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**Narrating Women's Mental Health Issues in Selected U.S. Women's
Writings**

**(Pripovijedanje o problemima mentalnog zdravlja žena u
odabranom ženskom pismu u SAD-u)**

Diploma Thesis

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1. Introduction

Throughout history, women, as a group, have been accused of being unreasonable and vain. Particularly vilified was the female tongue, viewed as a tool for deception and insubordination. However, the principal female villain was the disobedient wife, who, alongside the witch and the whore, was the prime target of ethical dogmatists. Literature written by men perpetuated this attitude by cultivating a patriarchal discourse that emphasized family as its core unit, with a father figure as a breadwinner and a mother as a fertile and obedient housewife. In this sense, innumerable misogynistic novels, poems, plays, and tracts advocated for and praised the punishment of women's insubordination to patriarchal authority. The Elizabethan and Jacobean periods of English literature were replete with this topic. *'Tis a Pity She's a Whore* (1633) by John Ford is representative of this genre, as it concludes with the didactic assassination, execution, and murder of three women characters. John Swetnam's *Arraignment of Lewed, Idle, Froward, Unconstant Women* (1615) and *The Parliament of Women* (1646) are among other classic examples dealing with disciplining women to obey the discourse, directed primarily at middle-class women. Simultaneously, new laws and new types of torture were enacted to regulate women's conduct both within and outside the home, illustrating how the literary castigation and vilification of women reflected a deliberate political agenda aimed at depriving them of any autonomy and social position. The Age of Reason, which coincided with witch trials, saw women prostitutes flogged, jailed, and subjected to staged drownings, while capital punishment was authorized for women charged with adultery.

With this historical conditioning, at the end of the nineteenth century, in Victorian America, most critics paid no mercy for women's published literary works, since the prevailing attitude was that female authors are women first and writers only second. Therefore, there was a slew of obstacles for women writers, the main among them was the perpetual risk of being targeted, shunned, or both. In a letter, Robert Southey, an English poet, warned Charlotte Brontë that "literature is not the business of a woman's life and it cannot be" (qt. in Gilbert and Gubar 8). A similar viewpoint prevailed among the mainstream society on the other side of the Atlantic. The English scientist and reformer, Florence Nightingale, who suffered from depression and suicidal thoughts, prior to beginning her revolutionary work in nursing, pioneered the idea that a numbing lifestyle of passivity was making middle-class Victorian women ill, since, for women, adulthood

and maturity translated to marriage and motherhood, accompanied by the confinement to the domestic sphere, and repressing social isolation. With an epistemic insight into the state of women's health at large, in her 1852 essay "Cassandra", Nightingale vehemently criticized such social order and voiced frustration with the limitations it imposed on women, writing: "Better have pain than paralysis" (qt. in *The Female Malady* 65). Yet, despite the risks, hurdles, and anxieties, generations of women's texts have been created even by the end of the eighteenth century and continued to emerge ever more courageously. Women were not only looking for a place within the established canon, but they were also conceiving a new one in which patriarchal imagery and traditions were radically revised (Gilbert and Gubar 44).

Fast forward, 2020 has already been etched into history and will be remembered for the multitude of socio-economic incidents triggered by the globally critical health situation of the coronavirus pandemic. Concepts such as social distance, isolation, and quarantine have grown commonplace, and consequently created a new expansive arena for discussion regarding the implications of forced separation on mental health. Prioritizing the prevention of one health problem has, ironically, resulted in the genesis of another. Long ago, in a much different social context, this topic was conceived by writers like Kate Chopin, Sarah Orne Jewett, and Charlotte Perkins Gilman. Through literature, which is frequently the forerunner of many theories, they problematized social isolation, its various forms, but also its causes and consequences from a female perspective. Inspired partly by ideas expressed in Virginia Woolf's essay "On Being Ill" (1926), as well as Susan Sontag's *Illness as Metaphor* (1978), both works in which the authors encourage writing on illness as a valid subject on its own, this paper attempts to amplify the voices of those women who refused to deny the reality of chronic illness and disability.

Through a comparative analysis of *The Awakening*, *The Country of the Pointed Firs*, and *The Yellow Wallpaper* in primary focus, this thesis seeks to show how Chopin, Jewett, and Gilman portrayed mental health issues and different misogynistic practices in diagnosis and treatment, both specifically in medicine and in the wider social domain, which contributed to these problems and their escalation. For the theoretical background of the analysis of women's mental health problems, the paper relies in most part on Michel Foucault's *Madness and Civilization* and a replica text given by Elaine Showalter, *The Female Malady*. Although the choice of primary literature seems to constrain the spatial and temporal scope for the analysis, this paper will also

consider the impact of the given texts on the further development of literature and the establishment of a storytelling tradition centered on mental health problems.

Structurally, the paper is divided into seven chapters, opening by a presentation of the socio-historical context as well as Foucault's and Showalter's ideas regarding mental health, the treatment of the issue throughout history, and its significance for women, in particular. These two sections touch upon pathologizing womanhood through a historical construction of femininity and mental health issues, with emphasis on depression and hysteria. Having thus laid the groundwork for the analysis, the thesis moves on to discuss the three literary works in chronological order of their publication. The examination of each work is preceded by a brief analytical summary and contains a sub-section that focalizes women characters in given texts, then followed by sub-sections devoted entirely to the narrator (in Gilman's story), one of the prominent women characters – Joanna (in Jewett's text), and the protagonist (in Chopin's novel). The concluding chapter discloses and summarizes the results of the conducted comparative analysis and, in a warning tone, potentially raises new questions and topics that can serve as motivation for further readings.

The concept of disease is never innocent.

(Sontag 84)

2. *Madness and Civilization*

2.1. On Michel Foucault's *Madness and Civilization*

Madness and Civilization is a book by Michel Foucault that "had taken root in the fifties, when he worked briefly in a psychiatric hospital, " (Erb 46) which was executed as a critique of the very idea of civilization and its historical method, in which Foucault investigated the understanding of madness in European cultures. Foucault focuses on the European society, whose main philosophical principles quickly got accepted as the blueprint for the American society, as well. As the cultural perception analyzed by Foucault is mirrored in laws, philosophical works, political organization, and medical practice, the evolution of the understanding of madness is traced according to these factors from the medieval period until the final years of the eighteenth century. Prior to Foucault, scholars underlined the importance of Death in late-medieval Europe. Skeletons and Death itself were depicted in churches and graves. Due to the atmosphere in which all branches of life were saturated with religion, Death was not a taboo, but rather central to people's lives, and Christian ethics. It was, nonetheless, something that was antithetical to life. Therefore, Foucault views madness as a substitute for death. Since it was a dreadful affliction that imperiled life and reason as the core value of the civilization at the point in time, madness paralleled death.

Conceptualization of madness, as the process of defining the term, establishing its starting point and its limits, examining its origin, symptoms, and consequences, all within the given political, social, and economic contexts in which it took place, soon bore a certain Othering of the mad, i.e. the insane. The book is best known for its theory that civilization progresses in a succession of eras, each characterized by distinct methods and philosophical approaches (Erb 46). In order to comprehend this process in detail, as well as to fathom its repercussions that shape today's reality, Foucault charts its three main phases – Renaissance, the Classical Age, and the Modern Era. Essentially, Michel Foucault's *Madness and Civilization* challenged the conventional idea that madness correlates with the advent of civilization. He contended that the Modern era did not generate madness, but rather that the modern man was particularly unforgiving of departures from the contemporary idea of the normative, and that this new hostility resulted in an escalation

regarding diagnoses, institutionalization, and moralizing psychiatric intervention (Bullard 122). For the purpose of this paper and the analysis of the three literary works the paper deals with the Modern Era, starting at the close of the eighteenth century, since it bears the greatest relevance. However, a short summary of the two preceding phases in Foucault's interpretation will be presented before delving into the reality of the Modern era, as it is necessary to keep in mind how the entire cultural shift of Othering the mad came to life. This historical moment is highly metaphoric, and the logic behind it can be applied to various other cultural problems of Othering, including even the recent phenomenon of "cancel culture". In this sense, it is also important to understand the distinction Foucault carefully makes between impairment and disability. According to Lennard Davis, an impairment is defined as a loss of sight, hearing, mobility, mental ability, and so forth. However, an impairment becomes a disability when the surrounding society produces surroundings that contain barriers – affective, sensory, cognitive, or architectural – effectively meaning that impairment occurs in the body and disability occurs in society (qt. in Donaldson 111). In terms of madness then, not all madness is necessarily impairment, as the label is dependent on physical and biological factors. Analogously, not all madness is necessarily a disability, depending on the constantly evolving social factor. This further implies that whether a mad individual can function in a society with a disability, or impairment is often left for that society to determine and decide whether it is possible to accommodate for such functioning.

The book opens by explaining the disappearance of leprosy in Europe and the rise of madness as a substitute disease at the end of the medieval period. There was significant anxiety surrounding madness and the mad were generally perceived as a group, relating back to the Ship of Fools, rather than as individuals with significantly differentiated diagnoses. Grotesque and outlandish perceptions of madness grew prevalent, as did associations with dark and cataclysmic images. In the Renaissance period, the arts depicted mad individuals as having certain wisdom, which meant knowledge of the world's limits, while literature depicted insane people as individuals who highlight the discrepancy between what people are and what they pretend to be. Because their insanity reflected the hidden aspects of the universal tragedy, insane individuals were still shown in art and literature as intellectually engaged with the supposedly sane people. However, in contrast to the Middle Ages, Renaissance intellectual discourse began to establish an objective, logical way of understanding and articulating the line dividing reason and unreason.

During the period of "Great Confinement" (*Madness and Civilization* xii) period in Europe at the advent of the Age of Reason in the seventeenth century, the initial treatment of insane people was virtually non-existent as it consisted only of segregation to the margins of society, and then of their physical separation from the rest of society through legalized confinement, along with other marginalized groups such as prostitutes or vagrants into a new set of institutions. Such socially non-conforming people were seen as being morally astray from the dominant Christian European cultural perspective, since they, according to this religiously induced logic, freely selected lives of prostitution, vagrancy, or madness. As the Western society defined itself through the civilized notions of humanity needed a scapegoat, a moral negative against which it would establish and confirm its ethical principles, and defend its moral superiority, also necessary for later political and colonial moves. Bullard recognizes this goal, as well, stating that "colonial doctors and public health officials too often used standards of morality and propriety as a pointed goad to force conformity with the colonial order," and that "psychiatry became an integral part of the colonizing agenda" (Bullard 115). Basically, confinement was predicated on the notion of the animal nature of madness. By dehumanizing and infantilizing the mad subject, this culture fabricated their "limited political efficacy," (Donaldson 101) and allowed further manipulation and discrimination. In his book *Mental Illness and Psychology*, Foucault also opposed the evolutionist implications of regression, in which the mentally sick person's thinking is considered as defective, similar to that of a kid or a primitive (Erb 55). To presumably correct such ethical faults, these new institutions for the confinement of outcasts included regimes comprised of punishment-and-reward systems designed to train and urgency for an extrajudicial social mechanism with a functional and powerful authority to physically separate socially non-conforming individuals from society, additionally making the whole process of confinement easier and quicker; and for managing the working conditions of poor workhouse residents, whose availability lowered the wages of regular workers, were among the guiding socio-economic influences that pressed for organized institutional confinement. This extrajudicial separation of individuals from a free society to institutional confinement generated the conceptual division between the mad and the mentally sound. The classical conceptualization and categorization of madness (as close to diagnostics as it was) recognized four dominant issues: melancholia, mania, hysteria, and hypochondria, which the paper analyzes in greater detail in the following chapter. These were

discussed for a long time before they were later accepted as four different diagnoses, all mental illnesses.

The close of the eighteenth century marks the beginning of the Modern period according to Foucault's timeline, along with the establishment of institutions for the confinement of mad individuals under the care of medical staff. Those institutions were a consequential occurrence, as well as a means to an end of the agenda of keeping the mad away from poverty-stricken households and the by now well-established practice of outcasting socially non-conforming individuals to preserve social order. As the model of the conventional heteronormative patriarchal family regulated society in the nineteenth century, it also structured the concept of madness. In a little while, two said reasons came to be almost irrelevant, so the established institutions became the single authority for diagnosis, hospitalization, and medical treatment of madness. "Everything was organized so that the madman would recognize himself in a world of judgment that enveloped him on all sides; he must know that he is watched, judged, and condemned; from transgression to punishment, the connection must be evident, as a guilt recognized by all" (*Madness and Civilization* 267). As Foucault further remarks, "the man of reason delegates the physician to madness, thereby authorizing a relation only through the abstract universality of disease" (x), and thereby, the overemphasized dichotomy between the sane and the insane overshadowed the not so small nuances and differences within the category of the insane. Additionally, towards the beginning of the twentieth century, the understanding of madness evolved into moral corruption. From this point forward, a different psychiatrist-patient relationship format evolved, crowned by Freud's psychoanalysis. Foucault was a vocal critic of psychiatry, which he saw as both puritanical and tyrannical in its scientific projects. Because he questioned psychiatric criteria for mental illness and the institution of the asylum as a solution and practice, he is frequently credited with being a trailblazer of the Anti-psychiatry movement. The book concludes exactly with Foucault's analysis of the intricate link between madness and arts, on the note that the only way to perceive madness is by way of methods of avant-garde authors and artists such as Van Gogh, Nietzsche, and Artaud.

The link between madness and unreason, as explained by Foucault, demonstrates that the essential meaning of both concepts is scarcely articulated or allowed to be spoken and that oftentimes, one emerges as a component of the other. In the captivity era, unreason is described as

"reason dazzled" (*Madness and Civilization* 108). However, his detailed analysis of the reasons, as well as the impact of confinement as a method of keeping certain social groups under control, bears great relevance in regard to the cult of domesticity which affected women, whether healthy or mentally ill. Feminist criticisms of psychiatry and psychology have provided crucial and critical assessments of the gendered politics of psychiatric diagnoses: it is unquestionably true that women have been disproportionately classified as mentally ill, and in some cases, incorrectly diagnosed (Donaldson 101). These and related issues will be further explored in the chapters to follow.

2.2. "The Great Confinement" and the Cult of Domesticity

As has been explained in the previous chapter, in Foucault's theory, meaning and truth exist as historically conditioned experiences (Takács 873). In effect, this implies that the patriarchal social order prevalent in the nineteenth-century Western society conditioned the experience and meaning of madness, as well as its diagnosis. Women were particularly affected by this. To clarify the position of women in this historical context, with the emphasis on how they were perceived and treated legally and medically, the following part of the paper provides an insight into the social situation of nineteenth-century women, also illustrating how the cases of madness in women were largely a reaction to oppressive attitudes towards sexuality (Donaldson 100).

Women did not have suffrage, the right to issue legal charges, to hold property in the Victorian era of the nineteenth century, which was personified by the female British monarch, Queen Victoria. Simultaneously, as a result of the Industrial Revolution, a growing number of women joined the paid labor force. At the close of the century, however, feminist ideas advanced and circulated within the educated middle classes, discriminatory legislation was coming to be overturned, and the women's rights movement picked up steam. This turn of events is the reason we see writers such as Charlotte Perkins Gilman, Sarah Orne Jewett, and Kate Chopin producing works that displayed high awareness of the said issues, and whose works are regarded as some of the earliest canonical works of feminist literature in America, as they point a stern finger at the nineteenth-century patriarchy and its impacts on women's physical and mental health.

Women were mainly viewed as pertaining to the domestic realm during the Victorian era, and this archetypal notion, this "glowing portrait of submissive women enshrined in domesticity,"

(Gilbert and Gubar 28) obliged them to keep their family homes clean, cook and serve meals, and nurture their children. Their rights were severely restricted throughout this era, with women surrendering control of their income, all material possessions (save land), and any other revenue they produced in marriage. When a heterosexual couple got married, the wife's rights would be legally passed to her husband. Husband and wife were legally considered one entity, with the man taking sole control of all possessions, as well as income. Apart from being deprived of money and material possessions, married Victorian women were seen as their spouses' property, endowing them with rights to their bodies, which implied that men controlled their right (not) to bear children, have sex, and perform domestic labor. Thus women faced financial and sexual restrictions, as well as discrimination within both the domestic and public spheres. Throughout this period, there were evident inequalities between men's and women's status. From the women's perspective, marriage was a contract that was nearly impossible to terminate. Nevertheless, marriage was presented and taught as a goal for every young girl, as a reward for the proximity they reached regarding the beauty ideals and those of propriety. The prescribed certain look that was deemed desirable – frail body frame and pale skin – both reliant upon the lifestyle, impacted women's overall health. These bodily characteristics were considered to be indicators of social prestige and success. In order to achieve these goals, many women applied unhealthy practices, prioritizing their physical appearance over their wellbeing, and were rewarded for it in form of courtship, marriage, and other forms of validation. Thus, with such strict codes of dress and conduct, any deviation from the norm was noticeable and alarming. Consequently, those women who were different were immediately marked and suspected, at times lightly, yet at times so severely that they would be accused of madness, or even diagnosed with a certain mental illness. This control and policing of women's bodies augmented body image-related mental health issues, and "this desire to be beautiful and "frail" led to tight-lacing and vinegar-drinking" (Gilbert and Gubar 54) and resulted in actual diseases such as anorexia nervosa, and other symptoms of it. On the other hand, taking into consideration possible causes of agoraphobia and the physical diseases that often accompanied it, "it seems inevitable that women reared for, and conditioned to, lives of privacy, reticence, domesticity, might develop pathological fears of public places and unconfined spaces" (54). Therefore, the confinement of women to the house also resulted in mental health

issues and nervous disorders.¹ So, what happened once these disorders, among which many were of psychological nature, crossed the line, and demanded institutionalization?

The conventions that ruled England in the nineteenth century translated to American soil with great ease, because the colonial paradigm persisted culturally. As visible in resemblance to the ideals of femininity in the nineteenth-century U.S. and Great Britain, an analogy can be expected with the essentially patriarchal social conditioning that appeared consequently. Shepherd writes that this sex-based difference in treatment of psychiatric patients has long been evident, and fascinating for historians, "with early studies focusing on them as primarily victims of misogynistic psychiatric practice, which ranged from the patronizing to the cruel and abusive" (Shepherd 3). Since psychiatry is a branch of medicine, but a rarely prioritized one, comparable circumstances were present in this field. Hence, although private mental health facilities have been documented as far back as 1670, no attempt to monitor or regulate them was made until a century later, and no successful regulations appeared until the twentieth century. Especially in early nineteenth-century America, mental health care was virtually non-existent, with the mentally ill being confined to prisons, almshouses, or family supervision, which was less than adequate. If any treatment was administered, it was similar to other medical procedures at the period, such as bloodletting and purgatives. Because mental health care had not yet been properly institutionalized and researched, illnesses that we now recognize and treat as minor disorders were once thought to be signs of insanity. Individuals who showed symptoms were institutionalized and isolated from society and frequently left to die in dismal conditions and cruel confinement. Women and girls who deviated from the standardized principles of feminine behaviors, especially those who presented a rebellious threat to the (male) authority, would often be put in asylums, or prescribed a "resting cure", as we will see in *The Yellow Wallpaper*, which would seclude them from society, and eventually discredit any of their claims and efforts. Besides taking their voice away from them, "women's incarceration [appeared] as an extreme manifestation of a male bourgeois enforcement of the domestication of the weaker sex" (Shepherd 3). It was not uncommon that well-off husbands who could afford a sympathetic doctor had their spouses committed to a psychiatric facility for no reason other than refusing to obey their authority. Patients were denied contact with any visitors, so they had no legal protection and no way to seek release while they were confined. Here Foucault's following

¹ Gilbert and Gubar write that these "female diseases" were not merely symptoms but goals of Victorian training in femininity (Gilbert and Gubar 54).

remark is appropriate as it infers the systemic nature of the method: "Confinement hid away unreason, and betrayed the shame it aroused; but it explicitly drew attention to madness, pointed to it. If, in the case of unreason, the chief intention was to avoid scandal, in the case of madness that intention was to organize it" (*Madness and Civilization* 70). This system served as a means to uphold the patriarchal balance in family life, which is another reason why "in trying not to construct a 'hysterical' view of the nineteenth-century female patient, the rigidity and restrictiveness of women's lives and the way that this informed their incarceration and treatment in asylums, should not be underplayed" (Shepherd 4). The confinement for women was, however, twofold – firstly, to the marriage they could hardly exit, and the house as a byproduct of the housewife ideal; and secondly, in case of diagnosed, or suspected mental illness, to a psychiatric institution. Here comes to mind a perhaps drastic parallel, considering that marriage is an institution, as well, though not as physically apparent as asylum, and a parallel that Foucault himself acknowledged – that marriage functioned as a form of preservative for women against the two types of insanity that are most persistent and often untreatable: immorality and impropriety, including bad behaviors such as alcoholism and unrestricted promiscuity (*Madness and Civilization* 258). Women's rights activists campaigned for equality and achieved progress in terms of legal status and social protections, however, most Victorian women were left to bear with their husband's authority and dominance, and even cruelty or neglect in many cases, which extended to rape, verbal aggression, and relative poverty.

By the nineteenth century, the Western society's patriarchal model probably reached its peak level, in part because of the great value placed on the institution of marriage and family, which Birgit Spengler characterizes "as life-denying cultural attitude towards women" (Spengler 36), where the husband, any husband, was praised the moral beacon of the household and family. The nineteenth-century ideal of the eternally sympathetic, unselfish housewife is reflected in Coventry Patmore's poem "The Angel in the House", "a verse-sequence which hymns the praises and narrates the courtship and marriage of Honoria, [...] a girl whose unselfish grace, gentleness, simplicity, and nobility reveal that she is not only a pattern Victorian lady but almost literally an angel on earth" (Gilbert and Gubar 22). The poem became symbolic of the entire epoch but at the same time "the most pernicious image male authors have ever imposed upon [...] women" (20). The explanation behind this harsh judgment on Sandra Gilbert's and Susan Gubar's side lies in the fact that this widely accepted metaphor of supported the restrictive legal conditions that tied

women to their homes, and thus helped further entrench the traditional, yet harmful viewpoint on women's freedoms, all behind a mask of sophistication since it is a product of literature.

Nineteenth-century scholars argued that women authors exhibited feminine attributes such as delicacy, compassion, affection, and keen perception, all of which allowed them a unique perspective on fiction about topics from the domestic sphere, including love. This increased the appeal of their writing to other women, who purchased the books and versions that were published as series in various journals and newspapers. Nevertheless, authors and critics with a feminist vision advocated for objectives related to the public sphere and topics beyond the private sphere. Contemporary feminist literary scholars, such as Gilbert and Gubar, often refer back to the Angel in the House cultural phenomenon, highlighting the negative impact of the thereby promoted aesthetics on the progress of the women's rights movement, and subscribing to Woolf's claim that it is necessary for women authors to "kill the aesthetic ideal through which they themselves have been 'killed'" (qt. in Gilbert and Gubar 17). This literary "killing" was often done by women authors of the nineteenth century by the presentation of maddened women as protagonists, conveniently so in the spirit of the popular gothic literary tradition. Gilbert and Gubar suggested that the "maddened doubles" in nineteenth- and twentieth-century writings by women authors serve as social surrogates, translating women's anxiety of authorship into a male-dominated literary legacy. Similar to the tenacious women that propelled feminism in the 1960s and 1970s, these madwomen resisted patriarchal power structures. And, while this madness-as-feminist-rebellion concept may appear to be a helpful approach for overcoming the stigma of hysteria or depression among women, Donaldson, argues that this concept inadvertently degrades the personal experiences of many individuals who are afflicted by mental illness (99-102). Whether or not Donaldson's judgment is correct, despite it certainly offering a useful insight into the engaged value of such texts, will be examined in the later chapters of the paper.

2.3. Impacts of Confinement and Victorian Oppression on Women's Health

Not having any political or legal rights, women of the nineteenth century were destined to spend their lives only in the domestic, private sphere. Although their mass consciousness was gradually awakening, their legal and social statuses were still tied to their dependence upon the men around them – fathers, husbands, and sometimes brothers. This conflict necessarily caused a

sort of mental imbalance and psychological discontinuity for many women of the age. In the more severe cases, where the imbalance escalated into psychological disorders or even mental illnesses, these women were dependent on their husband's judgment and decision – whether they would be treated or not, and if so, how – was not their decision to make. Still, in most cases, it was not their mental health condition per se that removed them from the standards of Victorian propriety but the behavior they exhibited since the propriety in question is a fully performative one. Therefore, the condition in question could easily be dismissed as bad behavior by a neglectful husband, or by an inattentive psychiatrist. In a society where propriety and virtuous behavior were not only rewarded but imperative, by analogy, bad behavior was shameful, and admonished, and those exhibiting such patterns would be punished and demonized.

Furthermore, nineteenth-century medical theories clearly reflected the gendered power dynamics that governed American society. "Such discourses are shaped by essentializing notions of male and female 'nature' that present women as physically and psychologically fragile deviations from the male 'norm'" (Spengler 35). These medical justifications for Othering of women led to the normalization of a growing number of diagnosed cases of mental illness in women. Due to this apparent Otherness, the female body became a focus of scrutiny, a cultural location where a distinction was inscribed and allegedly verified, a place to be policed. Discourses regarding women's health and proper cures and treatments in the nineteenth century exemplify the effects of essentializing gender concepts.² Maybe the most notorious illustration of how perception, gender, and pseudoscientific conceptions intersected in the nineteenth century is identified in the representations of mental illness that surrounded and supported social doctrines about mental stability and madness, contributing to the organization of a visual register of deviant and sanctionable behaviors. While madness was not purely a women-dominated terrain, women were believed to be more prone to psychological disorders than men, and until the late 1880s, photographic portrayals of hysteria chiefly represented the female body. As a result, women's bodies were exposed, sometimes literally, but always metaphorically, made accessible to the gaze of the camera, the doctor, and, consequently, the audience, as they are today (Spengler 39–40).

² Spengler elaborates on how "the invalid, defined by her body and her weakness, represents an exaggeration of one of the 'natural' definitions of all women" (39), while Showalter and Showalter explain how insanity was directly inscribed into women's bodies on the example of views on menstruation (85).

Circling back to the normalization of diagnoses, the example of hysteria, "a catchall for the fantasies, not of the person who is or believes himself ill, but of the ignorant doctor who pretends to know why", (*Madness and Civilization* 138) comes to mind. Hysteria, at the end of the eighteenth century, along with hypochondria figured, "almost without dispute, on the escutcheon of mental disease" (138). This disorder, upon which Sigmund Freud later commenced his studies of the dynamic interconnection between psyche and soma, was by the understanding of the term a "female disease," not only because it got its name from the Greek word for womb, *hyster* (the organ that was thought to produce this emotional disturbance in the nineteenth century), but rather because hysteria primarily affected women. Another reason for this was that this psychological disorder, like many other nerve disorders, was thought to be influenced by the female reproductive system, so as to expound on Aristotle's view that there is "an essential link between hysteria and the womb", (*Madness and Civilization* 144) and that biological womanhood was a deformity by itself. Since the uterus and ovaries were thought the woman body's regulating organs, "[entrapping] women in their biological destiny" (Shepherd 9), they were also thought to automatically determine a woman's temperament, and illness or irregularity could lead everywhere from irritation to insanity. Women who refused to accept the label of hysteria as a form of madness, rebelled against this discriminatory standard, and actively, or even violently protested against the unjust confinement, essentially attempted to break free from the patriarchal Victorian constraints. Foucault recognizes that these types of disorder occurred in women not only as a rebellion against Victorian oppression but also as a side-effect of coping with the pressure put on women to embody the principles of propriety, including marriage, as a hetero-normative social imperative: "Often hysteria was perceived as the effect of an internal heat that spread throughout the entire body [...] Was this heat not related to the amorous ardor with which hysteria was so often linked, in girls looking for husbands and in young widows who had lost theirs?" (*Madness and Civilization* 139). To keep the society "healthy" by maintaining the social order, women sacrificed their own health and were isolated from further participation in that same society, as their breakdowns were a shameful failure to carry out the sacrifice quietly and discreetly in a culture where "the presence of the mad appears as an injustice; but for others" (228).

Given this culturally imposed epidemic of women's illness, it is unsurprising that the angel in the house as presented in the contemporary literature regularly suffered not only from anxiety and depression but also from physiological and symbolic sicknesses unto death (Gilbert

and Gubar 55). In an essay published before *The Female Malady*, Elaine Showalter and her husband, English Showalter, explicate the attitudes of influential antifeminists who claimed that, during menstruation, "suffer under a languor and depression which disqualify them for thought or action," thereby also banalizing and dismissing the implications of diagnosed depression; and defined woman as an invalid, all accompanied by the following argument: "Such she emphatically is, as compared with man. In intellectual labor, man has surpassed, does now, and always will surpass woman, for the obvious reason that nature does not periodically interrupt his thought and application" (qt. in Showalter and Showalter 85). As the authors conclude, the menstrual myths emerged due to the lack of scientific knowledge about the anatomy of the female reproductive system and served as a base for ignorant discrimination and antifeminism. This conclusion ties in well with the notion of the Victorian patriarchal Othering of women and highlights the role illiteracy and half-knowledge play in sexism.

However, the authors here propose that greater medical insight into the matter would not bring about much change, since "the Victorians' ideas about menstruation furnish a remarkable example of the way in which scientific knowledge reflects, rather than determines, the moral biases of an era" (Showalter and Showalter 88). All of the disorders listed by Gilbert and Gubar could also be observed as symptoms of hysteria, or anorexia, for example, but at the same time, they could be indicative of a completely physical health problem, yet due to the common perspective that hysteria is almost expected in women, these often got dismissed or did not receive sufficient and adequate form of therapy. Shepherd continues by saying: "This association is particularly relevant for women who suffered from puerperal insanity, or who committed infanticide, and the prescribed treatments were influenced by the strength of belief in the woman's natural role in society" (Shepherd 9). Puerperal insanity was a diagnosis connected with a comfortable lifestyle, with well-off women portrayed as being weakened by their leisurely lives and increased affectability, rendering them incapable of coping with the burden of pregnancy and childbirth. "Triggered by the natural event of childbirth, and not necessarily difficult childbirth, rather than organic disease or gynecological malfunction, puerperal insanity was attributed a direct biological cause" (Marland 307). However, it was also strongly bound to the consequences of abject poverty. Midwives suggested nursing patients in their homes, with the common opinion being against putting women afflicted with puerperal insanity to an institution unless the condition deteriorated into a chronic type. While institutionalization was generally discouraged, extreme cases and

women whose home environment was unable to provide sufficient care were still sent to asylum (Marland 309). The tragic outcome for the literary heroines that Gilbert and Gubar refer to only mirrored the reality, as statistically "maternal mortality was notable for its extraordinary refusal to fall when other mortality rates were declining" (Loudon 76). Due to the toxic combination of Zeitgeist and poor scientific dedication to women's health issues, the tragedy was more often than not romanticized and perceived as another form of sacrifice that good, obedient women make for the progress of society and procreation as one of its (also nationalistic) goals. By further investigation of this historical conditioning, Loudon found out that almost all of the diagnostic categories in the numerous accounts of maternal mortality published in the nineteenth century are familiar and expected complications of childbirth, except for one - puerperal mania, which frequently appears in the nineteenth century as the cause of between 1 percent and 3 percent of maternal deaths. "Puerperal insanity was subdivided into mania and melancholia" (Marland 308). Is it accurate that so many women died of mania? What distinguishes mania from melancholia, or depression? Was the type and degree of mental illnesses during childbirth substantially different 100 years ago than they are today? Mania was reported to be more prevalent. It was impressionable and connected with a disregard for all standards of respectable feminine behavior and motherly responsibilities.

Apart from its frightening expression, mania manifested itself earlier than the insidious, more pernicious melancholia, which concerned medical professionals the most, since, due to delayed identification of the problem, it was more resistant to treatment took roots, with women sinking into chronic depression or dementia. This is the group of women whose condition was typically associated with protracted issues and who could be seen suffering in the asylums for long after admission, eventually dying there (Marland 308-9). Marland recognizes how these confinement practices influenced the rest of the patient's family: "Confinement took on a particularly poignant meaning in the context of puerperal mania. The happy event of giving birth became tainted by the illness of the mother and the disruption of family life" (310). This insight strongly suggests that, even if women did not receive sufficient recognition for the role they played in society, their absence was strongly felt by all members of the household, because the woman's sphere was not really limited to household tasks, as women were deemed qualified, due to their purity for correct moral judgment, particularly when it came to raising children. Numerous reasons

cited by Marland³ correspond to the fact that motherhood was more often than not imposed on nineteenth-century women, as it was considered not only a woman's role and duty in the society, both towards the country, and towards her husband, but also because motherhood was reduced to a feminine trait to make it seem a more digestible concept for the young women becoming mothers. This manipulation took part during the early years of girls' socialization but could last only so long, because once they were pregnant, these women realized it was both a role and a condition that altered their relationship with their bodies, and took control over their bodies, and above all, a great responsibility. It would be utterly foolish to be surprised when the reaction to such a realization escalated in mania. Marland also mentions "the half-starved condition of many women" (311) admitted to asylums, which was, in some cases, a product of the Victorian body ideal, resting upon women's frailty and fragility.

Considering the current reality, especially in developing countries where women's rights are still pending, the nineteenth century does not seem that long ago. As for the husbands of the married women, they were reported as coming to remove their wives from the asylum dramatically, saying that they were unable to take care of the home and children, who were missing their mother, on many occasions even collecting their wives despite strongly being advised not to do it (Marland 315). This suggests that, even if the medical staff and the nurses showed great compassion for the patients, when they arrived home, they would only resume their duties, not addressing the root cause of their condition, nor preventing the same incidents in their future pregnancies, which were also expected due to the primitive methods of contraception reliant only on their husbands' consideration and abstinence. "For many poor women, the asylum seems to have functioned as a refuge, a place where they could rest, receive proper food and a break from the hardships of their lives" (Marland 319), which was only a short-term intervention, not a solution by all means. This high level of compassion for women suffering from puerperal insanity as Marland describes it was not exactly the blueprint of how women were treated in asylums. This is why Showalter, as it will be shown in the following part of the paper, insists on the view that the process of therapy and access to it were overall marked by discrimination. With cases of puerperal insanity, the patients were mothers, not necessarily all women, but women who had fulfilled at least that one Victorian standard of femininity. On the other hand, hysteria did not

³ See Marland 311.

strictly imply motherhood. Supporting Showalter's thesis, Smith-Rosenberg writes about the medical community's attitude to hysteria which was, at finest, ambiguous. Numerous physicians – and a sizable section of society at large – seemed to be hostile, if not punitive, in communication with a hysterical patient. These women did not behave as women were expected to perform, and the psychiatrist who examined them felt challenged on both professional and personal identity levels. He was the frustrated psychiatrist, the neglected child, and the spouse deprived of care and sex (Smith-Rosenberg 660). At the very least, one thing seemed definite. In the second half of the nineteenth century, childbearing was believed to be a frequent cause of manic insanity, which was typically severe and occasionally fatal. However, as obstetrics got more surgical in the twentieth century, puerperal insanity shifted away from obstetrics and into the expanding field of psychiatry (Loudon 76).

Nevertheless, institutional examples of this or any other disorder are not always representative. As a result, fictional portrayals of non-institutionalized instances are critical in elucidating the historical conditioning behind women's mental health issues. Thus, the feeling of being entrapped resulted in manic and hysterical episodes as a release of the frustration, and was not simply a product of a delusional diagnosis but signaled that women rebelled, seeing through the intention behind the label ascribed to them. Literature, besides offering space for the expression of, and contemplation on the issue, provides protection through fictionalization, and thus fosters an honest discourse. Therefore, it is undoubtedly a valuable source for diving deeper into the still somewhat taboo issue of women's mental health.

Madness hath its privileges, one of which is honesty.

(*Killing the Angel in the House* 212)

3. *The Female Malady*

3.1. On E. Showalter's *The Female Malady*

Elaine Showalter is credited with coining the phrase and establishing the discipline of gynocriticism. Her work, like that of Foucault, has often caused controversy in academic and pop-cultural fields, especially when it comes to her commentary on the subject of illnesses. As an expert in Victorian literature, with her most original work focusing on madness and hysteria in fiction written by women and their portrayal of female characters, Showalter is the ideal source for the study presented in this paper, even more so considering the fact that she highlights, again like Foucault, the importance of cultural anthropology and social history for an understanding of the truth of the women's social position. *The Female Malady: Women, Madness, and English Culture (1830–1980)* is among her most famous works, which tackles hysteria, long regarded as the "female malady" and now classified as depression. In this work, "Showalter draws on two sets of data in portraying madness as a female malady: patient statistics and cultural representations" (Busfield 263). From the Victorian times to the modern day, the author explains how societal notions about normal feminine conduct have affected the understanding, diagnosis, and therapy of insanity in women. In the introductory chapter of *The Female Malady*, Showalter explains the motivation behind her response to Foucault's *Madness and Civilization*:

Although anyone who writes about the history of madness must owe an intellectual debt to Michel Foucault, his critique of institutional power in *Madness and Civilization* (1961) does not take account of sexual difference. While he brilliantly exposed the repressive ideologies that lay behind the reform of the asylum, Foucault did not explore the possibility that the irrationality and difference the asylum silenced and confined is also the feminine. (*The Female Malady* 6)

This motive, as well as her approach for the composition of her theoretical work has characterized her work as a part of what Busfield calls "the 'hidden from history' genre," in which "the feminist task is to make women, who have been largely excluded from male scholarship, visible" (260). However, Showalter also praised Foucault's engagement in the anti-psychiatry

movement, which targeted the doctor-patient relation's hierarchy model, institutional contexts, and therapies such as lobotomies and electroconvulsive treatment. It supplanted enforced hospitalization with attentive noninterference and brought new conceptualizations of mental experiences. Anti-psychiatry, in principle, was sensitive to women's needs, by providing incentives to reexamine the link between madness and femininity, as well as female madness as a result of women's sexual repression and oppression in patriarchal and traditional societies (*The Female Malady* 221-2).

Showalter studied the extent to which the fact that far more women than men have been diagnosed with hysteria and madness can be viewed as a byproduct of the patriarchal order in Western society. Just as madness, generally, is a term whose understanding has been shaped through ages by factors such as religion, politics, medicine, and aesthetics, and whose symptoms are associated with particular historical periods, the female malady manifests itself in a variety of ways, has a variety of causes, and is referred to by a variety of titles based on a particular historical epoch: melancholia, lovesickness, hysteria, neurasthenia, mania, depression, borderline personality disorder, or dependent personality disorder, etc. For example, "under the broad rubric of hysteria, nineteenth-century physicians gathered cases which might today be diagnosed as neurasthenia, hypochondriasis, depression, conversion reaction, and ambulatory schizophrenia" (Smith-Rosenberg 652). Despite its definition changing over the centuries, hysteria has always been "an entity which has always been seen as peculiarly relevant to the female experience, and one which has almost always carried with it a pejorative implication" (Smith-Rosenberg 652). The Freudian hypothesis that "hysterical women, fearful of their own sexual impulses [...] channeled that energy into psychosomatic illness" (Smith-Rosenberg 653), logically made sense considering the historical conditioning and women's position at the time Freud was eager to analyze the sexuality aspect of his study subjects and frequently oblivious to their important social contexts, was developing his theories. Also, the fact that "for centuries hysteria has been seen as characteristically female – the hysterical woman the embodiment of a perverse or hyper-femininity" (Smith-Rosenberg 653), fits, as male sexuality had not been nearly as repressed and censored as that of women, while male aggressive expression was quite normalized and considered a healthy indicator of masculinity. The ideal nineteenth-century woman's "sphere was the hearth and the nursery; within it she was to bestow care and love, peace and joy" (Smith-Rosenberg 656). With the nineteenth-century unsophisticated obstetric methods and substantial childhood

mortality, she was required to endure physical torment, illness, and even fatal loss, while still supporting the family's emotional state and spirit. So when a woman became incapable of providing these comforts, when she was the one needing care, it presented a disruption of the family life and marriage. "The hysterical woman virtually ceased to function within the family. No longer did she devote herself to the needs of others, acting as self-sacrificing wife, mother, or daughter. Through her hysteria she could and in fact did force others to assume those functions" (Smith-Rosenberg 656-72). As patients, women were expected to recover, and occasionally, they would not. The alleged, though by any means not regular, abuse and negligence did not seem to stop the growing number of cases. As a reaction to this state and, likely, with the aim of restoring the psychiatrist's authority, the "resting cure" came to be the accepted standard therapy for hysteria. This approach entailed that the woman was withdrawn from public and family life and fully isolated for several weeks. She was thereafter tied to the bed, discouraged from sitting up, knitting, or engaging in any mental or enjoyable pastime. A doctor checked on her regularly and a nurse fed her. Once the previously deviant patient re-adopted conventional and typical habits, including being submissive and compliant to her doctor's instructions, she was deemed healthy. Essentially, anything that reintroduced and reinvigorated the patient to resume her household duties was regarded as a cure. Showalter then asks: "Was the hysterical woman a feminist heroine, fighting back against confinement in the bourgeois home? Was hysteria—the 'daughter's disease'—a mode of protest for women deprived of other social or intellectual outlets or expressive options?" (*The Female Malady* 147). By first raising these questions, she argued that women's mental health issues are a rebellion against female oppression that marked women insane following male psychiatrists' interpretation and institutionalization of psychiatric issues, and that evolving cultural stance toward women has influenced medical evaluation and therapy. "Showalter identifies three major Romantic images of madness that symbolize this new association between women and madness: suicidal Ophelia, the sentimental crazy Jane or crazy Kate and the violent Lucia – the latter symbolizing violence against men" (Busfield 269).

While Showalter perfects Foucault's vision this way, as she believes that by ignoring the female perspective he failed to offer a well-rounded presentation of the mentally ill subject's categorization, Busfield criticizes her endeavor as still insufficient, because she left out the male counterparts – the three categories Busfield presents are "the mad genius; the criminal lunatic; and

what came to be known as masturbatory insanity" (Busfield 269). However, for the analysis executed in this paper, these are not of great relevance.

Showalter, like Foucault, breaks this time frame into three distinct phases: "psychiatric Victorianism (1830-1870), psychiatric Darwinism (1870-1920), and psychiatric modernism (1920-1980)" (*The Female Malady* 17). The first phase refers to the establishment of significant psychiatric wards in response to the 1845 Lunatics Act. Showalter highlights the general pride in these facilities, and the characteristic Victorian commitment to redemption through education, disciplined occupation, church attendance, and promoting ethical principles. Additionally, she notes that the proportion of women held in mental hospitals steadily grew: "By 1872, 31,822 of the 58,640 certified lunatics in England and Wales were female" (52). While this gender imbalance is somewhat attributed to the fact that women have a longer lifespan, Showalter demonstrates how men's stance on women's "nature" also contributed to the concept of this supposed insanity.

In a society that not only perceived women as childlike, irrational, and sexually unstable, but also rendered them legally powerless and economically marginal, it is unsurprising that they should have formed the greater part of the residual categories of deviance from which doctors drew a lucrative practice and asylums much of their population. (*The Female Malady* 73)

However, the Victorian asylum fell short of the expectations placed on it. As Showalter pointed out, the rationale behind this was the apparent difficulty of offering patients adequate care in such an asylum. Moreover, she gives the example of Colney Hatch, which was "the showcase of Victorian psychiatric reform" (*The Female Malady* 23), as it had only two leading physicians and more than 2,000 patients.

The growing popularity of Darwinism further damaged the medical field. In Showalter's view, this period was governed by the belief that people with mental health imbalances were biologically less fortunate, that madness was frequently linked to body deformities and that such a diagnosis was frequently genetically predictable, and that the only way to reduce the amount of the mad was through eugenics. The prevailing attitude was that a woman's "innate qualities of mind were formed to make her man's complement rather than his equal," so "mental breakdown, then, would come when women defied their 'nature,' attempted to compete with men instead of serving them, or sought alternatives or even additions to their maternal functions" (*The Female*

Malady 123). Furthermore, insanity became increasingly connected with poverty, criminality, and the lowest social levels. Although it was scientifically shown that hysteria is not exclusive to women, the stereotype of the "hysterical woman" grew entrenched. Due to the fact that Freud's early theories were founded on his therapy with female hysteria, Showalter linked the great incidence of hysteria among lower-class women to the constraints put on them and the futility of their existence. However, writing about hysteria, as one of the most common diagnoses of insanity, Smith-Rosenberg notes that "hysteria seems to have followed a psychic fault line corresponding more to distinctions of gender than to those of class" (660).

Showalter regards World War I as a historic moment in the evolution of psychiatry, asserting that the war prompted the diagnosis of men suffering from "shell shock," a condition analogous to hysteria, as "the heightened code of masculinity that dominated in wartime was intolerable to surprisingly large numbers of men" (*The Female Malady* 172). By 1920, Showalter's "Psychiatric Modernism" era had already commenced, and psychotherapy had progressively become integrated into Western treatment. Regarding the widespread physical procedures following World War II, she asserts that a considerably greater number of women than men have been exposed to insulin coma, psychotherapy, and even lobotomy, and she includes multiple tragic cases of their abuse.

Finally, Showalter acknowledges that women continue to be the majority of patients in psychotherapy, psychiatric hospitals, and ambulatory mental health facilities to this day, or at least for the last century, implying the need for ongoing research and monitoring in the field (*The Female Malady* 3). Because for some, troubles with reproductive biology are a reality, whereas, for others, they are not. Remedies to disturbed neurochemistry may have a major impact, a small impact, or no impact at all. Reformed social institutions in which women's voices are acknowledged and in which they are given a fair share in leadership positions will undoubtedly have an impact.

3.2. Dead Angel in the Closet or Madwoman in the Attic

In an essay published in 1992, Showalter paid special attention to the phenomenon Gilbert and Gubar identify as the woman writer's "anxiety of authorship," defining it as "a radical fear that

[the woman writer] cannot create, that because she can never become a "precursor" the act of writing will isolate or destroy her" (49). Gilbert and Gubar adapt Bloom's Oedipal theory of the anxiety of influence, focusing on authors' Oedipal dread and envy of their imagined literary "forefathers," to their own feminist objectives. In line with the original theory, budding authors should strive to overcome their immediate influences to develop and assert their own expression. Gilbert and Gubar recast this as a women-oriented theory, according to which the absence of women, or even feminist "fore-mothers," makes authorship inherently challenging for women writers. Here, again, Foucault's historical conditioning comes into play because the phenomenon Gilbert and Gubar analyze occurs in an overwhelmingly male and patriarchal Western literary tradition (47). This tradition, as it was established and respected in the 19th century largely relied on the aesthetics of the previously explained Angel in the House concept. To kill the Angel in the House would then imply that the Angel "talks back" to that tradition which praises her as a literary object, "in her own vocabulary, [...] insisting on her own viewpoint" (46), and thereby defying the objectification. Literature attempting to kill the Angel in the House forms according, to Showalter, Gilbert, and Gubar "a distinctive history" (Gilbert and Gubar 50), and Gilman, Orne Jewett, and Chopin form the cast of this subversive parallel canon.

The black and white perception of morality in the religious Victorian paradigm, "the debilitating alternatives her culture [offered] her" (Gilbert and Gubar 57), the dichotomy of angel and devil, heaven and hell, left a fine line for the Angel in the House to cease being the Angel without demonizing itself. "Inevitably, [...] the literature produced by women confronted with such anxiety-inducing choices has been strongly marked not only by an obsessive interest in these limited options but also by obsessive imagery of confinement that reveals the ways in which female artists feel trapped and sickened both by suffocating alternatives and by the culture that created them." (Gilbert and Gubar 64) Showalter argues in her essay that Woolf strives to walk this line by relying on androgyny, but that the Angel is remains intact as a result of her avoidant stance on the subject. She contends: "Women's anger can be rendered obliquely" (*Killing the Angel in the House* 210). So it had long been. For women in the Victorian age, the very act of writing and creation was a rebellion, even if exceptionally covert, against the existing literary canon, a revolution they executed within the allowed framework. These authors acted subversively, hyper-aware of the limitations imposed on them, both as women and as women writers: "On the simplest level, madness offers a woman a socially acceptable excuse for expressing anger and hostility;

and, conversely, the expression of these 'unfeminine' feelings may be construed as signs of madness" (*Killing the Angel in the House* 212). They enacted their own self-division, their wish to at the same time embrace and oppose the constrictions of patriarchal culture, through visions of forced confinement and liberation by channeling these anarchistic instincts not through their admirable protagonists but through deranged and monstrous women, apt to be demonized by the author and the other characters in the story, and properly punished in the text). Such narratives were so representative of the Victorian age that Gilbert and Gubar deem them to "represent a uniquely female tradition in this period" (78, 85). However, the depictions of the deranged women presented in the texts were not far removed from the reality, since patients suffering from "diseases like anorexia, agoraphobia, and claustrophobia" (Gilbert and Gubar xi) were regularly admitted to asylums as these diagnoses were socially seen as manifestations of madness. For the nineteenth-century women authors these "maddened doubles functioned as asocial surrogates for docile selves" (Gilbert and Gubar xi). Being mindful of the fact that Victorian women who were declared mad "subverted the linear logic of male science" (*The Female Malady* 5) by communicating their resistance to the normative women's role through some of the already mentioned symptoms, the conclusion appears to be that, not daring to risk being deemed mad themselves, the authors projected their own supposed symptoms of madness onto the literary madwoman, who could sharply criticize the patriarchal institutions (including marriage), whereby the consequences of such action remained within the fictional world.

The regularity of finding madness in the characters of women writers, even to the present day, appears to imply that it is a viable mode of self-expression, or the only one available. Still, some critics, including Showalter, argue that as rational or perfectly fitting madness acts as a reaction to the writer's existential and authorial predicament, it but a maneuver that does not bring any true liberation. Nevertheless, while it may be tempting to believe the more radically feminist writers talk through the "madwoman" exclusively, Gilbert and Gubar emphasize the significance of killing both figures, as they are essentially both playing into the reductionist characterization of women crafted by patriarchal judgment immaturely and anxiously haunted by the Madonna-whore complex. Perhaps, this anxiety is a generational curse, and the witches who could unhex the canon were all thought to be burnt but some of them were just locked up.

4. *The Yellow Wallpaper* by Charlotte Perkins Gilman (1892)

Charlotte Perkins Gilman, ahead of her time, though living in the tumultuous age marked by the contradictory ideologies of the cult of domesticity and Women's Rights Movement, wrote *The Yellow Wallpaper* in 1892. From today's perspective, this story is regarded as one of the earliest canonical works of feminist literature in America, as it points a stern finger at the nineteenth-century patriarchy and its impacts on women's physical, as well as mental health.

The Yellow Wallpaper is an account of a woman who, after giving birth, suffers from an undefined illness, most likely puerperal mania, and is prescribed a rest cure⁴, like the one Gilman herself endured at the hands of Dr. Weir Mitchell. Gilman claimed that this "cure" resulted in a terrible breakdown and that she was able to overcome her issues only by defying the doctor's instructions, by resuming work and writing (Price Herndl 52). Precisely because of this experience, as the author explained in "Why I Wrote *The Yellow Wallpaper*?", her motivation in writing the story was to prevent women from being driven mad by such patriarchally constructed medical practices (Price Herndl 52). Thus, reactionary and autobiographical in its historical conditioning, but not to be dismissed simply as an expression of personal neurosis (Boa 19), *The Yellow Wallpaper* pioneered feminist turn-of-the-century literature, establishing new frontiers for female resistance against Mitchell's rest-cure, and similar methods for "neurasthenia."

This chapter looks into Gilman's fictional presentation of the issue of the "misdirected therapy" (Karpinski 20), as well as the inseparable context in which the author felt that this particular work was an engaged contribution to the cause of women's liberation.

The unnamed narrator is confined in a room she loathes, denied all activity, and, in spite of her doctor-husband's instructions she eventually starts to record her thoughts and feelings in a secret journal. She writes about her dreary days in the colonial countryside house during the summer of her "cure", recording the experience in twelve undated diary-like entries. The room she spends her time in is a former nursery with barred windows, which further amplifies her claustrophobic anxieties, and overall psychological wellbeing. The precise account of the interior sheds light on "middle-class enthusiasm for ghostly colonial homes," (Lockwood 86) and sharpens

⁴ Discrediting Mitchell's practice was an important milestone in the history of Women's Rights Movement, and although this paper is not concerned with the particularities of the theory, Bassuk's paper which contextualizes and re-examines the rest cure in great detail, is a recommended read. For more details, see Bassuk 245-257.

the contrast between the narrator's flight instinct and the civil propriety she must adhere to. "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 13). She goes into considerable detail about the room, but the wallpaper leaves the major impression. "I never saw a worse paper in my life" (Gilman 3), she says, and continues to describe its sickly, intimidating color, smell, and repulsive, yet hypnotic design "committing every artistic sin" (3):

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.

The color is repellent, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sunlight.

It is a dull yet lurid orange in some places, a sickly sulphur tint in others.

No wonder the children hated it! I should hate it myself if I had to live in this room long.
(Gilman 3)

With the narrator's supposed recovery in mind, the entire family is expected to adjust temporarily to this rural lifestyle, and her sister-in-law, who assumes a portion of the exhausting household chores and takes care of the newborn baby as these laborious responsibilities could potentially be detrimental for the narrator's recovery. John, "a physician of high standing and one's own husband" (Gilman 2) is an authoritative doctor, and, a follower of Dr. Mitchell, which is why he firmly believes that the uninterrupted rest will cure his wife's mental state, and forbids her to take up any activity that would require concentration and effort. Despite the supposed pampering, attention, and care she receives, the narrator's mental health deteriorates, and towards the end of the story, she gradually descends into madness. This crescendo of madness is manifested through her progressively more consuming relationship with the wallpaper and the woman she believes to perceive behind it, referring to her as "Jane". As the story unfolds, the narrator identifies with this figure, so much so that she eventually starts referring to her own self in the third person. Soon after, John discovers her creeping around the nursery, hypnotized by the endless pattern of the wallpaper, which she ripped off in a manic attempt to break free.

4.1. Women in *The Yellow Wallpaper*

As "deceptively simple" (MacPike 287) as the plot, so is the cast of characters. There are four women characters in Gilman's story – the narrator, the woman behind the wallpaper (or Jane), Jennie (John's sister), and Mary, who takes care of the narrator and the couple's baby. Such common names are usually used to designate ordinary persons, or to conceal identity, and therefore, Gilman is no doubt making a commentary on common relations between the sexes in everyday life. As Karen Ford argues, many details, like the narrator's lack of a name, argue against her individuality, and the primer-like names of John and Mary imply they are merely emblematic of Husbands and In-laws. The most specific name in the entire story is Weir Mitchell, explicitly pointing toward the infamous and clearly indicating the author's abovementioned engaged intention (309).

Each character, however minor or major, represents a role on the Victorian gender roles spectrum. For women, each role entails confinement to the house, and dependence on John, who, albeit his appearance as a loving father and husband, and a respected physician, happens to be inadvertently abusive. Equipped with his medical authority and a patronizing demeanor of unquestionable accuracy, John asserts that his wife-patient should adhere to his prescription of complete rest, even against her better judgement. Jennie and Mary, who express little to no sisterly solidarity with the narrator, sympathizing with her malady only superficially and out of courtesy, need no convincing that John's diagnosis and his intended treatment are right. From the onset, the narrator is overpowered:

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression – a slight hysterical tendency – what is one to do?

My brother is also a physician, and also of high standing, and he says the same thing. (Gilman 2)

While Jennie and Mary do not play particularly active roles in the story, their presence serves to reinforce the narrator's incapacity to fulfill the traditional duties of a housewife. Jennie, whose name literally translates to "a female donkey or beast of burden" (Ford 309), is entirely submissive to John's guidance. She "is a perfect and enthusiastic housekeeper, and hopes

for no better profession" (Gilman 5), and as such represents the content domesticated women who, genuinely flattered, aspire to be the Angel in the House. Mary is the ideal pure mother, correspondingly named after Virgin Mary, and "so good with the baby" (Gilman 4) to both emphasize the narrator's neglect of the baby, and to ease her mind because the baby is in safe hands. Although socially uncritical, Jennie is perceptive to her surroundings, and notices the narrator's increased concern with the wallpaper. Although this remark by the narrator could be a symptom of her growing paranoia, due to the fact that Jennie monitors her as much as John, reporting everything back to him, it reveals that the narrator senses that she cannot expect supportive discretion from a woman who so readily sides with the patriarchy and virtually acts as a prison guard.

Although the narrator grows to believe she sees multiple women in the wallpaper, she focuses only on the one which captivates her from the start. Apparently stuck behind the wallpaper's bar-like pattern, she rattles the pattern in an attempt to escape. Mostly alive at night, she symbolizes femininity and women's organic connection to the moon, also carrying cultural connoted association of daylight with logic and reason, and of moonlight with the irrational and esoteric. Likewise, the fact that these encounters take place during the night, serves as an indication that John's daily control through the rest cure no longer limits the narrator. As the narrator's ghostly double, the woman in the wallpaper most metaphorically epitomizes women's confinement to the domestic realm. Although nothing can substitute the lack of autonomy, the woman seems to find at least relative liberation by asserting her existence in front of the narrator, and guards it by creeping secretly in the shadows of the wallpaper. Unlike the narrator, the woman behind the wallpaper remains a silent, shadowy apparition, for whom, in the words of Gilbert and Gubar, confinement was "implicit in [her] secretness," and inescapable "even at [her] moments of greatest triumph" (83).

Finally, *The Yellow Wallpaper's* unnamed narrator, the story's main protagonist fashioned after the author herself, is a young, just married woman. She develops symptoms of puerperal insanity shortly after childbirth. Her husband, John, determines her diagnosis as a "temporary nervous depression – a slight hysterical tendency" (Gilman 2). He removes her from all strenuous activity through patronizing and infantilizing her, but at the same time "assures friends and relatives that there is really nothing the matter with [her]" (Gilman 2). On one hand, John's overt

public denial of the narrator's diagnosis implies a level of embarrassment and discomfort – "a most undoctory reaction" (Oakley 31) on his side. In line with Foucault's remark that, in a society where propriety is prioritized, "the presence of the mad appears as an injustice; but for others" (*Madness and Civilization* 228), John's gesture is a matter of gentlemanly manners and common courtesy to accommodate the public gaze at the family facade. The idyllic veneer is maintained only at the expense of covertly, and inadvertently, shaming his wife. On the other hand, by using vague expressions to describe his wife's diagnosis – "temporary", "slight", and "tendency" – he seems to downplay consciously the seriousness of her situation, an attempt to pacify his nerves and encourage his medical competence. However, his opposing claims paired with the narrator's growing distrust towards him lead her to question reality even further, causing additional distress.

With John's rigid adherence to Mitchell's method, the narrator is left with two options: either to wait for the echo of her questions to dissolve into resigned silence, or to channel her need for expression otherwise. By pursuit of the second alternative, she takes a desolate, though not an untrodden path, and quietly institutes her liberation. Since there is no paragon of disobedience to guide her, she must tune in to the authentic instinctual compass and, in trusting her own better judgement, exercise autonomy.

4.2. A Room of Her Own behind the Bars of Victorian Womanhood

As with the diagnosis and the denial of creative pursuits, John continues to dismiss the narrator, continually denying her recognition as a subject, treating as a non-speaker, as one whose representations are invalid (Price Herndl 71), even as she suggests ways to accelerate her wellbeing. He isolates her in the upstairs nursery rather than in the bedroom downstairs that she prefers. In the narrator's resting room, "windows are barred [...], and there are rings and things in the walls" (Gilman 3), meaning that the bed is nailed to the floor. The bed in particular symbolizes how powerless the young mother is over her role in reproduction. Furthermore, her discomfort indicates that "this room's function [was to serve] as a prison, replete with bars on the windows and 'rings and things' in the walls" (Lockwood 103). There was no way to escape as even the stairs had been blocked off by the gate. The nursery, illogically, encloses not a child protected by parents, but a wife imprisoned by a husband. Metonymically, this nursery conveys both the confinement of women through marriage and motherhood and the infantilization of women and psychiatric

patients. Moreover, the solitary, cage-like room denotes how psychiatry, veiled by the connotation of its non-invasive nature (similarly to how nurseries convey loving benevolence), served as a means of seamlessly asserting patriarchal power (Boa 20). No exception to the typical Victorian psychiatrist and an illustrative example of Foucault's "ignorant doctor who pretends to know why" (*Madness and Civilization* 138), John identifies primarily with the system and with his patient only perchance and afterwards. Since the outcome of rest cure is in itself uncertain, and dependent on multiple factors, John's previously mentioned concealed self-doubt is an indicator of doctor's responsibility. However, the discourse he relies on to determine his wife's diagnosis allows him, by its virtue of being "powerful and public [and] representing institutional authority" (Treichler 65), to repress this hesitancy. On the verge of being cruel in its rigidity, this discourse "dictates [and] privileges the rational, the practical, and the observable" (Treichler 65), thus silencing and further disabling the patient who, ironically, undergoes treatment precisely because they struggle to perform in this way. Foucault identifies this logical inconsistency at the heart of psychiatric practice as the "evidence of a broken dialogue" (*Madness and Civilization* x). This interruption in the psychiatric discourse sabotages psychiatry's scientific productivity because it circumscribes potential insight, and limits the discipline to recycling of the established concepts, and to perpetuation of futile, inadequate practices. Accordingly, Mitchell's method is doomed to failure.

In asserting that "the language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence" (*Madness and Civilization* x), Foucault acknowledges the constructive power of discourse. Simultaneously, he exposes the logic upholding the hierarchy which authorizes John's and Mitchell's preference for the rational and the observable. Silenced and prudently observed by their psychiatrist, the patient is "othered", and the doctor-patient relationship degenerates from dichotomy to opposition. Not only does the most radical interpretation of this arrangement pose the patient as unreasonable, but it also suspects them to be consciously opposed to reason. Since the psychiatrist figures as a guardian of reason, the treatment they prescribe serves, first, to prevent a viral spread of unreason; then, to reiterate the patriarchal postulates that demarcate reason from madness, while setting an example by punishing the transgressor; and lastly, to rehabilitate the patient for social functioning, or in cases deemed incurable, prevent them from violent and destructive behaviors akin to the unpredictable nature of unreason. Predicated on this notion of animal and regressive nature of madness, and intended to control, discipline and punish, confinement was an integral part of every treatment.

While at first seemingly unrelated to Victorian methods of psychiatric treatment, women's confinement was another product of the same logic that thrived on oppositions and laconic deduction. Just as arbitrarily as it demarcated reason from madness, this discourse also gendered them. This logically manipulated link between women and the mad subject, along with the inherent animality ascribed to it, justified dehumanization and infantilization of perfectly sane and reasonable women. In *The Yellow Wallpaper*, the narrator's confinement in a nursery resembling a cage points to both infantilization and dehumanization which she suffers even before her descent into madness. Since the monologic discourse allows John to apply these mechanisms for rationalizing his decisions on the treatment, the rest cure appears to be a manifestation of the institutional control. Although John's intention is to rehabilitate rather than punish his patient, the lack of communication and the limiting reliance on observation obstruct all efficiency of the treatment. Even more so, "the cure [turns out to be] worse than the disease" (Gilbert and Gubar 89).

The rest cure, however, was not the only revered cure which brought more harm than good. The aforementioned vagueness of characters' names is a device Gilman employs to avoid and criticize individualization as another conspiracy of psychiatry and discourse. Discourse, in its nature, is not problem-solving, it does not address or tackle individual issues. Rather, it is the task of psychiatry to diagnose and treat individually. Nevertheless, psychiatry cannot exist outside discourse or logically operate above the limits set by the discourse. Therefore, to preserve the social structure and deflect from its faults which affect women as a class, psychiatry individualizes women, prepensely misdiagnosing discontent with oppression as symptoms of depression (Oakley 32). A (pseudo-)diagnosis is easily attached when it does not befit the authority to address the causes of women's issues, or when the solution expects them to acknowledge and renounce their privileges. "It is not accidental that the two main biological events placing women beyond men's understanding, namely menstruation and childbirth, have both generated psychiatric diagnoses in the form respectively, of premenstrual tension and postpartum depression." (Oakley 36) This insufficient understanding, and the fact that "doctors' stories tended to dominate medical discourse, while patients' stories were modified" (*On Hysterical Narrative* 24), reflect the cyclic construction of the monologic discourse. Thus, vested by the system with the duty and the authority to medicalize mental illness, psychiatry acts as a clandestine sedative for women's rebellion. Still, Gilman's choice to refer specifically to Mitchell, while leaving John an everyman, demonstrates

how her criticism points directly at the dangers of his method, and doctors' uncritical adherence to the method.

Ironically enough, and a turn of events to spite Mitchell, by unburdening her from all household duties and removing her from society, John unwittingly sustains her unlearning of feelings of marital and motherly responsibilities, as well as her detachment from the majority of arbitrary societal norms. In the words of Showalter, "for Charlotte Gilman's heroine, and for many of their sisters in literature, a room of one's own is a prison as well as a sanctuary" (*Killing the Angel in the House* 211). Although she is still effectively a victim of inadequate therapy and primitive psychiatric care, her isolation allows her to tailor a private alternative microcosm. Her denial of the outside world's logic coincides with the previously described, historically conditioned understanding of insanity, and thus anticipates her descent into madness. Simultaneously, this logical schism unleashes in her the power to fathom the limitations of Victorian society. Having developed consciousness of the women's oppressed condition, she represents the New Woman of late nineteenth and early twentieth-century America.

4.3. The Angel in the House "Out at Last"

Writing, as an expression and proof of women's psychological maturity, interferes with their child-like legal status in Victorian society. For the discourse which conditions women to be socially, economically, and philosophically guided and groomed by a man, their writing is, as Mitchell's method warns, dangerous. However, it is not the patient's psychological wellbeing that is at risk, but the entire structure predicated on, among other forms of discrimination, women's silence (MacPike 287). Parallel to the narrator's act of stripping the wallpaper, her text interrupts the monologue of reason and challenges the language of psychiatry by breaking the silence which enables them. To go a step further and mock the domineering discourse which censors disrespect, Gilman draws a subversive caricature of the patient's regression into animality. The narrator's enhanced sense of smell and her increasingly territorial instinct are the primary indicators of her regression. "Her lair," and metaphorical cage, along with the disciplined nurture she receives support and further specify her animality – "feline" rather than beastly (Golden 26-7).

Gilman recognizes the intimidating effect of erratic (feminine) animality on the institution of reason. Comparably, since women's anatomy remained largely uncharted, and its biology obscured by the discursively conditioned, oppositional relation between sexes, the interpretation of their symptoms was unsubstantiated. Hence the symptoms would be perceived as occurring erratically, with no logic to their sequence, or momentum – inherently hysterical. As Mary Jacobus argues, the narrator's appearance on all fours in the final scene exemplifies an incarnation not only of hysteria but of male fears about women. All body, she personifies the inherently female animality unredeemed by masculine reason (qt. in Golden 16). In the instant when the narrator achieves complete identification with her wallpaper alter ego, she experiences an epiphany, shouting at John: "I've finally escaped... in spite of you and Jane!" (Gilman 14). The narrator's dramatic appearance "captures what Mitchell feared most about the nervous woman: her proliferating discourse, her tendency to emotional excess, [...] her endlessly symptomatic body" (Will 303). John's final, "most undocctorly reaction" (Oakley 31) yet discloses a reflex rejection of, and an extreme, organic even, repulsion for his wife's (hysterical) assertion of autonomy. Witnessing her disobedience and her self-empowered dismissal of his two-fold authority, while himself a slave to the discourse which grants his power, John faints in the face of his failure.

Uninhibitedly crawling on all fours, the narrator claims back the colonized territory of her body as much as that of the room. The body, for Victorian women, was a place of torture. Seeing the beauty ideal, the largely experimental and subjective medical treatments, the primitive methods of contraception, it is hardly an exaggeration to say that women were terrorized with their own bodies. Complete identification with her wallpaper alter ego offers the narrator an out-of-body excursion to experience an epiphany – she not only refuses to torture herself, but also withdraws the coerced consent to be submitted to torture. Simultaneously, she reintroduces hysteria as a "body language" (Price Herndl 54) authentically disclosing her rejection of the oppressive roles imposed on her. Her final impressionistic emphasis on her own inhospitable, untamed body represents a triumphant liberation from the "Foucauldian surveillance which so maddens [her]" (Elbert 110). Finally empowered, her expression is channeled through a rather aggressive body language towards John, whom she, as the reader eventually recognizes, does not love. Rather than being grateful for his concern, she is frustrated by his control and degradation (*Killing the Angel in the House* 210).

The above presented interpretation of *The Yellow Wallpaper* contains elements of different approaches to the text. These different critical lenses represent the spectrum of reception and tell the story of how Gilman's text enriched the feminist literary tradition by shaping its discourse. Diane Price Herndl gives an overview of influential approaches and interpretations regarding the narrator's identification with the woman behind the wallpaper. Gilbert and Gubar read it as her final victory over John, as well as a surge of creativity and liberation. Paula Treichler regards it as a depiction of women's collective voice. Annette Kolodny contends that when the narrator is denied the right to produce her own text, she starts viewing herself as text and begins "reading" the wallpaper pattern. What she "reads", according to Kolodny is her own mind and her own unbearable situation. Price Herndl views identification with the double as an imaginary reunion of the fragmented self. This way, the narrator comes to terms with her condition and eventually embodies Woman, as a hypernym (72-3).

In her interpretation, Birgit Spengler particularly highlights the importance of observation in the creation of female hysteria. She focuses on three elements of the story: the husband's role, the eye motif, and the narrator's descent into madness. According to Spengler, the progress of narrator's madness parallels her internalization of her husband's unspoken expectations – over the course of three months, the narrator undergoes a transformation resembling that of the panoptic prisoner who internalizes a state of constant surveillance and adjusts their behavior accordingly. Additionally, the story's core motif, the yellow wallpaper, is described as having "bulbous eyes" that "stare at you upside down" (Gilman 5) evoking a typical panoptic situation in which "those absurd, unblinking eyes are everywhere" (Gilman 5). Its "bulbous eyes" make the wallpaper emblematic of the visual dimension of control typical for the nineteenth-century America. Spengler also notes that writers such as Alcott, Victor, and Gilman demonstrate, through their use of visuals, an acute awareness of the power implications of medical practices, recalling Foucault's theories on the workings of discipline and control in contemporary societies (41-2, 54).

5. *The Country of the Pointed Firs* (1896) by Sarah Orne Jewett

Set in a fictional Maine coastal community, Sarah Orne Jewett's episodic novel, *The Country of the Pointed Firs* (1896), portrays the genius of women's emotions, an appreciation of autonomy, and an understanding of the modern patriarchal society, with a particular focus on New England. Coinciding with the dawn of the women's rights movement, the art of Jewett's depiction of the Dunnet Landing town community suggests a departure from the patriarchal family structure. That community, in *The Country of the Pointed Firs*, is one of elderly women, who comprise the majority of the town's population. This fact alone calls into question their social status – in the binary division of sex roles, as well as in the novel's narration, their voices become prevalent. However, due to Jewett's regionalist poetics, the context of New England, with its specific religious coloring, bears a great relevance for consideration of this, and other aspects of the novel. Nevertheless, the author charts distinctions along both spatial and chronological lines – neither compassion nor local color encompass the novel's genre entirely. Instead, due to the centralized cultural context, Jewett recognizes the need for her narrative to subvert the discourse, and does so by both centering localities through a vivid presentation, and linking them via compassionate relationships (qt. in Howard 25).

A fair discussion of Jewett's feminist achievements regarding Puritan sex-role ideology in New England's theory and practice requires a level of healthy skepticism about the commonplace assumptions that Puritanism produced a sort of historical conditioning which liberated women. The Puritan discourse was, however, not much different from its contemporaries in deeming women inferior to men in their mental and physical capacity. Thus, Puritan marriage was not an egalitarian relationship but a solemn God-given obligation of men and women, and thereunder a God-given obligation of women towards men. For upon serving God, a Puritan woman is devoted to her husband, a man who is entrusted the distinctive sex role of a leader, defender, and provider. The sexual double standard, which regarded men as inherently aggressive and women as naturally passive, and which enabled Puritan men's expectation of their wives' subordination, was undoubtingly a bedrock of the discourse (Westerkamp 107-8). Even more so in New England than elsewhere, this discourse, because it was so religiously saturated, granted men an authority whose defiance was judged as blasphemy and heresy.

A further long-standing contention, unrelated to the religious element of the society, insists that historically, New England women, because of the relative absence of male workforce in the colonies, benefitted from having opportunities for work outside the home. What frequently remains unclear, albeit it is a telling argument – this employment entailed traditional housekeeping responsibilities. In unenviable working conditions, and with a lower profit than men (Preston 540), women worked as servants, teachers in girls' schools, or low-level medical practitioners, while some kept bars or coffee shops. Since it would require frequent travel, amount to substantial independence and profit, or destabilize the traditionally structured home life, New England women hardly ever worked in the lucrative business of trade, implying that they were still tied to the house. Clearly, the Angel in the House concept was not as influential as it was in more developed communities, for, despite its negative connotations, modeling a life after it reflected a certain set of privileges. Nevertheless, domesticated through the gendered nature of the labor they performed, and in their service subordinate to all men (Kerber 169), New England women still awaited liberation. School teaching, as an example Jo Anne Preston focuses on, served as a tool for women to gain dominance over one pillar of power - once they were well- educated and appointed as teachers, women got the opportunity to leave an impact beyond home, as well as ideologically influence their students (533). That being said, those who showed emancipatory inclinations were seen as no less than deviant. Interestingly enough, a thread of perceived and resented deviance within Jewett's text also runs through its accompanying criticism. As always, any deviance posed a threat, particularly in a Puritan society. An anxiety, characteristic of Jewett's era, of both individual and community's sterility as a form of deviance, is expressed in Henry Maudsley's theoretical writing on degeneration, in which he defined degeneration as a gradual loss of moral faculty in addition to physical deterioration. In his interpretation, sterility represents the final stage of the degenerative process, starting with nervous debility.

The emergence of the New Woman, with her aspirations for education, career, and independence, posed a direct threat to the discourse of psychiatry, and that of the American male hegemony. Simultaneously with the advent of these new changes, physicians (oftentimes conspiring with women's fathers or husbands) advised their patients that pursuing such opportunities would culminate in, among other diseases, sterility (*The Female Malady* 112, 121). Naturally, as the political tensions intensified in this field, women's bodies became battlefields, but their very physical struggles were dissimulated by scientific theoretical discourse and

legislation efforts led by the A.M.A. "Most fiercely contested were issues centered on abortion and lesbianism" (qt. in Smith 11). Thus, besides unfairly pathologizing women, psychiatry undermines their chances of achieving liberation by characterizing each next step on the way as more irreversibly symptomatic than the previous.

Reading the novel as a work of regionalism rather than focusing on its feminist dimension, Werner Berthoff and Ann Douglas Wood criticize Jewett's novel as leaving "an indelible impression of a community that is inexorably, however luminously, dying" (qt. in Jackson 265). According to Berthoff, the setting typified by "the old, the retired, the widowed, the unmarried, the sick, the mad, the 'uncompanioned'," reveals the effects of a "creeping decay" (qt. in Jackson 269). The narrator, however, perceives Dunnet Landing as an in-between area integrating life and death, portraying the town as a place of beauty and vibrancy, albeit simultaneously suggesting that the community and its surrounding region are progressively decaying as the town's major industry collapses and the locals leave for good. Wood, like Berthoff, also found Jewett's work to be devastatingly bleak and condemned her preoccupation with the odd and peculiar, as well as her portrayal of women as "barren and childless ... alone, superannuated, almost deformed" (qt. in Jackson 270). The deformity and decay to which these critics point can be observed as omens of the wasting away of the rotten patriarchal paradigm, and thus the changing status of childless and single women in the era where motherhood stood as one of the pillars of womanhood. Berthoff's criticism reflects the *Zeitgeist* and the growing popularity of psychoanalysis, but it also rests on his patriarchally conditioned understanding of what propriety means for women, which dates back to Victorian concepts. Jewett's female characters, he believes, suffer from "distorted, repressed, unfulfilled or transformed sexuality" (qt. in Bell 71). Thus, their tragedy, along with the novel's grim tone, is embodied in the fact that for them "the only choice, the sacrifice required for survival, is to give up a woman's proper life and cover the default of the men" (Bell 71).

On the other hand, Marjorie Pryse, for example, maintains that the Dunnet Landing community is "a world in which women are alone but not tragic" (qt. in Bell 74). This more optimistic view is first adopted, especially in older reception, by feminist circles of literary criticism, which saw the emancipatory potential of the novel and viewed the novel as a tribute to strong and daring women embodying "mystical female powers" (qt. in Jackson 270). The novel's focus on women's community and herbal healing, as well as its rejection of heterosexual standards,

were applauded by this wave of criticism. Contrary to the most prominent Victorian ideal, Jewett's depiction of the community of elderly women indicates an increasing detachment from the patriarchal family structure. According to Jennifer Bailey, Jewett portrays a society where women are innately dominant (Bailey 285). The demise of the shipping industry, in particular, allowed her to examine and criticize the frequently antagonistic relationship between people and their natural environment, as well as the suffocating effect of imposed isolation. Jewett raises this issue of antagonism through women's characters in her works, reflecting thereby her personal attitudes. Rarely depicting fulfilling and healthy relationships between men and women, Jewett attributes the highest purpose to relationships between women, which are presented as morally, spiritually, and emotionally empowering, and delightful (Jackson 285). However positive and open-minded, this criticism fails to notice that the women's relative prerogative in Dunnet Landing is consequentially tightly knit to the absence of men, rather than a systemic overturn of power through feminist struggle. Thus, women can exist without the burden of being monitored and controlled in everyday activities and without all their personal spaces and bodies being constantly invaded by various forms of patriarchy. This suggests that they are given greater privacy does not, however, amount to complete freedom, as it does not immediately exempt them from oppressive social structures of a higher rank. This oppression is reflected in women's discretion regarding matters of sexuality, and it is, as it has been said of confinement in the previous chapter, "implicit in their secretness" (Gilbert and Gubar 83). So, while it is true that the absence of men is not presented as a tragedy for Jewett's female characters, Mrs. Todd does remind the narrator of "Antigone alone on the Theban plain" (Jewett 78), so there must be a tragic streak in their lives as if there is a lack of freedom in their independence. This freedom they are lacking is freedom of unlimited choice, which allowed men to become absent, and the character of Joanna gets the closest by absconding from the gaze of the community.

Throughout the 1990s, the work's feminist dimension was overshadowed, since the canon's omissions have been addressed, and evaluated from the perspectives of racism, in addition to questions of class, gender, and sexuality (Howard 4). Similar to Gilman's case, although the structures Jewett denounces are indicative of white nationalism, scholarly criticism of her work took a significant turn toward rethinking the racial issues, notably the "deeply racialized and nationalist [...] categories through which Jewett constructs her local solidarities" (qt. in Jackson 270).

5.1. Women in *The Country of the Pointed Firs*

The unnamed narrator, having visited Dunnet Landing once before, comes again to spend the summer and work on her writing project. Besides demonstrating great curiosity in the villagers' dialect, customs, and Dunnet's nature, the narrator, focuses on the solitary older women's lives "beyond the family's orbit" (Jackson 272). Even though she eventually gets accepted as a member of the Dunnet community, the narrator, commanding the perspective, never fully merges with the community, because she imminently returns to the world she came from. The narrator's initially somewhat patronizing and occasionally frustrated attitude indicates the nature of this small-town environment in a realistic way (Smith 290). She lodges with Mrs. Almira Todd, a middle-aged widow, who makes a living by selling homemade herbal medicine to the villagers and renting this room of her own to tourists such as the narrator. Mrs. Todd's relevance lies beyond the display of her independent lifestyle, and the stories she tells the narrator. On her example, because she commands practical knowledge of Dunnet Landing's luxuriant natural world, which she uses to help townspeople, and with the connotations of herbal healing in mind, Jewett demonstrates that "witches were healers and priestesses, not dealers in 'evil magic' as [...] Christian conquerors taught" (Crumpacker 158). Thus, critics often refer to Mrs. Todd "as witch, as goddess, as feminist healer" (Camfield and Camfield 2002). Jewett's admiration of this sort of knowledge and practice, which she describes through the narrator as an intimation of truth itself" (Jewett 85), lies partly in its feminist potential, and for that, the significance she ascribes to Pennyroyal, which is "in fact, a natural abortifacient" (Jackson 277) is especially telling.

In small towns and villages, like Dunnet Landing, medicine is even today not nearly as institutionalized as in urban communities, and therefore, it can easily eschew the patriarchal control that supports the overpowering discourse. This subversive potential, combined with the fact that the main practitioners in Dunnet Landing were women, resulted in the fact that these "herbalists were often visited by women seeking abortions" (Crumpacker 158). Thus, although the women of Dunnet Landing appear to have aged past the need for birth control, Jewett's consideration of this controversial topic signals the author's concern with the issues of glorifying motherhood. In rejecting marriage and motherhood, as the two pillars of womanhood in Victorian America, the women in Jewett's novel directly contribute to Dunnet Landing's very demise. Analogously, Jewett's women characters are endowed with the ability to restore the town to

hopeful abundance. However, instead of "healing" the community in this way, and at their own expense, the women, and Mrs. Todd as their representative, choose to heal themselves, and each other, a proposition which the paper will expound on in the subsequent part, tightly tied to malady, civilization, and hermitage.

The abundance of characters in the novel reflects the narrator's sociological curiosity, as well as her awareness that, despite the shared context, each character's life is shaped by deeply personal trauma, or a peculiar family history, bearing further retrospectives. Some of these characters are Mrs. Blackett, Mrs. Todd's surprisingly energetic 92-year-old mother, living on the Green Island; Mrs. Susan Fosdick, Mrs. Todd's friend from a neighboring village who tells the narrator about "Poor Joanna". Moreover, Mrs. Begg, remarkable by having had three husbands during her life, and who dies early on in the novel, personifies women stifled by village life. Another early death in the novel is that of Ellen Tolland, an old friend of Mrs. Blackett. Her death, along with Mrs. Begg's, serves as a reminder of the lurking transience. Additionally, Mrs. Begg's widowed status calls for the note that widowhood offered many benefits regarding the legal limits on women in Puritan society, but only if they did not remarry. As coverture would no longer apply to a widowed wife, her legal standing altered, and she naturally gained more independence. However, husbands could include in their wills that their wives' inheritance was contingent on their remarriage status (Alvarez 62). Abby Martin is another elderly friend of Mrs. Todd, living alone in a remote house several miles inland. Because of her contentment at the fact that she shares the birthday, and several other resemblances to Queen Victoria, her character stands for the old Victorian enthusiasts.

Finally, there is the character of Joanna Todd, whom the narrator describes as "this plain anchorite" (Jewett 102) who "wanted to be free" (Jewett 90), and with whom this paper is substantially concerned. "Poor Joanna", as they call her, is connected to other characters by being a cousin of Mrs. Todd's late husband, but her appearance in the novel is rather due to the peculiarity of her lifestyle. The narrator learns about her backstory in Chapter 13 of the novel, when she asks Mrs. Todd and Mrs. Fosdick to tell her more about the Shell-heap Island, where Mrs. Todd and the town's minister, Reverend Dimmick, once went to visit Joanna. After her fiancé left her, Joanna retired to the remote Shell-Heap Island, where she lived for the rest of her life as "a sort of nun or hermit person" (Jewett 90). The townsfolk kept an eye out for her from a distance, and one young

man in love with her would bring her wonderful gifts on the island's shores. Due to her autonomous choice of this hermit-like existence, the self-imposed isolation, the character of Joanna invites for further analysis and will be discussed at greater length in the subsequent part of the paper.

Despite several contemporary feminist theories which emphasized the importance of motherhood as women's central function to civilization as well as the sociopolitical value of reproduction, Jewett demonstrates in *The Country of the Pointed Firs* that women can be very much empowered by dodging motherhood altogether (Jackson 273). Racial nationalism also emphasizes the necessity of childbearing and procreation in securing the preservation of a nation. Therefore, a community where women live independently and without having children, and are not stigmatized for such life choices, opposes such an agenda, redefining women's roles and responsibilities by affirming that they can be socially beneficial in other ways. Jewett also illuminates the reality that surviving life's trials generates good counselors and healers by giving voice to these women strengthened by various obstacles, such as unhappy marriages and poverty. Jewett is also a firm believer that intensively engaging in outdoor activities helps prevent illness, and leads to a long and healthy life. As they are indistinguishable from other living things, women in Jewett's novel spend so much time in the fields and are so deeply attached to their natural environment (Crumpacker 156). This stands in stark opposition to the Victorian ideal of the Angel in the House, and its restrictive confinement principles.

Nevertheless, far from an unmitigated celebration of and awe at these resilient women, Jewett's narrator is aware of the implications of the community's nonreproductivity (Jackson 272). Although this nonreproductivity defies the patriarchal discourse, it is only defiant in that it is not creative. Women's empowerment is indeed reflected in the way they do not merely occupy but own large spaces to suit their personal lifestyle preferences. Nevertheless, it is an exception conditioned by their unique context and comes only at the price of remaining so. Hence the problematic nature of such social fantasy - vulnerable to the momentum of time, the vision shatters.

5.2. The "Unpardonability" of Joanna's Sin

As abovementioned, in Chapter 13 titled "Poor Joanna", Mrs. Todd and Mrs. Fosdick tell the narrator the story of Joanna, a woman who lived and died in self-imposed exile on the Shell-

heap Island. The narrator's feelings regarding the culture she encounters in Dunnet Landing are between encomium and cautionary tale in her treatment of Joanna, who epitomizes the New Woman's ethos of autonomy, and carries it to the extreme (Jackson 274), but in whose narrated disposition there is "something mediæval" (Jewett 93). That Joanna's story is often portrayed as a cautionary tale is precisely because her drastic break from the social order distinguishes her as the type of woman who sparked anxieties about the end of whiteness, her purposeful celibacy, and unreproductivity, as well as her radical rejection of marriage and motherhood.

In the novel, during the conversation of Mrs. Todd and Mrs. Fosdick, what the narrator essentially witnesses is gossip. The two women, it is important to highlight since gossip carries mostly negative connotations, with a "sorrowful compassion" (Bailey 289) heartily refuse to laugh at Joanna, which indicates a level of respect for her. As the narrator gets included in the conversation about Joanna, she starts feeling as a part of the community (Camfield and Camfield 47). The sympathy which the narrator assumes towards Joanna while listening to this gossip contains an element of pity, reflective of the community's attitude towards women like her. This reaction, however, in the case of the narrator, is overpowered by her compulsion "to pay a pilgrimage to the island, in part to acknowledge the universal isolation of all humans, but also to reenact Mrs. Todd's visit [...] and establish a similar empathic bond" (Rohloff 43). With a comprehension of the causes that guided Joanna on her path and an awareness of a common source of women's oppression, Mrs. Todd deliberately fosters the narrator's empathy. For this reason, she gives the narrator a coral pin that was originally a gift to Joanna, reminiscent of the deep-running parallel between the two women (Bailey 290).

Except for Mrs. Todd, whose honest emotional reaction originated from her own authentic experience of being misunderstood by the society, as well as desperately in love, this general ignorant, objectifying pity indicates that the community then still imposes values according to which one is pitied, envied, respected, or shunned. Thus, an element of unpardonability of Joanna's sin is contained in the fact that the morality of Joanna's behavior is up for discussion in the community. Although Joanna is the first to deem her sin "unpardonable", such designation is a consequence of the internalized Puritan values she had been socialized to prioritize over personal ethical sentiments. Hence, resembling the public small-town Puritan scrutiny Hester Prynne of Nathaniel Hawthorne's *The Scarlet Letter* faces for committing the sin of adultery, yet to a

substantially smaller extent, because "for the most part sympathy overcomes contempt" (Camfield and Camfield 47), Joanna's actions and decision are debated by many in her community.

Reverend Dimmick, who represents the ideological and moral values of that time, is unable to approach this woman he perceives as strange. Nevertheless, Mrs. Todd, accepting Joanna's refusal to give up her penance on the island, comforts her and "[hugs] her tight, just as if she was a child" (Jewett 98). As Laurie Crumpacker observes, Jewett's criticism of nineteenth-century religion, based on her own Swedenborgian convictions⁵, comes to the surface here (162), as "the love and understanding between Almira and Joanna exclude the helpless and bewildered Reverend Dimmick" (Bailey 289). In this episode, Jewett demonstrates how Joanna's lifestyle inspires admiration and compassion in women who do not subscribe to the patriarchal discourse's imperatives while instilling anxiety in men and women who are committed to that religiously imbued discourse. Reverend Dimmick, as a representative of religion, serves to show how inept for comprehension a man is made by blindly following the societal customs. Despite his formal role as a religious authority, he lacks spirituality, as observed in his cold, authoritarian approach to Joanna, while also lacking practical skills, as shown in his inability to sail a boat (Bailey 292). Completely out of tune with any intuition, he is a perpetrator of prevalent views and a diagnostician of any possible insanity, it being a construct created by ideological thought, and referring to any that depart from the promoted patterns of reason and conduct. However, because he is a minister rather than a physician, his diagnostic tool is religious, rather than scientific. Therefore, Joanna's alleged "deviation" is not referred to as an illness or malady; rather according to the Puritan ideology, it is a sin.

As Jennifer Bailey demonstrates, "the minister believes that Joanna's freely chosen solitude is morally wrong because [...] male attitudes to the wilderness are grounded on a fear that assumes uninhabited lands must be hostile" (Bailey 289). Essentially, Victorian attitudes toward wilderness associated it with animality and insisted that it is an opposing force to civilization, which is why it needed to be tamed and colonized. Joanna's acceptance of this wilderness, her deliberate comfort in it, translate as her belonging to the wilderness because of her animality. Generally, as demonstrated in the previous chapter, the animality was ascribed to women, as well as to mad

⁵ According to Emmanuel Swedenborg, the eighteenth-century Swedish philosopher who Jewett subscribes to, humans govern their own fate, and a life which aligns with the divine arrangement is one of generosity and assistance to others (Crumpacker 162).

individuals, and madness was considered to be "both error and sin, [...] impurity and solitude" (*Madness and Civilization* 175). This, according to the diagnostic practice such as Mr. Dimmick's, draws a connection between Joanna and madness. However, because of the lack of animalistic, wild expression on Joanna's side, she is not treated as mad, even though she may have been regarded as such.

Mrs. Todd, as the community's healer, also corresponding in parallel to the Victorian physician, and thus rivaling Dimmick, does not strive to rehabilitate Joanna to the point that she may be reintegrated into society. Because her existence is not regarded as a threat to society, disciplinary violence in treatment as a means of eliminating such a threat is unnecessary. The minister, in this case, is the material manifestation of a discourse that identifies Joanna's action as "the unpardonable sin", as well as the embodiment of a societal construct that provoked her deeply internalized shame. Mrs. Todd, on the other hand, represents the community's subversive factor: as a woman firmly embedded in the village's social life, she functions as a catalyst for a reformation from within. Mrs. Todd, as evidenced by her attitude toward the Reverend, reflects a rejection of the Puritan norm. Thus, "the tale of Joanna's lonely life undermines the traditional polarity of a primitive wilderness and a civilized femininity" (Bailey 289). In sympathizing with Joanna because she was also once abandoned by a young man, as well as in her general aforementioned healer's practice, Mrs. Todd establishes an alternative discourse of health resting on solidarity and understanding and creates "a female world of mutual dependency and deep affection" (qt. in Howard 7).

Hearing the account, the narrator is initially intrigued by Joanna's courage, wondering "upon a state of society which admitted such personal freedom" (Jewett 93). The narrator soon contradicts herself: "My thoughts flew back to the lonely woman on her outer island; what separation from humankind she must have felt, what terror and sadness" (Jewett 95). The narrator's indecision about whether Joanna's exile is an act of protest that grants her admirable autonomy or a painfully endured social exclusion is encapsulated in her assertion that "there is a place remote and islanded, and given to endless regret or secret happiness" in every person (Jewett 103). These contrasting attitudes ensure that both readings of "Poor Joanna" are possible (Jackson 275), but that both are highly subjective as well.

5.3. Joanna's Isolated Life – Malady, Civilization, and Hermitage

Ironically, by setting her story in a raw and primitive location, away from metropolitan society, Jewett is able to portray late-nineteenth-century reality for women who do not lead highly privileged upper-middle-class lives and therefore do not necessarily embody the Angel in the House. In portraits of women working out in the open, living sustainably on their own, focused on securing existence rather than relying on their husbands to provide for them, "Jewett articulates a covert feminist realism" (Smith 11). Moreover, Mrs. Todd's account of Joanna's life on Shellheap Island suggests a harmony of natural and primitive life with the improvised domestic comfort even in such isolation, and a delicate balance of a simple order (Bailey 288-9). By providing such an image, the author shows how shifting one's focus away from heterosexual marriage and child-rearing allowed whole new ecosystems of female friendships and partnerships, which were often more fulfilling than Victorian marriages (Crumpacker 164).

Clearly, the relationship between the healer and those seeking help was very much different from the doctor-patient relationships in medical institutions. *The Country of the Pointed Firs* emphasizes the self-sufficiency of women-dominated communities, even when these women lacked access to professional medical education. The town doctor, despite his presumable authority, never appears in the book. He is only casually mentioned, practically figuring as Mrs. Todd's colleague. Instead, as a substitute for his character appears Mr. Dimmick, whose visit to Shell-heap Island signals the importance of religious/spiritual healing as an alternative, or rather as a parent to medical treatment. In this sense, he is presented as incompetent, and overall weak, thereby standing in sharp contrast to Mrs. Todd's competence and resourcefulness. By doing so, the author also draws attention to the positive impact of the healer's inherent connection to the community, rather than the contrived distance in doctor-patient and alike relationships. Although the benefits of such healing practices, which "might once have belonged to sacred and mystic rites," (Jewett 34) might be contested with the claim that it is not safe or medically valid, Jewett's novel does not contain any incident of fatal consequences, and it is so for a reason. Jewett subtly reminds the twenty-first-century reader, through the character of Mrs. Todd, that abortion is not a creation of modernity, advancing secularism, or emblematic of the decline of the traditional family. Historically, women have preferred to limit the size of their families for the sake of their wellbeing, as well as the entire family's financial stability, without sinful connotations. Society's morals have

nothing to do with the legal status of abortion. Rather, this legislation is linked to the dominant discourse on sexuality and gender, with religion providing moral authority.

Interestingly enough, although abortion was a controversial topic in Jewett's own time, and to an extent it still is in many communities, no legal, social, or religious force could have prevented a woman living in New England in the seventeenth or eighteenth century from having an abortion. Contrary to widespread belief, Puritanism's rigid rule did not punish or oppose early-term abortions. However, general national anxieties, even around early-term abortion, emerged in the nineteenth century as Victorian values took hold. Numerous causes, primarily shifting socioeconomic, and family variables in the early nineteenth century contributed to the new legal restrictions regarding access to abortion. The patriarchal and colonial discourses supported the bias that abortion was, if not equal, then comparable to infanticide and an issue caused by upper-class white women who prioritized other interests over having children and thus had them later and in smaller numbers (Knight 57). White institutionalized patriarchy was concerned about the changing ethnic and racial dynamics in America, spreading the propaganda that a low birthrate in the white upper class would lead to immigrants overpowering the nation. Greater female autonomy was also viewed as a threat to male authority and patriarchy, particularly when Victorian women participated in activities outside the home, strongly promoted by Jewett, and entered previously male-dominated fields such as social work, medicine, and writing in search of meaningful, rewarding life paths. Soon, professional doctors began to contend, unauthorized practitioners, such as homeopaths and midwives like Mrs. Todd of the Dunnet Landing, attempting to assert the power and legitimacy of male-dominated institutionalized medicine and to oppose abortion partly indirectly (Knight 62). Thus, an informal coalition began to campaign for the criminalization of abortion, consisting of doctors institutionalized and unified under the American Medical Association. Supported by the Catholic Church, they portrayed women who terminated their pregnancies as abnormal and egotistical, apostate, and faithless, all while well aware that neurasthenia, hysteria, depression, and many other disorders were associated with problematic pregnancy, or with women's inability to adapt to this new (imposed) physical reality. By the end of the nineteenth century, this coalition managed to put the lid on women's choices about their own bodies. Stigmatizing and criminalizing abortion was a method male doctors applied to gain control over their patients, for men to assert dominance over women in private and public spheres, all by inhibiting their bodily autonomy.

In this light, it becomes clear that Jewett may be assuming a mocking attitude towards the entire patriarchal discourse, which was partially responsible for the history of the novel's interpretation. All the childless women of Dunnet Landing, the ones whose widowed or celibate fate was thought deserving of sympathetic pity, such as Mrs. Todd herself, could have easily and discreetly indulged in fulfilling love affairs, otherwise as unpardonable as Joanna's sin, and aborted any probable pregnancies in all their independence. This perspective fosters a greater understanding of Mrs. Todd's remark that "pennyroyal always reminded me, as I'd sit and gather it and hear [Nathan] talkin' – it always reminded me of – the other one" (Jewett 77), namely that she herself had an abortion linked to an extramarital affair (Camfield and Camfield 39). Seeing their lives this way, "pennyroyal appears as something of a metonymic representation of Mrs. Todd's character" (Smith 16). Mrs. Todd displays genuine sisterly solidarity and virtually promotes a subversive political praxis by familiarizing the narrator with the pennyroyal. Similarly to when she gives her the coral pin, Mrs. Todd establishes an identification between herself and the narrator, trusting that the narrator would, as her informed apprentice, be a provider of pennyroyal potions and teas for women in need of abortion due to a complete lack of contraception (Smith 17).

As a representation of abortion practice, the novel challenges the commodification of women's bodies sustained and perpetuated by Victorian and early Modern patriarchal ideologies, articulating the emancipation of women's bodies concerning sexual autonomy. Moreover, *The Country of the Pointed Firs* communicates women's agency, manifestly undermining the institutionalization of patrilineal ownership by presenting its heroines in full charge of ways they independently make a living, and how they secure a roof above their heads.

Joanna's story is also a relevant indicator of how the community's traditions are preserved by members through the commemoration of their own, or the pasts of their acquaintances', since reiteration of history, instead of its re-examination, fortifies existing discourse. Thus, Mrs. Todd's and Mrs. Fosdick's recollecting Joanna's fate goes to show how Dunnet Landing perpetuates its identity. Moreover, the characters are preoccupied with the past, rather than anticipating any future advancement. Mutual agreement upon these gossip-like discussions fosters trust, and alliance, hence nourishing the community as a whole. On the other hand, the narrator, as an outsider who learns about Joanna from the story she is told but also makes an effort of visiting Joanna's grave on Shell-heap Island, has a slightly different form of perception. Due to the contextual distance

between her and Dunnet's "legends" the narrator is able to mythologize, and hence generalize their matter. She feels that Joanna's life is not a singular incident of such a life, although it may be regarded as such in the context of the novel's setting. Rather, the narrator muses on the significance and symbolism of Joanna's grave as proof of her existence, and finds her life to be one of the greatest consummate truths about the human condition, particularly isolation:

Later generations will know less and less of Joanna herself, but there are paths trodden to the shrines of solitude the world over, —the world cannot forget them, try as it may; the feet of the young find them out because of curiosity and dim foreboding; while the old bring hearts full of remembrance. (Jewett 102)

Joanna's disillusionment in love and her misery, led her to commit "the unpardonable sin" (Jewett 98), as she refers to it, of blaspheming God. She explains to Mrs. Todd and Reverend Dimmick that she "can't expect ever to be forgiven" (Jewett 98). "Doomed from the first to fall into a melancholy" (Jewett 90), and having shunned human contact for the rest of her life, Joanna is both a powerful woman and a sinner excluded from her community and left for social deprivation on the remote island. While moving away already separates her from society on a physical level, the eccentricity of her decision to impose confinement upon herself extends this separation even further. Since, according to Foucault, "confinement hid away unreason, and [...] explicitly drew attention to madness" (*Madness and Civilization* 70), Joanna's self-isolation initially brings into question the matter of her sanity and challenges her social status. However, since Joanna is not examined by a male physician, but blessed with Mrs. Todd's sympathy and her helpful disposition, this (additionally demeaning) trial is subtly avoided.

Above all, Joanna's isolation "betray[s] the shame" (*Madness and Civilization* 70) but not the shame she or her actions aroused in the community, since the effects of such a collective reaction would certainly last less than a lifetime. Her confinement betrays the intrinsic shame, which is not accompanied by any social punishment. Thus, tormented by guilt, and believing that she is unworthy of forgiveness, Joanna must punish herself. By "chain[ing] [herself], by silence, to transgression and to shame" (*Madness and Civilization* 261), she does not allow anyone else to forgive her either, or to look past her sin, and says: "I haven't got no right to live with folks no more" (Jewett 98).

The unpardonability of her sin is absolute because it is rooted in an axiomatic dogma, which is essentially a blend of religious principles and social discourse. Therefore, this "unpardonability" of sin is not Joanna's construct, although her fixation on it may partially indicate so. Being "raised amidst Calvinist doctrines of humiliation and self-punishment" (Crumpacker 161), in combination with the society's homogeneous rules of conduct, Joanna's shame-response is effectively expected, as she was socialized into it. This shame-response cannot be conceived of prior to civilization, it is not natural but socially constructed. The feeling of shame is an agent fostering cultural conformity, and therefore plays an important role in the process of socialization, and thus has to be imposed on its object from very early on. For example, "simply to manage the hygiene of menstruation in a household where it could not be acknowledged or revealed created a sense of anxiety and shame" (*The Female Malady* 57). This idea might seem banal in comparison to Foucault's idea of the panopticon⁶ and its immediate political connotation. Nevertheless, this invasion of privacy has an extremely formative effect, especially in fostering feelings of shame in regard to bodily autonomy and creating an aversion to sexuality, resulting in denying women full ownership of their bodies, as well as denying them pleasure.

Furthermore, since shame does not exist outside civilization, it depends on the audience, on the eye of the other, and for women, in particular, on the male gaze. The male gaze, as empowered as it was by Victorian discourse, extended to the most private corners of women's lives, as well as bodies, relying on objectification and sexualization as its two main methods. Hence, in being a reaction to the male gaze, shame is also a recognition of its validity. Shamelessness, on the other hand, reflects a lack of such recognition, and that is why, as Showalter points out, "shamelessness was seen as one of the worst impulses of hysterical patients" (*The Female Malady* 162). So, even though Joanna's self-imposed confinement draws attention upon itself the same way exclusion of the mad does, by connoting shame it acknowledges the male gaze and the discourse which grants its authority. The community of Dunnet Landing indeed perceives Joanna as strange, and her decision as unreasonable, but does not deem her mad because she is not

⁶ Foucault's concept of the Panopticon rests on the idea that it is the centerpiece, from which one may observe everything while remaining unseen (*Discipline and Punish* 202). Eventually, for the modern western society, it has come to signify that, even when one is not in a public place, one subconsciously monitors, disciplines, and conforms oneself, one's appearances, social interactions, as this surveillance is internalized, so that one is constantly and painfully self-aware. This notion will be elaborated further in the concluding chapter.

shameless or unaware of the patriarchal and religious code. Her "social deviation" is not destructive in relation to the discourse, but affirming. At the very least, this is the reasoning behind the community's peaceful acceptance of her decision. Had she, on the other hand, exhibited a shameless hunger for contact and reintegration, a diagnosis would likely have ensued, followed by a treatment, which would have aimed, as it is shown in the previous chapter, at punishing her and taming her expression.

6. *The Awakening* (1899) by Kate Chopin

Kate Chopin's novel *The Awakening* is often seen as a call for a questioning of women's position from socio-historical and gender-based perspectives. The year of 1899 as its publication year is also relevant since the novel appeared on the edge of the twentieth century and brought to light the long-silenced voice of the New Woman, the "devilishly wicked specimen of the sex" (Chopin 103). Originally titled "A Solitary Soul", Chopin's novel chronicles the quest of a young woman, Edna Pontellier, stifled by the roles of mother and wife. The protagonist's struggle for sexual, emotional, and intellectual liberation from the upper-class Creole society in the restrictive context of postbellum Louisiana, classify *The Awakening* as a "novel praising sexual discovery and critiquing the asymmetries of the marriage plot" (Yaeger 202). That said, Chopin was unquestionably laying the groundwork for modern feminism in the late nineteenth century through the sexual themes of her novel, which is why feminist scholarship of the 1960s initially applauded *The Awakening* (Dyer 5).

The novel starts with Edna vacationing on Grand Isle with her husband Léonce and their two children, while the Ratignolle family is also staying at the same pension. Madame Ratignolle is a close friend of Edna's, despite their profoundly different views on motherhood. Madame Ratignolle embodies the archetypal mother figure, willingly surrendering her identity to commit her entire life to motherhood and marriage. In contrast to Madame Ratignolle stands Mademoiselle Reisz, a superb pianist who is also on holiday on Grand Isle, and who offends practically everyone with her vocal and critical opinions of others. She does, however, take a liking to Edna, and the two become friends. Edna is emotionally moved by Mademoiselle Reisz's piano performance, which awakens her openness to passionate expression and inspires her to embark on a summer-long journey of self-discovery.

Robert Lebrun, a young and endearing man, who pursues a casual affair with a different, usually married woman each summer, is also on Grand Isle with them, and that year, Edna becomes his focus. As Edna goes through the process of self-searching, gradually recognizing the character that exists beyond her roles as a wife and mother, Robert unintentionally stimulates and then gratifies her budding sexuality. By the end of their vacation, Robert and Edna develop a deep attraction to one another. His unexpected sincerity about her pushes him to carry out his plan to travel to Mexico in search of fortune.

Edna is devastated by his absence and remains fixated on him much after her return to New Orleans. As a consequence of her ongoing self-discovery, she seems to be adamant in satisfying her wants and needs, ditching the middle-class pretense. She devotes substantially more time to painting and deliberately neglects her domestic and social responsibilities. Léonce is taken aback by Edna's resistance to social norms, so he approaches Dr. Mandelet, a family friend, who recommends Léonce to let Edna be and to "outgrow" her abnormal behavior. Simultaneous to her estrangement from Léonce comes her improvement as an artist, and she now manages to sell some of her work with the help of her art teacher. The money she makes this way allows her enough independence to move out of the family mansion and into a small, rented property nearby. Still, she is using Léonce's resources for living expenses.

All the while, Edna remains friends with Mademoiselle Reisz and Madame Ratignolle, who is expecting. In the meantime, Robert writes to Mademoiselle Reisz, and she lets Edna read these letters. Although engaged in a frivolous romance with the womanizer Alcée Arobin, she is still passionately in love with Robert, and therefore it thrills her to find out that he will soon be back in New Orleans. However, much to her dismay, she meets Robert by chance when he visits Mademoiselle Reisz. Naturally, she resents him for not having immediately sought her out upon his return. He struggles to stay at a distance from Edna since she is married, but she eventually pushes the matter by kissing him, and he admits he loves her. This way, Edna tries to convey her complete and conscious dismissal of the societal codes that censor their relationship, as well as her emancipation. Yet, before she can clarify all this, she needs to accompany Madame Ratignolle to labor, during which Madame Ratignolle warns Edna about the effects of her behavior on her children. Edna is distraught when she realizes how much her children would suffer if she abandoned their father for Robert. At the same time, Robert composes a goodbye letter and leaves. Devastated, understanding that she cannot go back to her previous married life with Léonce but is also unwilling to harm her children socially, as she is aware of the stigma associated with divorce and infidelity. The following morning, she goes to Grand Isle by herself and drowns.

As Emily Toth demonstrates, different generations and different audiences have interpreted Edna's struggle in various ways (120). This section focuses on Chopin's accomplishment regarding the raised awareness of the link between women's mental health and their historically conditioned gender role, namely that of a wife and mother.

6.1. Women in *The Awakening*

The central relationship between women in *The Awakening*, the one between Madame Ratignolle, that is Adele, and Edna is presented in the form of juxtaposition. These two women symbolize two opposing ideals: Adele thoroughly embodies the Victorian ideal of a devoted mother and wife, she is even described as "delicious in the role" (Chopin 26), while Edna stands for the New Woman at the turn of the century, the "devilishly wicked specimen of the sex" (Chopin 103), whose primary identification departs from the family structure. Edna is the archetypal artist and lover. Through the figure of Adele, as the unemancipated wife, Chopin problematizes this narrow notion of the self-imposed by an obsolete role that denies women authentic identity (Treu 25). Instructed at home, at school, and in the literature of the period, the attitudes that assertive individuality, autonomy, and ambition are masculine traits, inappropriate for women and the domestic sphere, define Adele's lifestyle. Unlike Edna, Adele accepts that she has an obligation to show love and subordination to the men in her life. She is never encouraged to excel in any subject valued by men, or society (Smith-Rosenberg 656).

This polarity between the two women is further emphasized by the portrayal of Adele in labor, and her warning to Edna, who cannot bear to realize the social reality which punishes her (sexual) soul-searching by stigmatizing her. As it becomes crystal clear to her that the patriarchal society condemns women who seek freedom, presuming that such a woman neglects her children, who she is intended by nature to take care of, Edna goes through an identity crisis. She oscillates between affection for her children, as she never denies her love for them and her need for independence. This lack of Adele-like devotion is evident in the fact that "she was fond of her children in an uneven, impulsive way. She would sometimes gather them passionately to her heart; she would sometimes forget them" (Chopin 37).

Although she never devalues motherhood as such, Edna expressively denies its imperative and its supremacy over larger truths of human existence (Dyer 106). Thus, by essentially devaluing the Angel in the House principle embodied in Adele, Chopin tends to emphasize the importance of self-definition, individuality, and autonomy which the protagonist relentlessly pursues. This way, she contends that women's full recognition should rest on their inherent value as human beings, not their reproductive capacity (101). The author used this juxtaposition of Adele and Edna to demonstrate the extent to which Edna clashes with her social and cultural contexts. And the

heartbreak Edna experiences as a result of her failure to reconcile her motherly responsibility with her ongoing development as an independent woman was Chopin's way to demonstrate the issue's complexity. This incompatibility between the two identities explains to an extent Edna's suicide, which will be discussed later (103).

While Adele's lifestyle and attitude are in direct contrast to Edna's growing independence, she unknowingly aids Edna's development. Adele's liberated verbal expression, characteristic for the contemporary Creole women, functions as a trigger for Edna to ditch her formerly restrained disposition: "There was nothing subtle or hidden about her charms; her beauty was all there, flaming and apparent" (Chopin 26). Adele also provides a contrast for the character of Mademoiselle Reisz, "a disagreeable little woman, [...] who had quarreled with almost every one" (Chopin 44), and whose unorthodox and individualistic behavior encourages Edna's behavior.

Mademoiselle Reisz may have had the greatest influence on Edna's awakening. Single and childless, she commits her life to music with zeal. As a gifted pianist leading a solitary life, Mademoiselle Reisz embodies independence and inspires Edna, as evidenced by them progressively spending more time together as Edna begins actively seeking personal independence. Additionally, she is the only character in the story who is aware of Edna's and Robert's affair, so she acts as a confidante for Edna.

Another female character whose appearance on Grand Isle speaks of the social context is the Lady in Black, representing the calm surrender and seclusion traditionally expected of widows. Her solitude, unlike that of Mademoiselle Reisz, is devoid of individuality or liberation. Instead, it is the image of a self-sacrificing disengagement from life assuming respect for her late husband.

6.2. Edna's Sexual Liberation

As one of the catalyst texts which initiated and empowered feminist discourse on sexuality in literature and its role in women's liberation, *The Awakening* problematized the relationship between women's sexual desire, and their desire for complete, emancipated selfhood. The groundbreaking quality of Chopin's novel is contained in the fact that "where previous works ignored sexuality or spiritualized it through maternity, *The Awakening* is insistently sexual, explicitly involved with the body and with self-awareness through physical awareness" (qt. in

Parmiter 39). Feminist scholarship largely interpreted Edna's sexual affairs as Chopin's attempt to emphasize her free spirit, as well as her rejection of Léonce's control and the commodification she was subjected to through marriage. Thus, critics like Sandra Gilbert praised Edna's character as a brilliant symbol of the New Woman's "erotic liberation" (qt. in Dyer 27).

Chopin did not fail to include in this framework the scrutiny women face because of their sexual desire, and the ways this disapproval and punishment of sexual expression hinder political progress. To appreciate Chopin's feminist accomplishments fully, and to understand Edna's subversiveness, the Victorian version of womanhood and previously discussed Angel in the House principle need to be taken into account. The typically Victorian attitude towards women is exemplified by the instance in which Léonce observes Edna's sunburnt body on Grand Isle, "looking at his wife as one looks at a valuable piece of personal property which has suffered some damage" (Chopin 21). This entitled objectification stems from the discriminatory discourse, which sees women solely as entities enabling male sexuality. Edna's later sexual rejection of her husband is thus a rejection of his objectification and the discourse that allows it. To reject the other side of the objectifying coin which is the Madonna-whore complex, there is a clear reference to the angel metaphor:

In short, Mrs. Pontellier was not a mother-woman. The mother-women seemed to prevail that summer at Grand Isle. It was easy to know them, fluttering about with extended, protecting wings when any harm, real or imaginary, threatened their precious brood. They were women who idolized their children, worshiped their husbands, and esteemed it a holy privilege to efface themselves as individuals and grow wings as ministering angels. (Chopin 26)

In *The Awakening*, Chopin's feminist objective employs a Foucauldian approach of questioning not only individual ignorance of male characters but also the institutionalized patriarchy that perpetuates the oppressive discourse, as evident in her deliberate inclusion of Dr. Mandelet's character. Dr. Mandelet figures as a personification of the contemporary medical logic, which was, as aforementioned, constructed on rigid gender norms. Chopin mostly refers to Dr. Mandelet as "Doctor", whereas the use of this generalized identification highlights Foucauldian understanding of the institutionalized nature of psychiatry and medicine. Like the women who were casually dismissed as hysterical during the Victorian period, Edna is considered mentally

weak, "a little unbalanced" (Chopin 77) by Léonce as she refuses to accept the position that society has assigned her. Her nonchalant indifference for her obligations as a wife, of keeping up appearances to Léonce's close coworkers and friends is a sign of her instability for him. Having internalized Victorian patriarchal discourse, Léonce sees every deviation from it as psychological instability, and at a loss for words for such a woman, and subjective for she is his wife, he resorts to the terminology of madness (Parmiter 10). Since Edna rejects "the submissive silences of domesticity" (Gilbert and Gubar 79), she is perceived by Léonce as a mad, monstrous woman, and above all, a bad mother and wife. "But from a female point of view the monster woman is simply a woman who seeks the power of self-articulation" (Chopin 79). In Edna's case, this articulation is manifested through sexuality and art. For Léonce, Edna's symptoms include having let "the housekeeping go to the dickens" (Chopin 85) and "some sort of notion in her head concerning the eternal rights of women" (Chopin 85). Thus, he makes a direct connection between her mental "weakness" and her rejection of stereotypical feminine conduct. Dr. Mandelet even patronizingly links the supposed corruption of Edna's mind with "pseudo-intellectual" (Chopin 86) activity, which would then explain her erratic behavior. Léonce and Dr. Mandelet appear to be concerned that Edna's mind has been affected by feminist ideals, while in fact, she discovers these concepts by herself through her sensual experiences on Grand Isle. Nonetheless, these men continue to discredit her newly unlocked independence by portraying her as borderline mad. To an extent, particularly in terms of her sexual openness, Edna's "symptoms", from their patriarchally conditioned perspective, associate her behavioral patterns with hysteria. In Léonce's opinion, Edna, acting on her sexual desires, appears to be overly emotional and wild (Parmiter 11).

Furthermore, as the principal desirable qualities for the Victorian woman were "cheerfulness, vivacity, and powers of endurance" (*The Female Malady* 123), it is evident that Edna's moody demeanor does not reflect the ideal image of her day. While Edna is indeed a lively and spirited woman, the emphasis put on her need for physical and intellectual stimulation (Parmiter 2) makes her actively selfish rather than passively enduring. When she says to Robert:

"You have been a very, very foolish boy, wasting your time dreaming of impossible things when you speak of Mr. Pontellier setting me free! I am no longer one of Mr. Pontellier's possessions to dispose of or not. I give myself where I choose. If he were to say, 'Here, Robert, take her and be happy; she is yours,' I should laugh at you both..." (Chopin 129)

Edna proves that her liberation is not only a way of releasing herself from one relational confine to another. On the contrary, Chopin achieves Edna's complete emancipation by relinquishing her from belonging to anyone but herself and achieving the freedom of defining herself outside the limitations of heterosexual romantic relationships. Nevertheless, Edna does substitute one male sexual partner for another. In Patricia Yaeger's interpretation, by engaging in flirtation, however subversive and liberating from Léonce's repressive talk it may seem, "Edna chooses another mode of oppression, a speech-world" (Yaeger 202), which is inevitably supportive of the general gender-normative discourse. However, she is fully aware of the restrictions gender poses on her expression, both artistic, and physical, and makes this clear to Robert by saying: "I suppose this is what you would call unwomanly; but I have got into a habit of expressing myself. It doesn't matter to me, and you may think me unwomanly if you like" (Chopin 127). Edna's disregard for the male opinion of her is here both the condition for her sexual liberation, because the shame associated with women's sexuality is a product of the male-dominated discourse, and a consequence of this emancipation, since her devaluing of the authorities that uphold the discourse comes only after she recognizes herself as equally important.

Edna's interest in art and her painting plays an enormous role in her liberation. While it is immediately clear that the financial profit she makes from selling her work enables her physical separation from her nuclear family, it is sometimes overlooked that her role as an artist allows her to experiment with the gender roles by switching her position from the one being observed to the one observing. Therefore, by becoming an artist, Edna attempts to gain subjectivity and escape objectification she inevitably faces as a woman, and especially in her marriage with a man as materialistic as Léonce. Her freedom is evident in her ability to stay ambiguous in terms of gender coding. However, this switching between the feminine and the masculine allows her to also stay in touch with her traditionally feminine side. Edna's traditional femininity is formally best exemplified in her friendships with Adele and Mademoiselle Reisz, whereby these maintain the feminist aesthetics of women's solidarity (Hildebrand 189). Molly Hildebrand admits, although highly critical of the novel's emancipatory potential, that in embracing the flâneur's traditionally male position, and relishing the freedom to determine for herself, Edna positions herself as an artist having an organic experience rather than a muse who aids a man in capturing life's essence (192). Following her own whims, Edna "liked then to wander alone into strange and unfamiliar places" (Chopin 78). This display of selfishness in itself is self-realizing. Furthermore,

ascribing great relevance to the gender-coded behavioral patterns, Hildebrand also claims that Edna's definition of an artist implies separateness and alienation – traditionally allowed to white men only and, since she is an aspiring artist, she strives to follow these patterns. After all, it would be ignorant to disregard the contextual connection between American ideals of liberty and that of manly individualism and self-definition. Historically observed, however, these are privileges rather than qualities or traits since they require financial stability and political rights to do so. Hence Hildebrand's contention that her ability to "re-gender", or "un-gender" her role rests on her social status as a white, upper-middle-class woman (189). Indeed, the majority of women involved in articulating women's oppression were white and middle-class, but the reason behind it is that this demography was able to gain greater insight into the mechanisms used in treatments since they were able to afford it. Moreover, women who have been raised in wealth and idleness, as opposed to those coming from lower socioeconomic groups, were able to distinguish between privilege and complete lack thereof. With free time and opportunity to explore their emotional and sensuous side, and enjoy life sentimentally (qt. in Smith-Rosenberg 667), they were the most aware of this discrepancy, all the while having the necessary resources to write about their experience.

While the positive criticism of the 1960s has revealed how Grand Isle triggers Edna's sexual awakening, it is also vital to consider how influential her stay here is for her health. This aspect, with a particular focus on her suicide, will be examined in more detail in the following section.

6.3. Edna's Suicide

The reading of the novel's final scene divides the criticism of the novel. Robert Treu lists different interpretations of the motives behind Edna's decision to end her life. They include her inability to bear the consequences of her extramarital affair, while simultaneously choosing not to end it; the burden placed on her individuality by the ideal of motherhood; her romantic ardor; hopelessness regarding social change; and her artistic failure (Treu 29). Generally, however, the novel's criticism is characterized by two main opposing readings of Edna's suicide. Whereas one stream of criticism, like Patricia Yaeger, interprets her suicide as a breathtaking moment of blissful liberation (197), as a feminist and heroic act, the other stream sees it as an act of resignation, and

a defeated acknowledgment of the restrictions the contemporary cultural and historical context poses on women.

Similarly to Hildebrand's contentions explained above, Anna Elfenbein asserts that Edna's suicide, just like her lack of concern for the predicaments of women like her maid and Mariequita, is rooted in the traditional confines placed upon white, upper-class women (qt. in Hildebrand 203). Edna's failure to perceive the shared oppression, according to these two authors, leads the protagonist to commit suicide. This is why Hildebrand's reading represents a middle ground between the two previously described streams of criticism. Hildebrand claims that whether the reader chooses to approach Edna's decision to take her own life in one way, or another, they must not ignore the warning behind her suicide – self-absorbed individualism cannot help women achieve freedom. Because it is based on white, masculine, and ultimately patriarchal principles, it re-encodes an individualism that separates women from one another. Thus ironically, and in the light of this interpretation, women need each other, as well as male allies in the feminist cause, to be set free (Hildebrand 204). On the other hand, Hildebrand remains ignorant of the psychological strain that middle- and upper-class marriages devoid of emotional and sexual gratification, and pursued solely for the social and material purpose of the class, had on women like Edna. Like the early negative criticism of *The Awakening* was Hildebrand's critique is characterized by pronounced disapproval of Edna's privileged tendency to romanticize her life, or rather to prioritize romantic emotional fulfillment. In her essay "The 'I Hate Edna Club'", Emily Toth systematizes the negative critical reaction Chopin received for her novel and draws attention to Willa Cather's commentary on Edna "as one of the limited "women of the Bovary type" who "want the passion of love to fill and gratify every need of life" (qt. in Toth 119).

However, Tara Parmiter refers to Edna's suicide as a failure of the contemporary healthcare provided even for higher-class women, thus effectively diagnosing another social problem – the general lack of adequate psychiatric treatment. According to Parmiter, Chopin reimagines the classic quest for health at the summer place, utilizing the seaside resort as a prompt for commentary on the limited premise that a vacation away from the domestic sphere could cure a malady like Edna's. In the suicide scene, Chopin exaggerates Edna's urge to calm both body and mind, to "to see and apprehend the deeper undercurrents of life" (115), to accommodate her sensuous longings and alleviate the domestic realm's demands. This emphasis on both physical and mental health

issues draws on modern implications of fancy resorts with "pink-lined [sun] shelter[s]" and "palm-leaf fan[s]" (Chopin 20, 22) for the highly privileged and questions any theories about the actual health benefits of a leisurely seaside cure. Additionally, this way Chopin scrutinizes the fleeting illusory freedom offered to women by this resort culture and highlights the risks inherent in limiting such liberties to the period of an idle summer holiday. Hence Edna drowns not because of romantic disillusionment, or a "stupid dream" (Chopin 130) but because of the persistent, unfulfilled need to alleviate social, psychological, and physical suffering specific to women (in her position). Since she cannot translate the freedom experienced on Grand Isle onto the domestic sphere, Edna gives her life up to the ocean as the last resort for her mental and bodily unfulfillment (Parmiter 2). The stark contrasts between the critical assertions are an encouraging affirmation of the existing discourse about the gender and sex roles both within and outside marriage that has partly Chopin to credit for the open approach to the topics.

6.4. Rejecting Motherhood and Marriage – Madness and Autonomy

When *The Awakening* was first published, the traditional criticism scorned the novel's overwhelmingly sexual content. The criticism shamed Edna (but also the author) as a perverted woman for engaging in sexual activity outside marriage, and a harmful influence for openly disrespecting motherhood and marriage (Dyer 18-9). Nevertheless, this was the main reason why feminist scholars lauded both the novel and its author. One key aspect fostering contemporary criticism's support for Edna was the wavering attitude toward psychiatry and madness, stemming from the feminist efforts to understand how unjustly psychiatry and society patronize and pathologize women (Donaldson 100). Such stream of criticism exhibited an awareness of what Foucault revealed in *Madness and Civilization* – that marriage acts for women as "a kind of preservative against [...] limitless promiscuity" (258) among other faulty behavior. Moreover, Edna's artistic pursuits qualify her as a relatable figure for women writers, mirroring the common anxiety of authorship through what was considered "the hysterical woman's impressionistic thought pattern" (Smith-Rosenberg 653), which further contributed to sympathies on the readers' side.

As demonstrated in the section on Edna's sexual liberation, she, like other Victorian women deemed hysterical, is regarded as emotionally deranged by her husband and Dr. Mandelet because

she rejects the position of an angelic mother and wife assigned to her through discourse. By drowning, Edna not only escapes the duties imposed on her but also "acts out the traditional role of the Ophelia-like madwoman" (*The Female Malady* 97), which was a common image of women's insanity in Victorian asylums, conveying parallel messages about feminine sensuality and insanity (11, 90). As was the case with Ophelia, this Victorian interpretation holds that "even [Edna's] death by drowning has associations with the feminine and the irrational, since water is the organic symbol of woman's fluidity: blood, milk, tears" (11). According to Gilbert and Gubar, this irrationality is a conglomerate of complex psychoneurotic sensations, rooted in feelings of rage at the inability of female arts to redeem or change the physical reality (31, 284). The traditional simplification of these symptoms through naturalizing them to women is another method used for the preservation of the toxic monological discourse, in which women's efforts to articulate the frustration with the naturalization of so many gender roles prove futile, ultimately leading women like Edna to commit suicide.

In light of the preceding interpretation, critics who read Edna's suicide as courageous and revolutionary are also likely to interpret her rejection of motherhood as a blatant declaration of autonomy. This glorification of her suicide as a victorious way of affirming identity reveals a patriarchal, and highly masculine-gendered assertion of self, one according to which the Other is viewed as an oppositional rather than a complementary entity (Hildebrand 205). Additionally, this commentary ties in well with Karen Ford's caution concerning the common (mis)interpretation of *The Yellow Wallpaper*, literally confirming that "most of the deaths in this tradition are preceded by madness" (Ford 312). And, regardless of how impressive and triumphant these retreats into madness and death appear in comparison to the lives limited to marriage and motherhood, they are still disheartening, for apathy and suicide cannot bring satisfaction, nor substitute emotional and physical contentment (313). However glorified for its subversive and creative potential, madness and apathy cannot bring satisfaction, or substitute emotional and physical contentment, and provide few opportunities for effective feminist defiance for women (writers) (Donaldson 101), while suicide, bringing them to an extreme, provides none. Suicide is fundamentally antithetical to artistic values of creativity, including Edna's creative potential. As with the circular creeping of Gilman's narrator, Edna's drowning testifies to the futility of her finding liberation through madness (310-11). Paradoxically, it is a self-destructive act, as much as it may be interpreted as self-affirming. Showalter's questioning of the redeeming quality often ascribed to the terminology

of hysteria by the feminist critics (*On Hysterical Narrative* 25), applies to *The Awakening*, as much as to *The Yellow Wallpaper*. In Edna's case this "female malady" acts as a perfect allegory for sex-based discrimination, and a well-balanced dose of caution must be present in readings that glorify the heroine's suicide as a self-affirming act. As Donaldson warns, an erasure of this oppression occurs when madness and suicide are used as substitutes for productive feminist rebellion (102), instead of allowing them health and creativity as windows to their full potential.

Since the latter half of the twentieth century, women's writing has shown a substantial tendency to reject the romanticizing of silence and suffering. Rather than being a matter of fortune, this shift is a result of an increased opportunity for women writers to produce engaged literature and thus open the space for an honest dialogue beyond the self-referential vacuum. The endings of women's stories reverse the patriarchal discourse, interrupt its monologue, and demand alternatives to its conceptions of marriage, motherhood, and conformity beyond madness and suicide.

7. Conclusion

Gilman's, Jewett's, and Chopin's protagonists possess the gift of exceptional sensuousness, and embody the quality of indomitable will, triumphing by way of asserting it. Even supposing that their triumphs are merely Pyrrhic victories, their authenticity continues to resonate with the underprivileged members of society more than a century after the publication of their works. Their principal contribution to feminism and psychiatry is reflected in deauthorizing of the patriarchal and conservative discourse of madness. In their works, Gilman, Jewett, and Chopin address and subvert the long-standing perception of madness and discredit its discursive logic. On multiple levels, they expose and denounce, each author in her way, the different structures which contribute to women's psychological dissociation and madness. Despite the rapid evolution in science and the rise of progressive political thought would suggest otherwise, a number of concerns these three authors expressed in their criticism of institutionalized oppression remain unresolved, hence their long-standing presence in the feminist (literary) discourse.

While Gilman, for example, is mostly championed as a political heroine, many contemporary feminist literary critics urge another look, since nativism, rather than feminism, was the self-proclaimed cornerstone of her ideology. That Gilman's devotion to the cause of women's emancipation remains limited to white women is a major point of contention when it comes to the evaluation of her literary legacy. Similarly, the feminist dimension of Jewett's work was overshadowed by the close of the twentieth century, as it has been examined from the perspectives of racism, particularly pinpointing the strongly racialized and nationalist spheres across which Jewett devises local solidarity. In Chopin's case, the negative criticism placed most weight on the heroine's character – assuming that it confirmed the stereotypical image of an irrational woman, prone to romantic zeal and lack of moral accountability when left unsupervised and to her own devices. Like Gilman and Jewett, Chopin was criticized for not recognizing the need for intersectionality in feminist engagement.

However, reducing these discriminatory dogmas to a few pardonable flaws would be ignorant, since the central oppression, in ascribing to feminist analysis and praxis, and the one which these authors urge against, is the oppression of women by patriarchy. Even beyond the works analyzed in this paper, Gilman's, Jewett's, and Chopin's works grant them the status of influential advocates against oppressive institutions. Unless a political issue is solved or relevant

scientific discoveries are made, political texts do not become outdated. Although progress in the treatment of mental health issues is evident, the haunting quality of *The Yellow Wallpaper*, *The Country of the Pointed Firs*, and *The Awakening* persists throughout the twenty-first century because a vast readership empathizing with the narrated issues, as well as rejection and lack of understanding by their environment, still find a community within the text. The intersectional feminism of today may have outgrown, or, at the very least, expanded the presentation of the issues, but why would it dismiss instead of critically commemorate the process of its own evolution? Any such dismissal implies a puritanical attitude towards (feminist literary) tradition and, essentially limiting itself to self-affirmatory navel-gazing, sabotages the potential for further evolution through discourse.

To ground a decided objection to relatively affirmative interpretations of mental health issues portrayed in *The Yellow Wallpaper* Ford calls out the readers' and critics' tendency to glorify the tragedy of a relatable heroine, and justify it by inscribing in the heroine a feminist agenda. Calling for caution, Ford reminds that "most of the deaths in this tradition are preceded by madness" (312). As a space of uninhibited not only discussion, but confession, this hysterical narrative forms a therapeutic vacuum of sisterly referentiality and compassionate criticism. Likewise, Showalter questions whether the stigmatizing connotation of the term can be reframed and attributed to benefit the feminist cause (*On Hysterical Narrative* 25). Essentially, with its long-standing history of being perceived as the female malady, hysteria poses as the perfect allegory for the multifaceted oppression of women. However, in striving to guarantee protection and understanding, the tradition Ford criticizes might easily limit its restorative potential to the contributing authors, as if wallowing in a room of one's own enabling reflections. "Indeed, one could argue, when madness is used as a metaphor for feminist rebellion, mental illness itself is erased" (Donaldson 102).

From today's point of view, the air of moral purity that political correctness is associated with makes the unashamed passion, with which earlier generations of feminists approached women's issues, difficult to swallow. This passion has not yet withered and died, but seems to be expelled from the scholarly-recognized feminist criticism as if it threatened to demolish the hard-earned credibility of feminist and women's studies in academia. The expression of such zeal is censored as if it could betray the dormant truth that feminism does not owe gratitude to the

patriarchy for breadcrumbing its occasional and most agreeable delegates with formal validation as a substitute for equal power. Thus, feminist scholars and activists must recognize that women, as a class, will get nowhere near an equality by merciless self-censoring, and fashioning of the movement's theories according to the most recent lexicon of political correctness. Yet, constant revisions of the feminist literary canon are generally characterized by this approach, which inevitably results in self-doubt, clouds the vision of the common goal, delays any agitation, and finally undermines unity. Despite the already rich legacy of the literary "fore-mothers" which should, according to Gilbert and Gubar, alleviate possible anxieties of action and authorship, systemic sex-based oppression will continue to exist as long as the feminist community crucifies its revolutionaries, like Gilman, Jewett, or Chopin for the show of infallibility.

Since the latter half of the twentieth century, women writers have had a greater opportunity to create engaged (auto)fiction, free from censorship, and to open a safe space for an honest dialogue about women's mental health issues, as well as the reasons behind them. Among the best-known examples are Sylvia Plath's novel *The Bell Jar* (1963), Anne Sexton's poetry collection *Live or Die* (1966), and Alice Walker's epistolary novel *The Color Purple* (1982). The popularity of Susanna Kaysen's *Girl, Interrupted* (1993), or Elizabeth Wurtzel's *Prozac Nation* (1994), for example, as well as their movie adaptations, testify to the urgency of the dialogue about women's mental and physical health.

Despite our literary foremothers' efforts, realities and memories of breakdown, institutionalization, and treatment continue to inspire women's writing, shaping their literary identity, and ultimately, the feminist canon of today, shining a light on the flip side of the allegory. Viewed from a contemporary vantage point, it appears as though third-wave feminism expects euphoric screams from women in pain just as the institutionalized patriarchy previously commanded them to stay silent. This expectation has greatly to do with pornography, which has been progressively permeating our culture ever since the dawn of the sexual revolution, while the Internet has only facilitated easier and quicker access to it.

A rapid increase in media consumption has also led to the gradual naturalization of soft-core pornography as an element of pop culture, effectively blazing the trail for hard-core porn to enter the mainstream as well. The aesthetic of abusive hard-core pornography, which was earlier seen as eccentric and fetishist, is not taboo. Moreover, it inspires fashion and art more than ever

before, all the while relying on images of women being hurt and humiliated for their sexual pleasure. Unless they are prudes, of course. Recognizing how the general pornification of society has shaped the hegemonic female beauty ideal, it can seem inevitable that this dramatic shift would influence shocking revisions, whereby *The Angel in the House* would become unrecognizable. However, little has changed apart from body measurements and porcelain skin. Every wrinkle, every line, every gray hair, is still shameful. Eating disorders in girls and women continue to flourish, encouraged by the compulsory comparison raised on social media, which is in its essence as performative as pornography. Accompanied by trending devices such as gua shas, waist trainers, slimming teas, skin- and face-perfecting camera effects, and merciless photoshop, the transition from girlhood to early womanhood is for many characterized by feelings of loss and inadequacy. Thus, the performance of the twenty-first-century feminine ideal is distinguished by a woman's readiness to be both infantilized and sexualized, split between the roles of a sexual object and subject, since (preferably masochistic) overt sexual openness is a vital factor for her attractiveness. If she is a feminist, she is of the liberal, sex-positive, kind, independent just enough to be able to afford contraception, abortion, and lingerie on her own. This absurd sexism advertised as progressive liberalism manipulates women to accept and welcome violence, strips them of their power, and limits their potential for desirability. By exploiting young women's social conditioning to strive towards the feminine ideal, the patriarchal discourse has rebranded this ideal multiple times. Turning the sickly *Angel in the House* into a damaged yet smiling blow-up girl-toy bred to view her high pain tolerance virtually as a sexual talent and a desirable quality. This romanticization of masochist tendencies in women traps them in abusive relationships and perfidiously condemns them for not reveling in it. Effectively, the only empowerment and liberation accomplished in this discourse can be the release of men from the guilt and consequences for any inflicted injuries. Therefore, a powerful counter-narrative is necessary to consolidate the damage caused by sex-based violence and not allow misogynistic society to enforce the compulsory performance of hyper-femininity by a threatening array of socioeconomic repercussions.

This compulsory performative femininity is aesthetically rooted in weakness, yet practically enabled by admirable physical endurance. Often unaware of the amount of energy she pours in maintaining an attractive presence, the woman who carries a pocket mirror with her to check, almost compulsively whether her makeup is in place, or a girl who believes she is fat and

thus guilty for being unattractive, meticulously monitors her food intake, is, in Foucault's terms, the inmate of the Panopticon. She is a self-policing individual acting out constant and obsessive surveillance of the self, which effectively supports the patriarchal discourse. Like women's oppression by men born from the arbitrary patriarchal authority, the Panopticon has such an effect that "a real subjection is born (...) from a fictitious relation" (*Discipline and Punish* 202). Architecturally designed and positioned to allow God-like omnipresence, omniscience (206), and thus imply moral authority, the high central tower is marked as an institution of power. Naturally, such an establishment has no need to apply force to gain control. Instead, it relies on the advantage of unbridled surveillance to subjugate and discipline the mind and govern behavior. Foucault's prophecy that this "panoptic schema (...) was destined to spread throughout the social body" (207) finds its manifestation in social media of today and its algorithm. The above-mentioned self-monitoring and performative femininity are reflections of a woman's awareness that she is under scrutiny in ways that a man is not since they are granted by the patriarchy an authority akin to the Panopticon, as well as the privilege of the male gaze. Women, however, whatever else they may become, are first viewed as bodies – objects designed to please or to excite. Yet, the final solution does not lie in a reform of the beauty ideal but in an acceptance that attaining this ideal never has and never will equal power if that power is supplied primarily by male validation through desire. Such compliance with the male gaze as ultimate aesthetic and moral authority is submission, perpetuating the patriarchal discourse and hierarchy. Since the patriarchal power is chiefly sustained by continuous and covert exertion and integration in the social infrastructure (*Discipline and Punish* 208), then identifying, exposing, and disrupting these ulterior patterns is a way to destabilize the hierarchy.

In *The Yellow Wallpaper*, *The Country of the Pointed Firs*, and *The Awakening*, the authors do exactly that – expose the patterns of oppression, and break the continuity of the monological discourse. Facing the reality of the dynamics at play, on the other hand, means admitting to how fleeting and limited a woman's power is when she exists, and even succeeds, in the world as a thing to be looked at and a manifestation of the male fantasy. Only after having faced the ugly truth about beauty, love, and marriage, and even our talents, bound to perform on the keen Panoptical watch, and to be valued according to the verticality of the algorithm, only then can women confront the reality of our relationship with our bodies. This is the cruelest thing about objectification of women in patriarchy – even this simple intimacy – one's relationship with their

own body – is denied its primal, most naive form. After breaking their authentic spirit and will, so as to make them less dangerous, patriarchal power arrests and controls women's movement under the pretense of helping and rehabilitating them.

If we do not continue to mercilessly interrupt the misogynist discourse, which hesitates to recognize rape when it occurs in marriage, or when it happens to a sex worker, one day we will wake up in a world where men eat women, and it will not be cannibalism.

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