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Bianca Cristina Basone

Saint John's University, Jamaica New York

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MENTAL ILLNESS AND FEMININITY IN LATE NINETEENTH- EARLY
TWENTIETH CENTURY ANGLO-AMERICAN LITERATURE

A thesis submitted in partial fulfillment
of the requirements for the degree of

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at

ST. JOHN'S UNIVERSITY

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by

Bianca Basone

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Bianca Basone

Dr. Amy King

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ABSTRACT

MENTAL ILLNESS AND FEMININITY IN LATE NINETEENTH-EARLY TWENTIETH CENTURY ANGLO-AMERICAN LITERATURE

Bianca Basone

This thesis attempts to prove that the diagnosing and treatment of mental illness in Victorian Anglo-American literature was heavily gendered and therefore misogynistic. To do so, four characters will be studied: Lady Audley in Mary Elizabeth Braddon's *Lady Audley's Secret*, the unnamed female narrator in Charlotte Perkins Gilman's *The Yellow Wallpaper*, Edna Pontellier in Kate Chopin's *The Awakening*, and Septimus Warren Smith in Virginia Woolf's *Mrs. Dalloway*. Using the first three characters I intend to show that women during the nineteenth century were diagnosed as mentally ill because they did not partake in social gender norms, deviating by doing something as insignificant as writing to something as heinous as attempted murder. I will then present Septimus as a feminized male for the same reasons the women were considered mentally ill; Septimus did not adhere to male social norms because of his mental illness.

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Introduction

Historically, gender has played a major role in determining the mental stability of a person, and being labelled “mentally ill” places a person within the confines of stereotypes, stigmas, and unwanted isolation. Although this is true for both men and women, the diagnosis of a mental illness was excessively gendered. Literature written during the Victorian era that portrayed mentally ill women did so in such a way that criminalized them; the women were not fitting the gendered stereotypes of the time and therefore were severely “othered.” The term “hysterical woman” was used to group these women together, and whether or not they had veritable illnesses, if they were deviating from the norms that made up a woman of the house, they would be labelled as such. There was a plethora of reasons why a woman would be considered mentally ill; symptoms of female hysteria included: “faintness, nervousness, insomnia, fluid retention, heaviness in abdomen, muscle spasm, shortness of breath, irritability, loss of appetite for food or sex, and a tendency to cause trouble” (“Female Hysteria During Victorian Era”). The list of symptoms shows that a woman could have been depressed and been labelled hysterical, or they could have just acted in an uncivilized manner and been labelled hysterical; men went so far as to consider women who liked to read and write mentally ill (Cohut). Using three Victorian short stories/novels, I intend to prove that the labelling of mental illness in women and its subsequent misogynistic treatments were used to oppress non-stereotypical, non-feminine women and make them conform to the societal norms placed upon them, such as being a good wife and mother, catering to her husband and his

home. I will then use a twentieth century novel to illustrate that mental illness and its treatment is gendered by means of invoking a mentally ill male character that was obliged to succumb to a treatment that would reorient him to male social norms.

In Chapter 1, entitled “Lady Audley as What a Victorian Woman Should *Not* Be,” I will use the nineteenth century novel *Lady Audley’s Secret* as my focal Victorian work, and focus on the characterization of Lady Audley herself. I plan to illustrate that the titular character was villainized not only for her heinous acts, but because she was committing acts that were unheard of for young, beautiful, born-into-wealth women. After her crimes are found out Lady Audley is stripped of her femininity and seen as less than ideal, being forced into confinement instead of being treated. The punishment for her acts, then, was to die alone in a home for mentally ill women, a home that was meant to keep her away from society because she did not fit into it.

In Chapter 2, entitled “Rebelling Against Patriarchal and Societal Standards in *The Yellow Wallpaper* and *The Awakening*,” both titular novellas will be used to criticize one of the most famous treatments for mentally ill women, the Weir Mitchell Rest Cure. I will prove that the rest cure was an insufficient treatment because it was not illness-specific; the cure was used for all types of illnesses. In most cases this so-called “treatment” was actually known to make a women feel worse because of the strict isolation it entailed, and the requirement of almost round-the-clock inactivity. Additionally in this chapter I will show that the labelling of women as mentally ill was done to assist the patriarchal standards of the time; the labelling was to show that a particular woman was not conforming to feminine stereotypes, and the treatment was to reorient them to those stereotypes, similar to what happens in *Lady Audley’s Secret*.

However, the two novellas include female protagonists that “use” their mental illnesses to rebel against the patriarchy they are confined to.

In my third and final chapter, pointedly titled “Septimus Warren Smith’s Female Oriented Cure,” I extend my findings to a novel from a century later, *Mrs. Dalloway*. I use the novel to show that Weir Mitchell’s legacy lived on, only his cure was used to treat both men and women. However, the men that were treated were ones that did not fit their manly stereotypes; they were considered weak, pathetic, emotional, and bad caretakers to their children and wives. Outward portrayals of mental illness coming from men were seen as a sign of fragility, something that feminized the patient. However, a mentally ill woman that does not outwardly express her symptoms or traumas will not be forced to succumb to any cure, including the rest cure, because her illness is not preventing her from fulfilling her duties as a twentieth century, upper class woman. Septimus is told he needs to go far away and “rest,” identical to Lady Audley being brought away; it can be argued that the two characters were considered an embarrassment to their families, and therefore it is suggested that they be placed outside of normal society.

Chapter I. Lady Audley as What a Victorian Woman Should *Not* Be

Sigmund Freud famously named hysteria as a woman's disease, and during the eighteenth, nineteenth, and twentieth centuries, female hysteria was the most diagnosed mental disorder (Cohut). This diagnosis of female hysteria often meant that a woman was not conforming to the stereotypes of what the conventional "Victorian woman" should be. The diagnosis of this disorder had much to do with patriarchal and societal standards, as there was a common belief that women were "somehow predisposed to mental and behavioral conditions" when they participated in activities and exhibited behaviors that men found uncomfortable (Cohut). Lady Audley, the main "antagonist" of *Lady Audley's Secret* by Elizabeth Braddon, is a direct example of what madness could do to a person to make her less of a woman, or even less of a human being in general; being seen through the lens of madness stripped a woman of her femininity. As a female that lies about her identity, is married to two men at once, abandons her child, and attempts to murder someone who mourns her supposed death, Lady Audley is the epitome of what people in the Victorian era considered a waste of a beautiful, young woman.

Lady Audley's Secret, a sensation novel published in 1862, tells the story of Lucy Graham, a young governess who goes on to marry the older and much more wealthy Sir Michael Audley. Lucy Graham, however, is none other than Helen Talboys, wife of George Talboys, the latter of which has abandoned her temporarily in search of fortune in Australia. When George returns to England, Lucy does everything in her power to

maintain her new status as Lady Audley, going so far as to fake Helen Talboys' death so George will not come looking for her. Unfortunately for Lady Audley, George's close friend is Robert Audley, nephew to Sir Michael and now Lady Audley. When the two men pay a visit to Audley Court and Lady Audley is eventually cornered by her first husband, she pushes George down a well and leaves him for dead. The rest of the novel follows Robert, a self-appointed detective in search of the truth of what happened to his close friend while visiting the Audleys. Robert eventually puts the pieces together and outs Lady Audley as Helen, an adulterer, liar, and murderer, and takes it upon himself to hide her secret and place her within the constraints of a "madhouse." The crimes committed in the novel are considered heinous, but because they are committed by a young, beautiful, previously known to be lovable woman, they are used as a means of portraying Lady Audley as the "wrong" type of--or "bad"--example of a woman during that time.

The actions of Lady Audley are perceived a certain way because of the time period the novel takes place. Published in 1862, the novel is representative (for the most part, as it is classified as a sensation novel) of the norms and ideals of the Victorian era, and because of this, the characters in the novel are held to the standards set for Victorian men and women. As a sensation novel is a form of melodrama, readers at the time of publication understood that Lady Audley violates actual Victorian norms and ideals; within the novel, however, the men, physicians, and people of power were held by such standards among themselves. Braddon writes these characters knowing that Lady Audley is not an "ideal" woman, and uses her main character to act as the antithesis of one. This era consisted of men and women who were meant to keep their emotions in check, and

treatments were kept in place to keep “women’s feelings under control” because their “excess outward manifestation of feeling” was considered a “shortcoming” (Bassuk 249). This is considered a “shortcoming” because of the way these emotions were perceived by society. Critics Hansson and Noeberg state that “social norms and expectations determined when a certain kind of emotional behavior changes from acceptable to transgressive,” and most of the time this was measured by a person’s status in society (Hansson and Noeberg 441). A female being overly dramatic--or in Lady Audley’s case, expressing her outbursts of anger towards Robert and George--is emotional behavior that is considered “transgressive.” Society dictates the correct emotions that are permitted to be manifested, and those expressed by Lady Audley place upon her the label of “deviant femininity” (Hansson and Noeberg 442). Rather than using this exact language, Lady Audley calls this deviant femininity by another name-- “madness.” According to Sigmund Freud, being a “madwoman,” or being “mad” in general, meant anything from being mildly anxious or depressed, to being diagnosed with bipolar disorder or schizophrenia. Although Braddon does not definitively diagnose Lady Audley, she posits the suggestion that she may be suffering from “puerperal, or post-natal, insanity” (Bourne Taylor 450). When breaking down and finally telling Robert the truth, she describes her first encounter with her mother after the latter had been taken away to a madhouse. Lady Audley tells Robert that “her [mother’s] madness was an hereditary disease transmitted to her from her mother, who had died mad” (Braddon 344). Not only does this statement show that madness runs in Lady Audley’s blood and it could be implied that there was no hope for her, but she continues to state that “[her] mother, had been, or had appeared, sane up to the hour of [her] birth” (Braddon 344). *A Manual of Psychological Medicine,*

written in 1858, describes puerperal insanity as “one of the main causes of female insanity,” with symptoms including incessant talking on one particular topic, particularly a wrong done to them by someone that is supposed to be close to them, and most importantly, a “total negligence of, and often very strong aversion to, her child and husband” (Buckhill and Tuke)¹. Lady Audley admits that it takes traumatic events to set off her “madness,” and having her child after being left to fend for herself while her husband is on another continent seems to manifest her puerperal insanity. Although only women give birth and so are the only gender able to be afflicted by such a disorder, it does not justify the actions that stem from the insanity as “acceptable,” but rather “transgressive,” if looking back at Hansson and Noeberg.

In spite of the fact that adultery and murder are never truly “acceptable,” no matter the time period or the person the acts are committed by, Lady Audley feels justified in her actions and tries to explain her reasoning to Robert. In the chapter bluntly called “My Lady Tells The Truth,” she labels herself a “madwoman” (Braddon 340) and then states that for the most part, she is “normal,” but when “set off” she is capable of committing “mad” acts. As previously discussed, since her own mother was diagnosed as mad after giving birth to her, Lady Audley was sure that she was destined for the same fate. When she gives birth to her own son, Lady Audley almost comes to the same diagnosis discussed in *A Manual of Psychological Medicine*, and explains that such an act, along with the abandonment of her husband, was the breaking point of her madness:

I [hated] the man who had left me with no protector but a weak, tipsy father, and with a child to support... His father was rich; his sister was living in luxury and

¹ As cited by Jenny Bourne Taylor, “End Notes,” *Lady Audley’s Secret*

respectability; and I, his wife, and the mother of his son, was a slave allied for ever to beggary and obscurity. People pitied me; and I hated them for their pity. I did not love the child; for he had been left a burden upon my hands. The hereditary taint that was in my blood had never until this time showed itself by any one sign or token; but at this time I became subject to fits of violence and despair. At this time I think my mind first lost its balance. (Braddon 347)

Regardless of Lady Audley's diagnosis--whether that is the postpartum depression, puerperal insanity, the label of "latent madness" given to her by the physician Dr. Mosgrave, or something else entirely--her symptoms are exhibited only after life-altering events plague her. Her husband has abandoned her, leaving her poor and lonely with an infant child. Her father, a drunk, used up most of their money, and her friends and neighbors pitied her. She makes the relevant point that her husband grew up wealthy, and it can certainly be inferred that George was unable to tolerate poverty because it is not the lifestyle he is used to, therefore giving him a "reason" for leaving his family to go to Australia in search of a fortune. Lady Audley understandably felt neglected and deserted with no knowledge of the day, month, or even year her husband would return to her. She was literally stranded in poverty with a father who paid her little attention as a child and could barely take care of himself, as well as a child that required time, effort, and of course, money, to take care of. While her actions are morally inexcusable, Lady Audley tries her best to explain her reasoning behind each and every one.

Regardless of all of this, her saying that she "did not love the child" automatically damns Lady Audley, because it is the mother's job to love and take care of her children; it is the job of a good housewife, a good Victorian mother. A woman as young, beautiful,

and kind as Lady Audley (or rather, Helen Talboys) was supposed to be a housewife, working in the home, raising her child while her husband brought home money, and saying that she does not love the one thing she is *supposed* to love makes her a bad mother, and therefore a bad woman--at least in the eyes of those close to her, the men especially, and even readers (although as a sensation novel, readers were prepared to be disturbed by Lady Audley's actions). A woman who could ever admit to not loving her child, and then trying to murder the father of that child, reasonably outraged readers, but not because the acts were heinous, but rather because of such acts being committed by such a feminine looking creature, and by positioning her as a murderously bad mother, Braddon has created an "unnatural embodiment of femininity" (Voskuil 614).

Lady Audley, notwithstanding the fact that she does in fact suffer from a severe mental illness, attempts to justify her crimes. However, all justification is in vain. Lynn M. Voskuil suggests that Lady Audley is not an "authentic" character, but rather a woman who "'looked the part' of the Victorian woman and wife but refused to 'be' it inside" (Voskuil 613). It is true that women were institutionalized more, being diagnosed "mad" or "insane" at higher rates than men were; it has been stated that "emotionality and insanity [are] more easily established in relation to femininity," because during the Victorian era, "madness" was associated with an extremeness of women's behavior (Hansson and Noeberg 443). Unfortunately, Lady Audley does not even get the luxury of being seen as only a "mad woman." In the novel, when it is revealed that Robert survived the fire at Castle Inn--the fire that Lady Audley started to kill Robert so that he could not reveal her secret--he immediately seeks her out to accuse her of every crime he is certain she has committed. During his accusations, he exclaims:

Henceforth you must seem to me no longer a woman; a guilty woman with a heart which in its worst wickedness has yet some latent power to suffer and feel; I look upon you henceforth as the demoniac incarnation of some evil principle. (Braddon 340)

Finding out that Lady Audley was guilty of a crime as heinous as burning down the inn while it was still occupied with living people strips her of her femininity, at least to Robert. After accepting Sir Michael's marriage proposal, Lady Audley's pension for guilt and remorse dwindles until there is nothing she would not do to retain her status and wealth. Robert has witnessed this, and therefore deems her to be the personification of an "evil principle." She isn't even just less of a woman to him; she is less human, and he basically calls her a demon. What Robert does not know, however, is that Lady Audley does in fact suffer. She may not feel the guilt he expects her to feel, but she is suffering from the anticipation of being found out, of her coveted status being taken from her; of her freedom being taken from her. She even puts aside her "egotism of her own misery" to feel "pity for her [second] husband" (Braddon 305). Throughout the novel Lady Audley is blackmailed, and she is always looking over her shoulder for Robert to drop the last shoe. The crimes she committed were not excusable, but doing them as a woman who is supposed to represent high society through marriage makes the scrutiny of them that much worse; characters and readers alike were more inclined to keep an eye out for any issues caused by Lady Audley due to the fact that she used to be a lowly working governess that was elevated into high society by marriage, and so she was held to the standards of a "high class" woman. Committing these crimes when she supposedly had a

“good” reputation as a governess and was expected to be a good wife to Sir Michael is so traumatic that it could do nothing but transform her into a demon.

Why the character of Lady Audley truly outraged audiences, and why her femininity is completely stripped from her, is because of her lack of caring emotions in terms of her loved ones. Yes, Lady Audley does “suffer,” but her suffering does not come from the fact that she is guilty about leaving her son behind, or the fact that she tried to commit not one, but two murders. Her suffering, in actuality, comes from the fact that if her secret is revealed, all of her wealth and social standing will be taken from her. As Lady Audley states to Robert in her confession, George leaving her left her in a state of “beggary and obscurity” (Braddon 347). Her want of money and the bitterness she felt towards her husband’s family living comfortably subjected her to “fits of violence and despair” (Braddon 347), both of which are a result of her truly seeing the unfairness in her life. This unfairness stems from vanity, from the constant reiteration of being told how beautiful she was as a young girl. Lady Audley confesses to Robert, “As I grew older I was told that I was pretty- beautiful- lovely- bewitching. I heard all these things at first indifferently; but by-and-by I listened to them greedily” (Braddon 345). The narrative Lady Audley was fed was that with her beauty came the possibility of a successful marriage, in both standard of spouse and wealth that was promised along with him. She was groomed to believe that her “ultimate fate in life depended upon [her] marriage,” and so if she was told that she was “prettier than [her] schoolfellows, [she] ought to marry better than any of them” (Braddon 345). This belief became Lady Audley’s obsession and she felt she had no choice but to marry rich, which she believed she accomplished in marrying the wealthy young soldier, George Talboys. However,

when he was cut off from his family fortune because he married someone his father didn't approve, George proved to be just another ordinary man with no money, something Lady Audley felt deep in her bones that she was too good--too beautiful--for. Following her confession to Robert, Lady Audley is forced to pack up her belongings because she knows she will be taken away from her home. While doing so, she mourned all of the "costly appointments of the room... thinking of how much the things had cost, and how painfully probable it was that the luxurious apartment would soon pass out of her possession" (Braddon 366). The woman had just proclaimed herself mad, disclosed her infidelity to the one person she was committed to keeping it from, and instead of focusing on what punishments will undoubtedly be forced upon her, she is lamenting the loss of her physical possessions, and while doing so she does not once allow for a "tender recollection in her mind of the man who had caused the furnishing of the chamber" (Braddon 366). In the midst of all of these thoughts, she "contemplated the reflection of her beauty," and feels triumphant in the fact that Robert, Sir Michael, or anyone else, was not going to be able to take that away from her (Braddon 366). The fact that Lady Audley shows more emotion towards her possessions than her husband(s) and son place her well outside the realm of "good" Victorian women of the home, or women, in general. It is my belief that Braddon, writing this sensation novel that turns the domestic sphere upside down, is shoving to the forefront the hypocrisy of Victorian standards held to women and places Lady Audley as the personification of such hypocrisy (and of what can happen when a woman was pushed too far).

The combination of murderous tendencies, adulterous acts, and lack of emotion or remorse leads Dr. Mosgrave, leading physician in psychiatric care, to pronounce Lady

Audley as “dangerous” (Braddon 372). Women, regardless of whether they were considered insane or not, were expected by male physicians and observers to “be quiet, virtuous, and immobile” (Showalter 167), and as Dr. Mosgrave describes Lady Audley as having “the cunning of madness, with the prudence of intelligence” (Braddon 372), it is impossible for her to stay quiet and immobile; and most obviously, attempting to commit murder and abandoning her only child makes her the opposite of virtuous. Therefore, Dr. Mosgrave encourages Robert to place Lady Audley within the care of the physicians at the *maison de sante* (or a nursing home for the mentally affected) in Villebrumeuse, Belgium. The doctor assures Robert that, “from the moment [she] enters that [asylum]... her life, so far as is made up of action and variety, will be finished” (Braddon 373). Being placed within an asylum--or mad house, or nursing home for those deemed insane--as an insane person guilty of committing criminal acts was a condemnation, a prison sentence with no hope of returning to normal life. These mentally ill patients were not cured or rehabilitated, but placed within the confined atmosphere of forced rigidity with no choice but to conform to the stereotypes they broke in the first place. Female patients were not encouraged to grow, but rather, “asylum routine was designed to encourage normative behavior, with the result that the women were obliged to live according to the narrowest of Victorian sex stereotypes” (Showalter 167). The hope for Lady Audley was that she would be restricted to following the norms of society within the walls of the asylum, because she had no other choice. There was nothing for her to do but be a “quiet,” “immobile” woman, and more importantly, Robert, Sir Michael, and eventually George, would not have to bother themselves with dealing with Lady Audley ever again. After her confession, Sir Michael refuses to speak her name, instead simply referring to her as “this

lady” (Braddon 352), and goes so far as to leave his home to put as much distance between himself and his unlawful wife as possible. Robert himself chooses to place her in a “home” in a remote town in Belgium so that there would be no chance of her actions tainting the lives of the men who took it upon themselves to decide the rest of her future. Therefore, not only is Lady Audley sent to Belgium because she was considered “dangerous,” but because of the discomfort and disgrace she caused the prominent men in her life: Robert, George, Sir Michael, and to some extent her own father. The sending off of mentally ill women was a common practice due to the fact that “men [were] vicariously ashamed on behalf of the women in their charge” (Hansson and Noeberg 444), and so isolating them far away from friends and family removes the burden of shame from these men and places it onto the physicians and nurses of the asylums. This shame resonates through all of the works in this paper, as well as countless other works that include mentally ill women (and sometimes men).

The closing of the novel reinforces the absurd idea that the treatment of mental illness is to reorient a person to their domestic gendered roles, and if treatment fails, the next best solution to rid the world of the mentally insane is death. At the very end of the novel, Robert receives a letter “to announce the death of Lady Audley, who had expired peacefully at Villebrumeuse, dying after a long illness” (Braddon 436). The illness was written as “a *maladie de langer*,” which translates to “listlessness.” In spite of the fact that this novel was written years before Weir Mitchell’s Rest Cure was officially founded and practiced, at the time the same principles were used in the treatment of madwomen. The home in which Lady Audley is taken is one “in which [she] will have ample leisure to repent the past” (Braddon 378). As Robert bluntly tells her, she will live out the rest of

her days in only that place, and he was right. Dying from listlessness means dying from boredom, from lack of movement and energy, from being lethargic. Although not stated in the text, being put in Villebrumeuse could have been the catalyst to her death, considering Lady Audley was still so young when Robert received the letter of her passing. This scene in the novel is placed directly before the narrator tells readers that the story “leaves the good people all happy and at peace” (Braddon 437), heavily implying Lady Audley herself was not considered a good person. Audiences that were outraged with the actions of Lady Audley could find comfort in the fact that she died while stuck in an asylum, never able to unleash her anger and violent tendencies on the world again. The treatment--one that allowed for a patient to die from listlessness--was not seen as useless, or even unlawful. The owner of the home she was staying in states that she “expired peacefully,” however that peacefulness was not natural, but rather a forced lethargy. Weir Mitchell will eventually adopt the same type of treatment, taking “rest” to the extreme, making “it clear to his patients that he was in total control and that their feelings, questions, and concerns must be disregarded” (Bassuk 247), a belief that the physicians at Villebrumeuse no doubt adopted.

Weir Mitchell’s Rest Cure, the treatment that developed out of the same mind set of physicians during the time of *Lady Audley’s Secret*, was one of only a few medical procedures targeted towards mentally ill women during this time period, and these treatments were not illness-specific, because again, they were lumped together under the umbrella term of female hysteria.

Chapter II. Rebelling Against Patriarchal and Societal Standards in *The Yellow Wallpaper* and *The Awakening*

For decades, women were more frequently subjected to a diagnosis of mental disorders, due to the fact that the mental stability of a person is viewed through a gendered lens, and as previously mentioned, female hysteria was the most diagnosed mental disorder. The treating of such mentally ill women during this time period--women that participated in behaviors that made men of the time uncomfortable--consisted of only a few medical procedures that were not specific to individual illnesses, and the treatment was mostly a ruse to prevent women from participating in activities such as writing, or prevent women from acting in erratic behaviors. The narrator in *The Yellow Wallpaper*, a woman whose mental state is slowly deteriorating due to being forcefully treated by her male husband, best represents how defective these treatments were. Her counterpart, Edna Pontellier in *The Awakening*, illustrates the tragic outcome of some women due to the ignorance of physicians at the time. Being diagnosed with female hysteria meant the patient could be suffering from anything between something as mundane as loving to read and write to something as severe as bipolar-depression; in other words, mental illnesses, especially in females, were understudied and therefore undertreated, and that is depicted throughout literature.

Charlotte Perkins Gilman's unnamed narrator in *The Yellow Wallpaper* is one of the most well-known prominent female mentally ill characters, but it is not just her decline of mental stability that makes her so famous. Rather, it is her underlying fight

with the patriarchy that is completed through this mental deterioration--what I would call and argue, instead, moral enlightenment. Edna Pontellier, protagonist of Kate Chopin's *The Awakening*, also goes through a change in her mental state due to an underlying mental illness, rebelling against the rigid social expectations placed upon her as well. The most common cure that dealt with the disorders faced by these women was the Weir Mitchell Rest Cure, which consisted of just that: rest. However, patients and other doctors alike have criticized this cure, due to its rigid and mandatory requirements and its disconnection between mind and body, because Mitchell believed, "you cure the body and somehow find that the mind is also cured" (Poirier 17). Instead of being cured, women would use the treatment as a weapon against their male oppressors, acting even more "crazy" to rebel against the patriarchal standards placed upon them, or rather use their "illness" to escape the patriarchal restraints placed upon them.

Gilman's *The Yellow Wallpaper*, published in 1892, is a short story written as consecutive journal entries from the point of view of an unnamed woman that was taken away from her home at the hands of her husband, so that she may recover from "temporary nervous depression" (Gilman 2). Her husband, a physician, orders her to cease communication with friends and family so that she can rest and regain her strength to recover from her "nervous condition" (Gilman 3), and this treatment is done at a "colonial mansion" in the country (Gilman 1). While staying at this large country home, the narrator's mental health starts to diminish as she is forced to remain in a bedroom with asylum-like characteristics, only being able to write clandestinely when she knows her husband is not around. The narrator tries to hide her mental deterioration and control the way she acts in front of her husband so that he will allow her to go home sooner

rather than later. Over time, the narrator becomes obsessed with the wallpaper of the room, focusing on the pattern, eventually believing she can see a woman trapped within the walls. The story ends with the narrator locking herself in the room and destroying the wallpaper so that she can release the trapped woman from her imprisonment, with her husband eventually breaking in and fainting after he sees what his wife has come to.

The idea of the narrator's husband bringing her to the country--isolated from friends and family, telling her she is not allowed to read, write, or talk to others--is almost the exact definition of Silas Weir Mitchell's Rest Cure. Suzanne Poirier's article, "The Weir Mitchell Rest Cure: Doctor and Patients," discusses what the Weir Mitchell Rest Cure entailed and why it was mostly centered on females instead of males. Poirier outlines the cure and the different treatments the women underwent at the hands of Mitchell. The cure involved "remov[ing] patients from their homes," or bringing in a professional nurse, so that patients had as little contact with family members as possible (Poirier 20). Poirier criticizes the rest cure due to the lack of professional knowledge surrounding what causes mental illness in women and points out inconsistencies within Mitchell's reasoning. She then discusses Charlotte Perkins Gilman's experience with Mitchell and how that experience is what led to her writing her short story *The Yellow Wallpaper* (Poirier 26)². It can be argued, then, that Gilman used her short story as a rebellion against Mitchell and the men that supported his treatment, exaggerating the

² Charlotte Perkins Gilman also wrote about her negative experience undergoing Mitchell's rest cure as well as her arguments about the sexism of society in works such as: *Women and Economics* (1898), *The Home: Its Work and Influence* (1903), "The Home" (1903), *Human Work* (1904), and *The Man-Made World* (1911).

psychosis of her character to show the damage the rest cure does to mentally vulnerable women. Throughout the story, the narrator quotes her husband's diagnoses of her, parroting terms such as "nervous depression," "hysterical tendency," and "nervous condition" (Gilman 2,3). The narrator listens to her husband's medical talk and obeys his wishes because if not, "he shall send [her] to Weir Mitchell in the fall," and she does not "want to go there at all" (Gilman 9). The narrator (and Gilman during her own experience with the cure) was forced to undergo these treatments because of the social status of women at the time, and the even lesser standing of mentally ill women, and so to make this treatment wildly known and discredit following physicians to the best of her ability, *The Yellow Wallpaper* was released.

Physicians during these centuries were mostly men, and most of their hysterical patients were women. Therefore, the rest cure created by Weir Mitchell was centered on women and basically forced them to not move or think. This methodology went unquestioned, as well as followed by many male physicians for decades, because the diagnosis and control of these women were cogs in a patriarchal machine, keeping them within the confines of their mandatory role as housewife. That being the case, these male physicians took it upon themselves to control the lives of their patients, because they "were held up as moral authorities to all their patients," and so they "had the right- even the obligation- to advise female patients on all aspects of their lives" (Poirier 16). Women did not have the autonomy over their own bodies and decision for medical care. Male physicians had final say on what was "best" for their patients, and they enforced these decisions because it was their "obligation" to do so, even if this "counsel" was "unsought" (Poirier 16). In a broader sense, the cure was an example of the patriarchal

control that kept women from being free to be their own people, something we shall see in a larger extent in Kate Chopin's *The Awakening*. Gilman's narrator, however, is under the control of her husband, and to a lesser extent, her brother, both of whom are physicians telling the narrator what she has to do to "heal."

Throughout *The Yellow Wallpaper*, the mentally ill narrator fearfully--or sometimes curiously--speaks about the methods and language used in Weir Mitchell's Rest Cure. Right off the bat the narrator questions, "If a physician of high standing, and one's own husband" is telling her and her family what he is certain is the matter with her, then, "what is one to do?" (Gilman 2). In the very beginning of the story, the narrator establishes that she is under the control of her physician husband, and that she is forced to obey his wishes to keep her isolated from friends and family so that she can rest. Directly after, she states that her "brother is also a physician, and also of high standing, and he says the same thing" (Gilman 2). The narrator, even if her husband and brother were not physicians, would still be forced to obey their wishes because of the social norms of the time period; nineteenth century women were expected to obey the men in their lives. What seals the deal for the narrator in this particular short story is that she has an illness and both the men in her life are physicians. To reiterate a point from before, physicians were in control of every aspect of their patients' lives, and were considered "moral authorities." Therefore, the narrator had no say over what was wrong with her or how she wanted to deal with her "nervous depression."

Since the narrator cannot openly express her disagreements with her husband and brother, she turns to writing in a secret journal to explain that she opposes their diagnosis of her--that of a nervous depression--as well as their mandated treatment for her, and yet

she is unable to object outright and therefore is forced into believing that they know what is best for her:

Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good... I did write for a while in spite of them; but it *does* exhaust me a good deal- having to be so sly about it, or else meet with heavy opposition.

I sometimes fancy that in my condition if I had less opposition and more society and stimulus, but John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad. (Gilman 2)

Mitchell's Rest Cure was a treatment that involved as little bodily function as possible, so women were forced to not move or think so that they could continue to be cogs in a patriarchal machine. The narrator of *The Yellow Wallpaper* is capable of having her own opinions, and she is even strong-willed enough to go behind her husband and brother's backs and write in her journal entries, regardless of their vehement opposition to the activity. She repeats the word "personally," setting up that she, a mentally ill woman, has her own beliefs about her illness. When she states that writing exhausts her, it is not because it is a rigorous, tiring activity (the way her physicians make it seem), but rather because she is forced to hide the fact that she is doing so. Her husband says that the worst thing for her to do is think about her condition, which I interpret as him wanting to prevent her from realizing that the treatment is actually a means of control; if she doesn't think about it, she won't be able to figure out that it is actually hurting her rather than helping her. However, none of this matters, because during her time in isolation, she is at their mercy. The rest cure specifically states that "rest and food" allowed for women to

repair their physical and mental strength; even more important to Mitchell was making it clear that he believed the “the best cure for female neurasthenes (emotional illnesses) was to reorient them to domestic life” (Poirier 19). Therefore, as Maria Cohut’s article argues, men in positions of power, such as husbands and physicians, used diagnoses of mental illness and the rest cure to maintain the power relationship between them and women they felt were inferior. Keeping the narrator of *The Yellow Wallpaper* from writing was to keep her from thinking, to keep her from doing things that were not necessary in the day-to-day workings of a housewife.

The implications of male/physician control over women (mentally ill or not) is enough to prove that the rest cure was highly gendered, and extremely sexist, according to Michael Blackie in his article, “Reading the Rest Cure.” Blackie writes that Mitchell’s rest cure was actually “a ‘cure’ to pacify active female imaginations at odds with dominant male codes” (Blackie 59), and therefore really a ploy to keep women from advancing their careers and rather forcing them into staying homemakers. Blackie invokes Gilman’s own arguments in which she states that, “as long as women are associated with a ‘sublime devotion’ to home and mothering, they are condemned to a ‘morbid, defective, irregular, [and] diseased existence’” (Blackie 58). The narrator in *The Yellow Wallpaper* represents this exact woman, because she is forced to a devotion to her husband, a man with more education than her, as well as the father of her child, and so at first she obeys every one of his commands. He states that “perfect rest and air” will help relieve her nervous depression, and continuously tells her that she is too weak to do anything other than stay in the nursery and relax (Gilman 4). However, although the narrator continuously worries for her husband and believes he will be upset with her if

she does not follow his relaxation regimen, the extreme and non-stop isolation results in the narrator looking for stimulation and company within the wallpaper of her prison. The narrator becomes so obsessed with the alleged woman in the wallpaper, believing that “the faint figure behind seemed to shake the pattern, just as if she wanted to get out” (Gilman 14). I argue, then, that the narrator is projecting her feelings of her treatment and her perception of herself onto the pattern of the wallpaper; she is “stuck” in the room because of the sexist, patriarchal elements of the rest cure. The delusion becomes so severe that the narrator eventually tries to rip the wallpaper off of the wall to release the woman, as she (the narrator) is the only person able to release her from the strangling patterns and prison bars (Gilman 20-21). Although the narrator believes she frees the woman from the wallpaper, and goes against her husband’s wishes enough to write her journal entries *and* eventually cause him to faint when he witnesses the destruction of the room, Mitchell would not condemn his cure; instead, he would condemn the patient. This is because Mitchell believed women that were able to “recover” were those that followed his advice, and a woman who would not follow his advice was destined to never become cured (Poirier 22). Using this logic, then, the narrator of Gilman’s story will never recover, because she does not follow any of the advice the men in her life have given to her; she even voices her distrust of Weir Mitchell when she makes sure to misbehave so that she will not be sent to him.

In relation to Blackie’s statement about the cure being used to “pacify female imaginations,” the exact opposite circumstance occurs in Kate Chopin’s *The Awakening*, a story in which a housewife refuses to stay at home, rest, and be a mother and wife, therefore refusing the title of a “good woman” and ultimately feeling no other option

other than to commit suicide. *The Awakening*, published in 1899, tells the story of Edna Pontellier's sexual and social awakening after a summer vacation on Grand Isle, near the coast of Louisiana. Edna meets a young man, Robert, who opens her eyes to the lack of passion in her marriage, her dislike of being a mother, and her desire to live a life free from any familial restraints and responsibilities. After returning to New Orleans from Grand Isle, Edna purposefully ignores her responsibilities as a wife and a mother, instead pursuing her love of art and painting; she even goes so far as to move out of her home to live on her own away from her husband and children. The novella is a progression of Edna's realizations, as well as a progression of the "deterioration" of her emotional and mental stability. Edna consistently breaks gender and social norms, aware she is doing so but unable to stop. At the end of the story, after frequent illustrations proving Edna to be depressed, she returns to Grand Isle, stating it was "for no purpose but to rest" (Chopin 114), walks naked into the ocean, and as stated before, she presumably commits suicide.

The act of a wife and mother wanting to be independent and free from societal norms forced upon her is something that would be conceived as a mental illness due to men interpreting that behavior as outrageous. When Edna decides to go out for the day simply because she "felt like going out" and left no excuse for her husband's callers, Mr. Pontellier admonishes her behavior, stating, "Why, my dear, I should think you'd understand by this time that people don't do such things; we've got to observe *les convenances* (the conventions)" (Chopin 51). Mr. Pontellier is berating Edna for not following the universally accepted norms of the day: a housewife should stay home while her husband is out so that she can receive messages for him. What is considered worse is the fact that she went out for no reason, which makes no sense to Mr. Pontellier, because

a woman has her duties and should not fill her head with anything superfluous; Edna is not performing her womanly duties, the duties that the rest cure is supposed to reorient women into following. The more Edna does things that her husband does not approve of, the more he is convinced that there is something mentally wrong with her. When Edna's "absolute disregard for her duties as a wife angered" Mr. Pontellier he reprimands her and tries to convince her that the only thing that she should be doing is focusing on "the comfort of her family" (Chopin 57). Instead of showing remorse, Edna tells her husband to leave her alone, and so he has no choice but to think she is mentally unstable:

It sometimes entered Mr. Pontellier's mind to wonder if his wife were not growing a little unbalanced mentally. He could see plainly that she was not herself. That is, he could not see that she was becoming herself and daily casting aside that fictitious self which we assume like a garment with which to appear before the world. (Chopin 57)

Edna's life had been one social act after another; she wore masks so that she could fit in with the social norms dominating society. Going against these norms and the attempt to escape patriarchal standards only means one thing to Edna's husband: that she is mentally ill. Her idea to not sit still at home makes her "unbalanced mentally," and so becoming a more rebellious, independent woman--becoming herself--can only mean that there is something wrong with her.

Mr. Pontellier seeks the advice of a family friend, Doctor Mandélet, whose only medical advice is to send her to her sister's wedding in Kentucky farmland, basically a variation of the rest cure (Chopin 66), and so I read her returning to Kentucky as a kind of informal rest cure since she has not been formally diagnosed but has still shown signs

of being “unbalanced,” according to her husband. As previously mentioned, Michael Blackie’s definition of the cure is to “pacify active female imaginations at odds with dominant male codes” (Blackie 59), and that is exactly what is happening between Edna and her husband. Edna’s “awakening” is “making it devilishly uncomfortable for [Mr. Pontellier],” and so he wants to send her off to the country so that she can stay away from her friends and family and remember what *should* be important to her: being a wife and a mother. Similarly to *The Yellow Wallpaper*, both the unnamed narrator and Edna are under surveillance of dominant male figures, with the primary one being the husband and the secondary being the physician. What’s interesting is the fact that Doctor Mandelet admits that “he has bore a reputation for wisdom rather than skill” and actually does not know anything about Edna’s mental history (Chopin 65), meaning that his clients are mostly close family friends that believe he is wise and that he is actually lacking in psychiatric medical skills.

Edna, however, is not just a wife resistant to the roles placed upon her by society (mostly men), but rather a woman with previous health conditions that go untreated. In his article, “Depression and Chopin’s *The Awakening*,” Steven Ryan offers a medical diagnosis of Edna, stating that there is a “possibility that Edna’s suicide derives from depression and that she is a woman haunted by the attachment deprivation of her childhood” (Ryan 254). Ryan describes why he believes Edna could be considered to have Bipolar II Disorder, thus labeling her with a mental illness. A recurring image throughout the novella is Edna standing in a field, isolated, a metaphor for her floating through life alone and separated from emotional support. The first instance in which this

field is mentioned is during a conversation with Madame Ratignolle, in which Edna is reminiscing about a specific summer during her childhood in Kentucky:

I was just walking diagonally across a big field. My sun-bonnet obstructed the view. I could see only the stretch of green before me, and I felt as if I must walk on forever, without coming to the end of it. I don't remember whether I was frightened or pleased. I must have been entertained. (Chopin 16).

Edna then compares the summer she is currently experiencing with the one she recollects above, and states, "Sometimes I feel this summer as if I were walking through the green meadow again; idly, aimlessly, unthinking and unguided" (Chopin 16). Edna has an "obstructed view" of what's in front of her, which can represent her lack of direction in her future, and her confusion about what exactly it is that she wants out of life. Feeling as if she must "walk on forever" may foreshadow the end of the novel, because it conveys a sense of hopelessness in that there is no end in sight to her structured, mundane, unhappy life. Regardless of if she were "frightened" or "pleased," Edna was indeed lonely, in that endless field all by herself as a child.

Edna's awakening, especially since it formally begins when she develops true romantic feelings for another man, could be a result of this "attachment deprivation," and she may very well have Bipolar II Disorder. Or, Edna could just be "becoming herself" and "casting aside [her] fictitious self" (Chopin 57). While she may very well have a "diagnosable" mental illness, I believe that her "awakening" is just that: an awakening to the patriarchal society she has been forced to play a role in, and her rebellion against it. Regardless, her husband, her father, and the family doctor do nothing to look for the root of her personal change, but instead just decides that what is best for her is time away. Her

suicide, then, is an escape from everything: her husband, her children, her unrequited feelings for Robert, her old self, her new self, and the social restraints keeping her from being the woman she has always wanted to be. As she walks into the ocean during that very last scene, the narrator states that she is thinking of her husband and her children, and that “they were a part of her life. But they need not have thought that they could possess her, body and soul” (Chopin 116). Her last thoughts illustrate that she feels “owned” by her family, by the job of being a wife and mother, and that her awakening has led her to this point, the point of silent protest: permanent escape. When people have the label of being mentally ill placed upon them, their mental health is known to decrease because of the stigma and judgments of others (Oexle et al. 53) Edna’s husband decides she is mentally ill because she does not want to follow his patriarchal “rules,” and her friends believe something is wrong with her when they find out she moves out of her home; the only way to escape these judgments is to no longer live. As we shall see, this labeling, as well as the inexperience and lack of understanding from medical professionals, leads a second mentally ill character to commit suicide as well.

Chapter III. Septimus Warren Smith's Female Oriented Cure

So far I have been focusing on femininity and how it relates to mental illness in the Victorian era. However, the legacy of the portrayal of these mentally ill Victorian women can be seen years after the era has ended. The Victorian idea of being put in an asylum (eventually evolving into the rest cure) to be forced to succumb to social norms persevered all the way up to the First World War, being used for men as well as women. In spite of the fact that these “cures” were now crossing gender lines, the treatments were the same, and they were continued to maintain the status quo of the time period. In that case, being labeled as mentally ill, then, feminized men, something seen as “wrong” and deserving of punishment. One novel in particular that embodies the ideals of the Weir Mitchell Rest Cure and how it was used to stabilize any deference to social norms is Virginia Woolf's *Mrs. Dalloway*, published in 1925 and taking place on a single day in 1923. Although centered on multiple main characters, one of them--Clarissa Dalloway--does not deviate from social norms, and therefore her mental illness is not questioned by those around her. On the other hand, one of the main male characters of the novel--Septimus Warren Smith--is diagnosed with a disorder, and sees a therapist just to be told that he is not being the man he is supposed to be. Therefore, I argue that being labeled mentally ill was feminized, and so even men that were labeled as such were treated with the same feminized treatments of the Victorian era because these men deviated from their roles as strong husbands and leaders. If a person is able to stay within the confines of societal norms, then their mental illness would go unnoticed, or worse, ignored.

Virginia Woolf's *Mrs. Dalloway*, a novel published in May of 1925, describes a day in the life of post-World War I London inhabitants. Clarissa Dalloway, the novel's namesake, is getting ready to throw a party for her upper-class acquaintances, using the day to run errands, pick up flowers, and set up her home for her guests. Septimus Smith is going about his day dealing with what we now understand to be undiagnosed Post Traumatic Stress Disorder, while his wife Rezia anxiously looks on. Labeled a modernist novel, *Mrs. Dalloway* portrays the effects of the First World War, as well as other deep personal experiences, and how these experiences are exhibited outwardly. Clarissa Dalloway's personal experiences no doubt contribute to what I understand as her deteriorating mental health, starting as early as her childhood and lingering until her fifty-second year, her age when the book takes place. Septimus's traumatic experiences as a veteran most certainly contribute to what is a more overt representation of a mentally ill character.

From the very beginning of the novel, readers are privileged to know right away who Clarissa Dalloway is: an independent, middle-aged socialite who does not have her own identity. By beginning the novel with the words "Mrs. Dalloway" (Woolf 3), Woolf establishes that even within her own mind, Clarissa Dalloway is not just Clarissa; she is her husband's wife. The narrator of the novel is third-person omniscient, and even being inside Clarissa's personal thoughts, she is still referred to as "Mrs. Dalloway." She has almost no identity of her own, and therefore presents as a pitiable character regardless of her social class. An aspect of Clarissa's life that is briefly mentioned in the novel is that she suffered through a case of Spanish Influenza. As Elizabeth Outka explains in her chapter in *Viral Modernism* entitled "On Seeing Illness: Virginia Woolf's Mrs.

Dalloway,” this bout with illness did not just weaken Clarissa physically, but changed her mentally as well. After speaking negatively about Miss Kilman, her daughter’s tutor, Clarissa is anguished to recognize her own age and her hatred for that woman. Woolf writes of Clarissa:

It rasped through her, though, to have stirring about in her this brutal monster! To hear twigs cracking and feel hooves planted down in the depths of that leaf-encumbered forest. The soul; never to be content quite secure, for at any moment the brute would be stirring, this hatred, which especially since her illness, had power to make her feel scraped, hurt in her spine; gave her physical pain, and made all pleasure in beauty, in friendship, in being well, in being loved and making her home delightful rock, quiver, and bend as if indeed there were a monster grubbing at the roots, as if the while panoply of content were nothing but self love! This hatred! (Woolf 12)

Clarissa’s harsh feelings are not necessarily “normal;” she is not just worried, but has severe anxiety that this “monster” she has inside her can “stir” at any moment. This monster represents her heightened emotions; she doesn’t just hate Miss Kilman, but loathes her to the point of physical pain, which no doubt signifies a mental imbalance. The personification of this imbalance--or illness--is necessary because there is nothing else Clarissa can call it, since she does not even know what it is. She feels “hatred,” she feels it both mentally and physically, feeling “physical pain” and “hurt in her spine.” Outka notes that this beast inside Clarissa “endangered pleasure, beauty, friendship, health, and love; it rocked and bent the home itself,” and that “the threat of its return lurked somewhat obscurely in the consciousness;” not only does this monster feel

dangerous, but it actually has the ability to “distort [Clarissa’s] very reality, ‘as if indeed there were a monster’” (Outka 116). This supports my claim of the monster being her mental illness personified, being as how it is this unexplained “thing” in her mind that has not been discussed or diagnosed, but is clearly harmful to Clarissa’s psyche, and the only way to make sense of it is to give it a body, a face--something tangible. Although she is healed of the physical aspects of influenza, the illness left behind this almost physical, “brutal monster” that is always at the forefront of Clarissa’s consciousness, endangering every positive aspect of her life. Whether this monster is severe anxiety or stress, it is undoubtedly cause for alarm, and is definitely considered a mental illness.

Not only was Clarissa dealing with this mental recovery from Spanish Influenza, she had to deal with recovering from seeing her own sister die. Although most of the deaths causing mental stress during the time of the book were a result of World War I, Clarissa’s mental stress was in part a result of seeing her “sister killed by a falling tree” (Woolf 78). While of course a largely significant event in her life, her trauma goes untreated and unacknowledged, just becoming a part of her “personality.” In his article, “‘Mrs. Dalloway’ and the Ethics of Civility,” James Sloan Allen discusses Clarissa’s ethics, which in turn translates to Clarissa’s mental capacity and outlook on life. Allen argues that Clarissa’s ethics arise from “the imagination of disaster,” which is “the intimation that the worst can happen to us despite our best defenses- coupled with the belief that if any gods exist they do not” (Allen 590). While this idea was very popular during the time period of the novel--World War I and after--Woolf makes sure to convey that this happened very early on to Clarissa. Told during one of her old friends Peter’s narrative sections, he contemplates Clarissa’s outlook on life and why she is the way that

she is. Peter is reminiscing about the Clarissa he once knew, saying, “To see your own sister killed by a falling tree... Clarissa always said, was enough to turn one bitter” (Woolf 78). Allen argues that Clarissa does not turn bitter; instead, she “erects stiff defenses to shield her tenuous psychological autonomy, and then she becomes a gracious social being” (Allen 590). However, as Allen states that Clarissa does not “come unhinged” (Allen 590), I argue that seeing her sister die, coupled with her bout of influenza, has made her focused on death and her fear of her life ending. While this “unhinging” isn’t diagnosed, it can be inferred that she suffers from depression, or more specifically, a depressive consciousness of death that affects her decision making and daily thoughts.

This obsession with death is present in the very first scene of the novel, while Clarissa is buying herself flowers. Woolf writes that Clarissa “had a perpetual sense... of being out, out to sea and alone; she always had the feeling that it was very, very dangerous to live even one day” (Woolf 8). The simple act of being alive is dangerous to Clarissa, because being alive means that the action of dying is on the horizon; anything can cause death, and that scares her deeply. Closer to the end of the novel, while Peter is on his way to his hotel, he is reminiscing about a conversation he had with Clarissa, and says that she told him she continuously thinks about death randomly throughout her day. The narrator then tells us what Clarissa thinks about life *after* death, while simultaneously discussing her personal relations to people. At this point readers know that Clarissa does not believe in any organized religion, and has adopted an atheist view on the world and afterlife. Woolf does suggest that she believes in some type of afterlife in which souls live on, when she states Clarissa believed in a “transcendental theory which, with her

horror of death, allowed her to believe” that “the unseen part of us” can be attached to other persons, or even haunt “places after death” (Woolf 153). However, this belief is more than just believing in souls; Clarissa’s anxiety is projected through her use of the word “haunting” and Woolf saying that this transcendental belief is only due to Clarissa’s “horror of death.” Every person knows that death is inevitable, but seeing it happen and having her own near-death experience does in fact unhinge Clarissa, causing her to fall into a depressive/anxious mental illness that comes to a head at her dinner party.

This “unhinging” is most notable at the end of the novel, during Clarissa’s party. While speaking to each other, Lady Bradshaw, a guest at the party, murmurs to Clarissa that her husband had been alerted that “a young man...had killed himself” (Woolf 183). Instead of showing any remorse or asking any questions about the man’s life, she thinks to herself, “Oh!... in the middle of my party, here’s death” (Woolf 183), and I read this as Clarissa being confronted with one of her biggest fears, and so the news affects her just as much as it affected Septimus. Clarissa is clearly perturbed that the mention of death was introduced in her party, in consideration of throughout the whole novel, it is made very clear that she is scared of nothing more. Not being able to let the thought of “death at her party go,” she moves on to the “little room” and continues to curse the Bradshaws for forcing her to think of one of her biggest fears:

What business had the Bradshaws to talk of death at her party? A young man had killed himself. And they talked of it at her party- the Bradshaws, talked of death. He had killed himself- but how? Always her body went through it first, when she was told, suddenly, of an accident; her dress flamed, her body burnt. He had thrown himself from a window. Up had flashed the ground; through him,

blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. So she saw it. But why had he done it? And the Bradshaws talked of it at her party!

Woolf writes Clarissa's reaction to a sad, morbid event as one that disturbed her social event. She blames the Bradshaws--what business had they?--for making her feel the physical side effects of hearing about death. Clarissa's "dress flamed" and her body felt "burnt," and she could imagine the feeling of hitting the ground and going through the "rusty spikes." Her reaction to hearing about the suicide is intense, putting herself in the young man's shoes, feeling his death as if it were her own. The imagery of fire and feeling burnt connects Clarissa with Septimus in that he, during the war, watched his friend blow up, and the constant images of feeling burned can represent Clarissa's constant fear, like she is in her own personal Hell every second of every day. She even goes so far as to say that she felt like this "always" when she heard of death. These reactions can be seen as extremely abnormal, feeling physical hurt and pain for someone she does not know, while simultaneously being angry at him for committing suicide at the same time her party was going on. It is as if Clarissa is empathetic to this suicide against her own will; she shares the feelings of death because of her childhood trauma. Later on she says that "somehow it was her disaster- her disgrace" (Woolf 185), even though she did not know the young man and nothing actually happened directly to her. Clarissa then goes so far as to convey a sense of joy that the young man died, stating, "she did not pity him... she felt glad that he had done it" (Woolf 186). Thoughts such as these are formed in the mind of a woman who has a mental illness herself; she may not

have committed suicide, but her erratic thoughts about death and suicide, as well as her anxiety stemming from her illness, prove this to be true.

Regardless of the glaring red flags that make it almost certain that Clarissa Dalloway is mentally unstable, she is not subjected to any sort of “treatment” or “cure.” Clarissa’s illness does not manifest itself as hallucinations, as it did to the narrator in “The Yellow Wallpaper,” or as murderous tendencies, as it did to Lady Audley. In fact, Clarissa’s illness did not manifest in any way that made her deviate from being a woman in a traditional domestic role. She is an upper-class woman, married to a reliable, upper-class man, instead of the mysterious and infatuated friend that held her heart when she was younger. Clarissa performs the duties of a 1920’s English housewife, making sure her daughter is educated, and spending the day getting ready to throw a party for upper-class men and woman to mingle and socialize, with someone as prominent as the prime minister attending. Although the party is slow to pick up, and throughout it Clarissa is contemplating (and admiring) the suicide of a young man, no one knows of these thoughts, and the night goes on without a hitch; or so readers are supposed to believe. In reality, Woolf originally intended to omit the man who committed suicide as a character and have Mrs. Dalloway kill herself, but instead included Septimus as “her double” (Woolf et al. 11). Instead of dying physically, a piece of her mind “dies” at the sound of death, just like a bit of her mind became unhinged when she saw her sister die.

Mentally ill women, then, are not “cured” for the sake of easing their mental anguish, but are instead sought out and forced into a cure when they deviate from societal norms. Men, as well, are subject to this paradigm, and the young man that Clarissa admires at the end of *Mrs. Dalloway* fits this mold. This man, with an actual diagnosed

mental illness, is Septimus Smith, a character whose aforementioned illness is much more prominent and visible than Clarissa's. As one of the narrators, readers are privy to Septimus's actual thoughts, which prove that he is suffering from hallucinations, depression, and suicidal thoughts. A World War I veteran, Septimus is a direct consequence of his past surroundings. Diagnosed with shell shock, he had gone through similar events leading up to his illness as Clarissa had, with witnessing death being the most influential. After being there when his fellow soldier was killed, and then coming back to civilization and trying to live a normal life, his wife Rezia basically states that this is a goal that is not possible; she says, "He was not Septimus now" (Woolf 23). As previously mentioned, Clarissa states that to see someone close die is enough to turn a person bitter; but she is more than bitter. While Clarissa was able to mostly hide her anxiety and depression due to her childhood trauma and physical illness (which were both internal), Septimus's trauma was visible, both in his erratic behavior and the fact that the Great War was visible worldwide. He has constant hallucinations, and he believes that "human nature is on you" at all times (Woolf 92), and feels that it is impossible to escape such anguish, even if he "shut his eyes" (Woolf 22).

The hallucinations that Septimus suffer from usually involve Evans, his friend killed during the war. Of course, an event as tragic as that does not always result in a form of psychosis. Within one of Rezia's narrative sections, she describes her feelings about what is happening to Septimus, and she says of the war and seeing Evans killed:

But such things happen to everyone. Every one has friends who were killed in the War... but Septimus let himself think horrible things, as she could too, if she tried. He had grown stranger and stranger and stranger. (Woolf 66)

This thought process was common for most people during World War I; known as the Great War, it did seem like “everyone [had] friends who were killed.” Of course, there were soldiers who came out of the war with other lasting psychological issues, but not every single one of them had hallucinations or decided to commit suicide. To his wife, Septimus was “allowing” himself to succumb to his “horrible” thoughts; why couldn’t he just ignore them, like she did? Like she thought everyone did? He clearly changed from when they first met, getting stranger and stranger to the point where he was not himself; to the point where he thought he was literally seeing dead people. While Rezia is extremely un-empathic, she is a byproduct of a society that tells her a husband should be a strong caretaker and supporter, and so he is not living up to the life he promised her.

During one of Septimus’s hallucinations, Rezia mentions that it is time to leave from their seat in the park. The word “time” initiates an emotional reaction related to his trauma, and he begins to see his dead war comrade:

The word ‘time; split its husk; poured its riches over him; and from his lips fell like shells, like shavings from a plane, without his making them, hard, white, imperishable words, and flew to attach themselves to their places in an ode to Time... [and] the branches parted. A man in grey was actually walking towards them. It was Evans! But no mud was on him; no wounds; he was not changed.

(Woolf 70)

Septimus is clearly conveying signs of a serious mental disorder. As Outka states, “Septimus is the epicenter of the war’s presence, bringing the madness of battle and its lingering damage into central London” (Outka 112). Woolf shows this in the passage above by bringing war imagery to a park in the city. Comparing words to “shavings from

a plane” that are flying, hard and white, make this “ode to Time” seem ominous and action packed. Septimus is reliving his days as a soldier while sitting on a bench, bringing a dead soldier into this park as well. However, Evans looked as though he was meant to be in the park, with no mud or wounds on him. Septimus is acting, like Outka stated, as the “epicenter of the war’s presence.”

The lack of knowledge that physicians had of mental illness in the Victorian era translates well into the modernist time period of *Mrs. Dalloway*. Regardless of the abundance of proof that Septimus was severely and irrevocably changed by the war, Dr. Holmes, his physician, said that “there was nothing the matter with him,” but Rezia continues to question, “why, when she sat by him, did he start, [and] frown at her?” (Woolf 67). Even Dr. Bradshaw, Septimus’s psychiatrist, spoke mostly to Rezia, and stated that Septimus’s suicidal thoughts were “merely a question of rest... of rest, rest, rest; a long rest in bed” (Woolf 96). To Dr. Bradshaw, Septimus did not have “a sense of proportion,” and resting in “a beautiful house in the country” would fix that up (Woolf 96-97). This was the agreed upon treatment, the agreed upon “medication,” with the medical world as well as his closest family still believing that there was nothing actually the matter with him. This treatment is almost identical to Weir Mitchell’s Rest Cure, which “comprised of six to eight weeks of absolute rest and isolation from family and friends,” as well as a strict high-fat diet and electrotherapeutics (Blackie 61). The rest cure, geared solely towards women, focused mainly on the outward appearance of patients, and so “what counted as a cure rested almost entirely upon surface meanings” (Blackie 67). While Septimus is not a woman, his health (both physical and mental) has been on a steady decline since his return from the war, and his doctor’s prescription of

“rest, rest, rest” was so that Septimus could get his mind off of what was troubling him. This lack of knowledge of Septimus’s illness, as well as the illnesses of all the other aforementioned Victorian female characters, and the lack of understanding to what treatments would be successful and the blind trust physicians had to the rest cure failed these women and man; the rest cure is now failing veterans just as it had failed women through the nineteenth century.

Charlotte Perkins Gilman’s narrator, instead of succumbing to the “advice” of her husband and brother, becomes even more mentally unstable, hallucinating an escape from the patriarchy that is trying to tell her that her actions are deemed crazy and therefore she is less of a woman. Septimus’s response is even more radical, and doubly heartbreaking. He is so on edge in regards to his doctors and was tragically confused as to what was going on in his mind that he “had these sudden thunder-claps of fear,” and continued on to say that “he could not feel;” (Woolf 87). He is stripped of emotion and yet fearful every time he thought of war, or human nature, or had his hallucinations. It is clear that there is something severely wrong with Septimus, something that requires real medical attention, and yet the general consensus is that his so-called “illness” could be cured with just a bit of rest. Shell-shocked men--men suffering from PTSD--were treated as if they were women. The illness itself is not even considered a real disorder, but rather cowardice and selfishness and just a digression from being a “normal” man and husband. His wife thought he was selfish for putting her through the pain of watching his mental state deteriorate (Woolf 23), and that it was “wicked” to make her “suffer” so much (Woolf 65). His physician Dr. Holmes was ashamed of Septimus’s behavior, asking himself questions such as, “Didn’t one owe perhaps a duty to one’s wife? Wouldn’t it be

better to do something instead of lying in bed?” (Woolf 92). To outsiders, Septimus was not participating in the required social norms of a good husband; in Septimus’s mind, he was suffering and needed help. This break from social norms is what made Dr. Bradshaw to suggest the rest cure, because as stated before, the cure was meant to “reorient [women] to domestic life” (Poirier 19), or in this case, reorient Septimus to his role as manly husband.

All of this “excitement,” this criticism, the disbelief in his personal problems, and his fear of human nature and life in general, causes Septimus to commit suicide. Even the moment right after he does so, after he “flung himself vigorously, violently down on to Mrs. Filmer’s area railings,” the first thing out of Dr. Holmes’s mouth was, “The coward!” (Woolf 149). Septimus, stuck in his mind with no escape, feels he has no choice other than to die to get away from “only human beings,” the one severe problem with the world (Woolf 149). He admits that “he did not want to die,” and that “life was good,” but the world’s lack of understanding, as well as the world’s lack of willing to understand, made jumping out over the railings the final act of free will Septimus could perform (Woolf 149). As the omniscient narrator makes it known, Septimus fears human nature and the idea of having to give his will over to others, mainly his doctors. Instead of doing so, then, which the rest cure required, Septimus commits suicide; as readers of the nineteenth century novel, we are aware that if his treatment were to go anything like *The Yellow Wallpaper’s* narrator or Lady Audley’s, his free will would have been stripped and placed into the hands of physicians, something absolutely unbearable to him. Septimus, a grown man and war veteran, is facing feminization in the removal of his free will.

Going into detail in both Clarissa's and Septimus's past shows that their experiences were similar, but intensely gendered; the female trauma is unacknowledged and easier to hide, while the male trauma is more visible but unacceptable. There are varying levels of extremeness in the depiction of their mental illnesses, with Septimus developing extreme psychosis while Clarissa develops severe anxiety, depression, and a preoccupation with death. While both illnesses require some form of treatment, only Septimus is forced into being involuntarily admitted to a treatment center, due to the fact that his is the disorder that is noticeable to outsiders in the sense that he was not playing his role in society. Clarissa is able to perform her duties as an upper class woman of the house, and so people leave her alone. Septimus's illness is visible, just as Lady Audley's illness was, and so he is subjected to the same type of treatment Victorian women were so that they could be "fixed." Septimus's final act--his suicide--is reminiscent of Edna Pontellier's, because suicide was the only way to escape the pain of the world around them under their own terms. It can be concluded, then, that the diagnosing and subsequent treating of mental illness is heavily gendered, due to the fact that treatment was used to perpetuate patriarchal social norms. Instead of being cured, however, patients felt trapped and confined, and went to extremes to escape the pressures placed upon them as mentally ill individuals.

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Vita

Name	<i>Bianca Basone</i>
Baccalaureate Degree	<i>Bachelor of Arts, St. John's University, New York Major: English</i>
Date Graduated	<i>May, 2019</i>