing that women were supposed to submit to their husbands, and male physicians if they were being actively treated for a condition, the narrator is not only imprisoned in her home but also in her marriage and the social order. When the narrator finally works up the courage to tell her husband the treatment is not working, he patronizes her. Gilman uses very purposeful diction by having John call her demeaning names like "little goose," "little girl," and saying phrases like "Bless her little heart." It is very odd to call his wife these things, but John is aware his position in life allows him to have power over her. The narrator even tells him that she does not want to see Dr. Mitchell. She knows the rest cure is not the proper treatment for her condition, but he does not listen to her.

The narrator's mental illness as a whole is also overlooked in the story. John blames her symptoms on hysteria, the general term given to ill women. However, lines in the story reveal that today, the narrator would be diagnosed with postpartum depression. According to the American Psychiatric Association, postpartum depression, also called peripartum depression, refers to "depression occurring during pregnancy or after childbirth. Peripartum depression is a serious, but treatable medical illness involving feelings of extreme sadness, indifference and/or anxiety, as well as changes in energy, sleep, and appetite. It carries risks for the mother and child" (APA). The narrator shares many of the symptoms of peripartum depression including feeling sad or having a depressed mood, changes in appetite, trouble sleeping, increased fatigue, crying for "no reason", and lack of interest in the baby, not feeling bonded to the baby, or feeling very anxious about/around the baby. This is shown when the narrator claims, "And yet I *cannot* be with him, it makes me so nervous" (Gilman 44) about taking care of the child.

Like Bertha Mason, the narrator in "The Yellow Wallpaper" is locked in a room by her husband who thinks he is doing what is best for her. Bertha is seemingly already mad when she is trapped, but the narrator's confinement is what drives her to that point. Both women have an undiagnosed, or incorrectly diagnosed, mental illness with which they are severely suffering. It should come as no surprise that by the end of their storylines their treatment did not cause them to improve, but to regress into committing grave actions. Although the narrator does not commit suicide like Bertha, she is trapped within her own insanity. Also, there are some allusions to suicide mentioned in the story. For example, when the narrator first sees the wallpaper she notes, "It is dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study,

and when you follow the lame uncertain curves for a little distance they suddenly commit suicide-plunge off at outrageous angles, destroy themselves in unheard of contradictions” (Gilman 43). Then, after the woman has reached peak insanity, she reflects, “I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise, but the bars are too strong even to try” (Gilman 57). It is reasonable to speculate that if the narrator was stuck in a room as long as Bertha was, she could have ended her life. “The Yellow Wallpaper” is truly an iconic story in the literary canon that perfectly reflects the time period it was written in.

Along with the other female authors, Kate Chopin, an American writer, arguably suffered from depression due to her life circumstances. Chopin experienced many deaths in her family throughout her life. The first significant death was her father Thomas, who died in a tragic railroad accident in 1855, when Chopin was a child. A couple of years later in 1863, her great-grandmother, who was also her teacher, died too. Her half-brother then died in 1873 in a buggy accident. Oscar Chopin, Chopin’s husband, followed her brother’s death in 1882. Only three years later her mother Eliza died. Her grandmother died in 1897, then her daughter-in-law passed away in 1903 (Toth xvi). Ultimately, Chopin died in 1904 due to a cerebral hemorrhage. She also faced hardships because of her marriage to Oscar. Chopin was married to Oscar in 1870 in St. Louis, Missouri. Over the course of 8 years, Chopin and Oscar had six children together. The year their last child was born Oscar’s cotton brokerage failed. This prompted the family to move from New Orleans to another city in Louisiana where they managed several small plantations and a general store. After her husband's death, who left her \$12,000 in debt due to his poor financial skills, she sold the businesses (Toth 93). Oscar’s death took a huge toll on

Chopin, for she would be a single parent for the rest of her life. As biographer Emily Toth explains, “Hardest of all, she had to explain to her six children, ages not-quite-three to eleven, that Papa was gone, and would never laugh and play with them again” (Toth 93). Chopin’s mother encouraged her to move back home to St. Louis, but her mother died shortly after the move. She finally felt secure again living with a woman whom she loved, but after Eliza’s death she was “literally prostrate with grief.” In Toth’s autobiography *Unveiling Kate Chopin* she signifies how much Eliza’s death affected Chopin:

Yet from childhood on, she had learned from her mother about surviving grief and death. In every decade of life, she had lost at least one person close to her, although the death of her mother was the most devastating. Eliza had been her anchor through all the other sorrows, and had been with her, sharing women’s wisdom, for the births of all her children. Her mother had remained a serene presence through her daughter’s heartaches. But now Kate Chopin, a thirty-five, was a motherless child who took her place at the head of a generational chain.
(Toth 102)

Chopin lost two prominent figures in her life, as well as her career, which caused her to become depressed; “She had felt that she was alone in a world without meaning” (Toth 105). Dr. Frederick Kolbenheyer, who was Chopin’s obstetrician and family friend, treated her depression by telling her to start writing. Writing can be therapeutic as well as having been a source of income for her. Dr. Kolbenheyer also believed Chopin would become a talented writer.

Chopin wrote her best-known novel *The Awakening* in the summer of 1897. Just as Chopin was, the story is based around a mother named Edna Pontellier. The setting of the novel is also relevant to Chopin's own life because it is set in Grand Isle, a Creole resort visited by wealthy residents of New Orleans. Oscar and Chopin would vacation there when they were not in St. Louis (Toth 78). In the novel, Edna is staying with her husband, Léonce, and their two sons at Madame Lebrun's cottages. Edna and Léonce have a seemingly loving marriage, except for when Léonce leaves Edna alone on business trips. He also views Edna just as a wife and a mother, not a woman with her own identity. He introduces her with telling words: "You are burnt beyond recognition," he added, looking at his wife as one looks at a valuable piece of property which has suffered damage" (Chopin 4). When her husband is away, Edna visits with her womanly friend Adèle Ratignolle. Adèle inspires Edna to openly express herself, contradicting Edna's previous moralistic behavior. This results in Edna exploring a relationship with Robert Lebrun, the son of Madame Lebrun. The two start to spend the majority of their time together, walking and talking on the shore. However, Robert is not a committed man, for every summer he chooses a new married woman to attend to.

Her time spent with Robert opens up internal feelings and desires Edna has been pushing away. She starts to paint as she did as a child and learns how to swim for the first time. Her moments in the water are described as liberating: "But that night she was like the little tottering, stumbling, clutching child, who of a sudden realizes its powers, and walks for the first time alone, boldly and without over-confidence" (Chopin 70). Edna is in a new stage of life where she can explore her independence and sexuality. Because she is starting to fall in love with Robert, she becomes depressed spending her nights with

Léonce; she either wants to be alone or with Robert. Knowing his place, Robert leaves Edna before their relationship goes too far. However, Edna is changed forever by this experience. Now that Edna has tasted freedom, she ignores all her motherly responsibilities once she arrives back in New Orleans. While her husband and kids are away, she moves into her own house and starts a secret relationship with the town seducer, Alcée Arobin. She finds a good balance in this relationship, for she uses him for her sexual desires but does not get emotionally attached where a man dominates her again.

The Awakening also exhibits medical advice geared towards women displaying abnormal behavior. Noticing her behavior, Léonce asks their family physician Doctor Mandelet what he should do to help. The doctor tells Léonce to leave Edna be because she clearly does not want to be controlled by anyone. Doctor Mandelet advises, “Pontellier let your wife alone for a while. Don’t bother her, and don’t let her bother you” (Chopin 172). During this time Edna spends time with an old pianist, Mademoiselle Reisz, who is the only person aware, and in support of, Edna’s affair with Robert. She especially liked to visit her when she was in a depressive state. The narrator explains Edna’s mood swings:

There were days when she was very happy without knowing why. She was happy to be alive and breathing, when her whole being seemed to be one with the sunlight... There were days when she was unhappy, she did not know why,— when it did not seem worth while to be glad or sorry, to be alive or dead; when life appeared to her like a grotesque pandemonium and humanity like worms

struggling blindly toward inevitable annihilation. She could not work on such a day, nor weave fancies to stir her pulses and warm her blood. (Chopin 149-150)

At this point in the novel, Robert breaks off his relationship with Edna, due to her being a married woman. Edna also reconnects with Adèle when the latter gives birth. Adèle tells Edna she is worried about her new behavior and feelings towards Robert. Being portrayed as an ideal woman during this time, Adèle wants Edna to go back to being a socially conventional mother again. Edna is given the same advice from Doctor Mandelet, who is also concerned with her behavior. After being confronted, Edna starts to rethink her actions as selfish.

At the end of the novel, Edna is fully “awakened” but also in a dark depression. She realizes no one, not even Robert, can fulfill all of her desires. She is aware she can never go back to her submissive ways and the rules of society. Edna is truly alone in the world: “Despondency had come upon her in the wakeful night, and had never lifted. There was no one thing in the world that she desired” (Chopin 300). Edna returns to the Grand Isle back to the sea. She stares into the water, “She felt like some new-born creature, opening its eyes in a familiar world that it had never known” (Chopin 301). Edna commits suicide by giving herself to the sea.

Much like the other female characters in Brontë and Gilman’s stories, Edna’s mental illness is overlooked and not treated with proper care. This, again, is due to the patriarchal society that was 1800s America. Katherine MacNeil, in “Belittling Women’s Mental Health: The Struggles of Edna Pontellier in Kate Chopin’s *The Awakening*,” states, “Historically, women who have mental health issues face more stigma and restrictions than women without mental health issues, or men who have the same

disorders” (MacNeil 1). This is true for fictional women as well. This is because “The struggles of women with mental illness are often downplayed or ignored until their symptoms become problematic to others or challenge societal norms” (MacNeil 2). Edna is constantly being misunderstood by everyone around her, even society. This is a leading factor in her ending her own life. She would rather be free in the afterlife than be stuck in a society where she does not want to follow the rules anymore. Ironically, female characters in *The Awakening* do not understand or help Edna’s depression. Edna confides in Adèle about some of her feelings, but she knows she cannot truly open up to her due to Adèle’s view on a woman’s place in society. Adèle’s only solution for Edna’s troubles is for her to spend more time with her husband and children, not for Edna’s own sake but for her family’s. Like the narrator’s husband John in “The Yellow Wallpaper,” Adèle even calls Edna a child, thinking she is just acting irresponsibly. She never considers if there could be something mentally wrong with Edna: “In some way you seem to me like a child, Edna,” Adèle says, “You seem to act without a certain amount of reflection which is necessary in this life” (Chopin 250). Mademoiselle Reisz is more welcoming to Edna’s rebellious views towards society, but she still does not aid Edna to reason with her mental illness or struggle with her identity. Not surprisingly, the men in the story, one being a doctor, do not understand her mental illness either. Léonce knows Edna is not the motherly type but fails to consider why she might be neglecting her children and home. He only cares if Edna is acting out that it makes his social status look bad or she is being a bad wife/mother; he is not actually concerned for her well-being. When Léonce goes to seek help from Dr. Mandelet, the doctor first asks him if she is acting this way because Léonce did something to her. When Léonce answers no, his next point of reason is to ask

if Edna has a family history of defiant behavior. After that option is ruled out, the doctor tells Léonce to just let Edna be, implying men have control over women's behavior and emotions. Dr. Mandelet gives this advice to Léonce:

Woman, my dear friend, is a very peculiar and delicate organism—a sensitive and highly organized woman, such as I know Mrs. Pontellier to be, is especially peculiar. It would require an inspired psychologist to deal successfully with them. And when ordinary fellows like you and me attempt to cope with their idiosyncrasies the result is bungling. Most women are moody and whimsical. This is some passing whim of your wife, due to some cause or causes which you and I needn't try to fathom. But it will pass happily over, especially if you let her alone.

(Chopin 172-173)

The male doctor, who appears to be more understanding than the other characters in the novel, still thinks he knows what is best for his female patient. He conveys this information in a condescending and patronizing manner, which was a frequent occurrence during this time period.

Based on Edna's symptoms she most likely had a manic depressive disorder such as bipolar disorder (MacNeil 3) or depression. Looking specifically at Edna's symptoms, she could be diagnosed with Bipolar II Disorder according to the *DSM-IV*. Steven Ryan's "Depression and Chopin's "The Awakening"" states:

A hypomanic episode may include the following symptoms that seem relevant in Edna's case: (1) inflated self-esteem or grandiosity, (2) an urge to be more talkative than usual or a sense of pressure to keep talking, (3) the flight of ideas or a subjective experience that thoughts are racing, (4) an increase in goal-directed

activity (either socially, at work or school, or sexually) or psychomotor agitation, (5) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investment. (Ryan 256-257)

Ryan also explores the high possibility that Edna had depressive tendencies:

During her melancholic phases, Edna appears to have the following five symptoms of Major Depression as described in the DSM-IV\ (1) a depressed mood most of the day, nearly every day, (2) a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day, (3) insomnia or hyposomnia nearly every day, (4) fatigue or loss of energy nearly every day, (5) recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicidal attempt or a specific plan for committing suicide (p. 327). (Ryan 257)

It is evident from the symptoms that Edna had depression, and her age (29) is within the peak range for the onset of women with depression (25-44). She also “has two of the most common characteristics of depressive women: the "lack of a supportive, confiding relationship with a partner" and the death of a mother before age eleven” (Ryan 258).

Like Chopin, whose father died before she was the age of five, *The Awakening* mentions how Edna’s mother died when she was a young child. The death of a parent in early childhood is noted to increase the likelihood of depression later in life (Ryan 262). Losing a mother is more detrimental to a female than losing a father, because when they grow up to be mothers they have no model for how to show intimacy to a child. This ideal is shown directly in Edna’s parenting style, or lack thereof. A person’s upbringing is

a large factor in the odds of them developing a mental illness later in life. Ryan explains Edna's inner psyche: "She is, in a sense, a woman-child who has been hurt and repressed so early in life that she will inevitably swing from experiencing the pain and loss, denying her child-like grandiosity, to a denial of the pain and loss, experiencing an elation that frees her momentarily from all restraint" (Ryan 268). Edna's depression and lack of a motherly bond as a child can be directly correlated to how she behaves in the novel.

Sadly, but commonly, Kate Chopin's *The Awakening* ends with a female character committing suicide. As previously discussed, the character of Bertha also commits suicide at the end of the novel. These characters share similarities in the way that they could no longer take the hardships of life. However, Bertha and the narrator in "The Yellow Wallpaper" descend into madness, while Edna has a freeing death. Edna knows she will never conform to societal standards, so she no longer has a place on this Earth. Her death can either be seen as cowardly or liberating. Edna is not physically trapped like the other two characters, but she does express how she feels trapped by humanity and the role they have made for her to fit. All the women are also trapped in their marriages. Bertha is literally captured by Rochester who does "not have the heart to let her go"; the narrator in "The Yellow Wallpaper" is being controlled by her doctor husband, who wants her to rest forever; and Edna no longer feels the need to love and care for Léonce. These female characters' stories communicate that no matter what mental illness a person has left untreated, it will cause them ruin.

Although these female authors suffered from mental illnesses, they went on to lead successful lives. While living with depression, Brontë wrote and published at least

five novels and an anthology of poems. Gilman, besides being a well-accomplished author, was also a social critic and public speaker. By herself, Gilman wrote and edited the magazine the *Forerunner*. This was the main platform she used for social reform. Her journalism was also published in popular magazines and newspapers from 1909 through 1916. Before publishing her ideas, Gilman lectured at women's clubs or meetings of the Nationalist organizations and Women's Congresses (Bauer viii). Gilman divorced her first husband Walter Stetson and later remarried Houghton Gilman; they lived a happy marriage. Her second marriage was based on all principles she advocated for. Depression did not stop Gilman from writing and public speaking. She wrote her best-known book *Women and Economics* while dealing with her mental illness. Gilman even advocated when she chose to end her own life instead of living with breast cancer. She was advocating euthanasia for the terminally ill. At her core, Gilman believed women should have the ability to be financially independent. She also found success in the purpose of writing "The Yellow Wallpaper," which was "not intended to drive people crazy, but to save people from being driven crazy" (Gilman). Gilman explains more in "Why I Wrote The Yellow Wallpaper" about the effects of her story. She first sent a copy to Dr. Mitchell, who never acknowledged it. However, she received evidence that her story helped women, and Dr. Mitchell eventually changed his practice:

The little book is valued by alienists and as a good specimen of one kind of literature. It has to my knowledge saved one woman of similar fate- so terrifying her family that they let her out into normal activity and she recovered. But the best result is this. Many years later I was told that the great specialist had admitted

to friends of his that he had altered his treatment of neurasthenia since reading *The Yellow Wallpaper*. (Gilman)

Comparably, Chopin became a successful writer as well, even after her mother died and she arguably developed depression. She went on to write notable stories like “The Story of an Hour,” “Désirée’s Baby,” and “The Storm.” She wrote around 20 more stories all while grieving the impactful death of her mother (Toth). Despite the fact that these women did not receive the proper treatment for their illnesses, they did not let it take over their lives. Their illnesses empowered them to move forward and strive for a content life.

Looking forward from the 19th century, medical practices, especially towards women, have significantly progressed. Women are no longer treated like the inferior sex and are given whatever treatment is needed for them to feel better. Now, there are male and female doctors that treat patients. Female patients also have the option to request a female physician or nurse if they are not comfortable with a male. In the 19th century, women were expected to submit to their husbands and doctors. They were aware of their place in society and the consequences of not fitting in that place. In 2022, women no longer have to listen to a male if they know what the male is advising is not what is best for them. It is important to trust a doctor, but now patients have the right to make their own decisions regarding their health care. Although there has been considerable progress in the medical field regarding freedom of choice, there are still problems that arise regarding female patients and people of color who are more likely to have their symptoms dismissed by medical providers (Moyer). The article “Women Are Calling Out ‘Medical Gaslighting’” by Melinda Wenner Moyer states, “Research suggests that diagnostic errors occur in up to one out of every seven encounters between a doctor and

patient, and that most of these mistakes are driven by the physician's lack of knowledge. Women are more likely to be misdiagnosed than men in a variety of situations" (Moyer).

The typical treatment for a mental illness, specifically depression, currently is usually psychotherapy. If the condition is more severe or requires more attention, the patient may be medicated with antidepressants. If those two options are not sufficient, and the patient still has suicidal thoughts, ECT (Electrical Convulsive Therapy) may be used. This is a medical treatment that shocks the brain in order to reset a person's neurotransmitters. The medical field, thankfully for women, has come a long way since the rest cure.

With this sentiment in mind, rereading these classic novels and stories that center around a female character that is perceived to be "crazy" or misbehaving because they do not want to fit in the box society puts them in, will be beneficial to learn about the treatment of women as a whole in the 19th century. Bertha, the narrator in "The Yellow Wallpaper," and Edna were not accurately diagnosed with having a mental illness in their respective narratives. This is simply due to the lack of medical knowledge physicians had during this time period. However, their female authors imply that the characters were acting a certain way due to their living conditions i.e., being trapped in a room or an unhappy marriage. These women developed these illnesses, sometimes due to the men around them, and they were not correctly treated for these illnesses, again by the men around them. If readers read *Jane Eyre*, "The Yellow Wallpaper," and *The Awakening* in a new light where they stop and consider why the women were acting the way that they are, or how their struggles are received by others, they will better understand the patriarchal culture these women inhabited. Now in 2022, it is important to defend these

women who were seemingly defenseless in a patriarchal society. Women could not speak out for themselves, and if they did they would be severely judged by the men, and even women, around them or ignored completely. These female characters, and many other female characters, deserve a second chance they were not given at the time their stories were published. Although these characters are not real women, they represent the pain and suffering women had to face all without being able to openly express their thoughts and views on the male-dominated society and treatment of mental health in the 19th century.

Bibliography

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. American Psychiatric Association, 2013.
- Bolt, David. *The Madwoman and the Blindman: Jane Eyre, Discourse, Disability*. The Ohio State University Press, 2013.
- Brontë, Charlotte. *Jane Eyre*. Wordsworth Editions, 1994.
- Chopin, Kate. *The Awakening*. Capricorn Books, 1964.
- Davis, Cynthia. *Charlotte Perkins Gilman A Biography*. Stanford University Press, 2010.
- Donaldson, Elizabeth J. "Revisiting the Corpus of the Madwoman: Further Notes toward a Feminist Disability Studies Theory of Mental Illness." *Feminist Disability Studies*, edited by Kim Q. Hall, Indiana University Press, 2011, pp. 91–113.
- Donaldson, Elizabeth J. "The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness." *The Madwoman and the Blindman: Jane Eyre, Discourse, Disability*, edited by David Bolt et al., Ohio State University Press, 2012, pp. 11–31.
- Ehrenreich, Barbara, and Deirdre English. *For Her Own Good: Two Centuries of the Experts' Advice to Women*. Anchor Books, 2005.
- Gilbert, Sandra M., and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. Yale University Press, 2000.
- Gilman, Charlotte Perkins, and Dale M. Bauer. "Why I Wrote The Yellow Wallpaper." *The Yellow Wallpaper: Charlotte Perkins Gilman*. Bedford Books of St. Martin's Press, 1998, pp. 348-349.

Gilman, Charlotte Perkins, and Dale M. Bauer. "Conduct Literature and Motherhood Manuals."

The Yellow Wallpaper: Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 63–129.

Gilman, Charlotte Perkins, and Dale M. Bauer. "Invailel Women." *The Yellow Wallpaper:*

Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 130–188.

Gilman, Charlotte Perkins, and Dale M. Bauer. "Literary Responses and Literary Culture." *The*

Yellow Wallpaper: Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 345–369.

Gilman, Charlotte Perkins, and Dale M. Bauer. "Movements for Social Change." *The Yellow*

Wallpaper: Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 278–344.

Gilman, Charlotte Perkins, and Dale M. Bauer. "Sexuality, Race, and Social Control." *The*

Yellow Wallpaper: Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 189–277.

Gilman, Charlotte Perkins, and Dale M. Bauer. "The Yellow Wallpaper: The Complete Text."

The Yellow Wallpaper: Charlotte Perkins Gilman, Bedford Books of St. Martin's Press, Boston, 1998, pp. 1–59.

Gilman, Charlotte Perkins, and Denise D. Knight. *The Diaries of Charlotte Perkins Gilman*.

University Press of Virginia, 1994.

Gilman, Charlotte Perkins, et al. *The Selected Letters of Charlotte Perkins Gilman*. University of Alabama Press, 2009.

MacNeil, Katherine. “Belittling Women’s Mental Health: The Struggles of Edna Pontellier in Kate Chopin’s *The Awakening*.” *The Journal of Integrated Studies*, vol. 1, no. 1, 15 Dec. 2020, pp. 1–13.

Marchbanks, Paul. “A Costly Morality: Dependency Care and Mental Difference in the Novels of the Brontë Sisters.” *Journal of Literary and Cultural Disability Studies*, vol. 4, no. 1, 2010, pp. 55–71.

“Mental Health: Strengthening Our Response.” *World Health Organization*, World Health Organization, Mar. 2018, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

Moyer, Melinda Wenner. “Women Are Calling out 'Medical Gaslighting'.” *The New York Times*, *The New York Times*, 28 Mar. 2022, <https://www.nytimes.com/2022/03/28/well/live/gaslighting-doctors-patients-health.html>.

Ni, Pi-hua. “Madness Defined by Whom? Contextualizing Bertha and Antoinette in *Jane Eyre* and *Wide Sargasso Sea*.” *Anglophone Culture across Centuries and Borders*, edited by Pavlína Flajšarová and Jiří Flajšar, Univerzita Palackého v Olomouci, 2015, pp. 97–125.

Parekh, Ranna. “What Is Mental Illness?” *Psychiatry.org - What Is Mental Illness?*, Aug. 2018, <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

- Rüggemeier, Anne. "Female Mental Illness, Monstrosity, and Male Medical Discourses: Revisiting *Jane Eyre*." *Anglistik*, vol. 30, no. 3, 2019, pp. 73–88.
- Ryan, Steven T. "Depression and Chopin's 'The Awakening.'" *The Mississippi Quarterly*, vol. 51, no. 2, 1998, pp. 253–73.
- Schneck, Peter. "Finding Words for (Not) Losing One's Mind: Alice James, Charlotte Perkins Gilman, and the Sense of Self in Narratives of Mental Illness." *Communicating Disease: Cultural Representations of American Medicine*, edited by Carmen Birkle and Johanna Heil, 2013, pp. 329–363.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830-1980*. Virago Press, 2012.
- Simonds, Susan L. *Depression and Women an Integrative Treatment Approach*. Springer Pub. Co, 2006.
- Tasca, Cecilia, et al. "Women and Hysteria in the History of Mental Health." *Clinical Practice & Epidemiology in Mental Health*, vol. 8, no. 1, 2012, pp. 110–119.
- Thraikill, Jane F. "Doctoring 'The Yellow Wallpaper.'" *ELH*, vol. 69, no. 2, 2002, pp. 525–566.
- Todd, John, and Kenneth Dewhurst. "The Periodic Depression of Charlotte Brontë." *Perspectives in Biology and Medicine*, vol. 11, no. 2, 1968, pp. 208–216.
- Torres, Felix. "What Is Peripartum Depression (Formerly Postpartum)?" *Psychiatry.org - What Is Peripartum Depression (Formerly Postpartum)?*, Oct. 2020,

<https://www.psychiatry.org/patients-families/postpartum-depression/what-is-postpartum-depression>.

Toth, Emily. *Unveiling Kate Chopin*. University Press of Mississippi, 1999.

Tracy, Natasha. "Famous People Who Have Experienced an Anxiety Disorder." *HealthyPlace*, July 2016, <https://www.healthyplace.com/anxiety-panic/articles/famous-people-who-have-experienced-an-anxiety-disorder>.