Women, Medicine & Madness
‘The Yellow Wallpaper’
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The Victorian Period: Gender & Sexuality

* Reign of Queen Victoria: 1837-1901
* Period often associated with a particular set of ideas surrounding gender and sexuality, in particular regarding the social roles of men and women
* Today we understand gender as a construction and performance (i.e. our femininity and masculinity are something we enact on a daily basis)
* Victorians understood gender as something that biologically inherent in men and women respectively; this applied mostly and specifically to the middle classes
* Men = naturally masculine; women = naturally feminine
* Gendered notion of separate spheres: private realm and public realm (again, largely a middle-class notion, i.e. has only limited applicability to aristocracy or working classes)
* Separate spheres: Public realm: world of politics, government, the law, economics, industry, commerce, etc. which is the ‘natural’ home)
* Private realm of home and family: ‘natural’ home for women
* Spheres seen to be complementary, different but equal (Victorians judged health of nation by health of families, so women had an important role to play)
* Spheres directly related to idea of men’s and women’s natural gendered traits
* Women + femininity = relational, domestic, selfless/ self-sacrificing, nurturing and caring, asexual and pure (‘angel in the house’), effective household managers who rendered home a retreat form ‘tainted’ public realm
* Men + masculinity = intelligent, competitive, active
* Gender roles = "normative" (prescribed, ideal, unattainable rather than realistic)
* Gender roles inherently contradictory and always contested; not fixed
* Tension between woman as moral guardian and woman as dangerously physical/ sexual runs throughout period (unease about her potential for both)

Victorian Medicine: Gender & Madness

* Mid-nineteenth century: “predominance of women among the institutionalized insane first becomes a statistically verifiable phenomenon” (Showalter, The Female Malady, 52).
* Prevailing view among psychiatrists: statistics proved women were more prone to insanity
* Instability of reproductive systems interfered with sexual, emotional, and rational control
* Proper menstrual function viewed as pivotal to women’s mental health
* Because gender was seen as biological, disturbance to female biology considered as cause for mental illness (mostly to what we now know as postnatal depression, anxiety, etc.)
* Disturbance of reproductive systems could be caused by too much intellectual stimulation
* Blood flow directed towards the brain and not towards reproductive organs
* Result: dysfunctional reproductive system and mental health issues
* Puerperal insanity = mental disorder occurring within month after giving birth
* Could take number of forms, but mostly the following:

1. “[A] total negligence of, and often very strong aversion to, her child and husband [...] explosions of anger occur, with vociferations and violent gesticulations; and, although the patient may have been remarkable previously for her correct, modest demeanour, and attention to her religious duties, most awful oaths and imprecations are now uttered, and language used which astonishes her friends.”
   

* Also associated with obscene thoughts and language and masturbation
* Puerperal insanity violated ideals of feminine propriety, maternal love + selflessness
* Problem: were ‘symptoms’ natural to women and kept in check in daily life, or were they pathological results of organic disturbance
* Worst manifestation was infanticide (worst crime against maternity and femininity)

*Silar Weir Mitchell: The Rest Cure*

* Weir Mitchell treated Perkins Gilman for “a nervous condition” (see “Why I Wrote The Yellow Wallpaper”)
* Treatment to begin by removing patient from home (cf. mad spaces + madwoman’s removal to rented house in ‘The Yellow Wallpaper’):

2. “It is rare to find any of the class of patients I have described so free from the influence of their habitual surroundings as to make it easy to treat them in their own homes. It is needful to disentangle them from the meshes of old habits and to remove them from contact with those who have been the willing slaves of their caprices. [...] Separate the patient from the moral and physical surroundings which have become part of her life of sickness, and you will have made a change which will be in itself beneficial and will enormously aid in the treatment which is to follow.”

   Silas Weir Mitchell, *Fat and Blood* (1877)
1. Notion of selfishness in female patient made explicit here, i.e. drawing attention and focus onto oneself = crime against femininity and supposed selflessness it entailed

2. Illnesses almost contagious for (appropriately selfless) carer:

   3. “[An addition] which tends to destroy women who suffer in the way I have described [...] is the self-sacrificing love and over-careful sympathy of a mother, a sister, or some other devoted relative. Nothing is more curious, nothing more sad and pitiful, than these partnerships between the sick and selfish and the sound and over-loving. By slow but sure degrees the healthy life is absorbed by the sick life, in a manner more or less injurious to both, until, sometimes too late for remedy, the growth of the evil is seen by others. Usually the individual withdrawn from wholesome duties to minister to the caprices of hysterical sensitiveness is the person of a household who feels most for the invalid, and who for this very reason suffers the most.”

   Silas Weir Mitchell, *Fat and Blood* (1877)

   4. Next step towards ‘cure’ is to remove patient from all responsibilities and mental tasks:

   4. “So many nervous people are worried with indecision, with inability to make up their minds to the simplest actions, that to have the responsibility of choice taken away greatly lessens their burdens. It lessens, too, the burdens which may be placed upon them by outside action if they can refuse this or that because they are under orders as to hours.”

   Silas Weir Mitchell, *Fat and Blood* (1877)

   5. Importantly, complete rest is prescribed, alongside diet of fatty foods (dairy, meats, etc.):

   5. “In carrying out my general plan of treatment in extreme cases it is my habit to ask the patient to remain in bed from six weeks to two months. At first, and in some cases for four or five weeks, I do not permit the patient to sit up, or to sew or write or read, or to use the hands in any active way except to clean the teeth. [...] In most cases of weakness, treated by rest, I insist on the patient being fed by the nurse, and, when well enough to sit up in bed, I order that the meats shall be cut up, so as to make it easier for the patient to feed herself. [...] In many cases I allow the patient to sit up in order to obey the calls of nature [...] Most of these patients suffer from use of the eyes, and this makes it needful to prohibit reading and writing, and to have all correspondence carried on through the nurse. But many neurasthenic people also suffer from being read to, or, in other words, from any prolonged effort at attention.”

   * Note any intellectual activities (especially reading and writing) are forbidden.

   * Ultimate aim is to “fatten up” the often thin patient and to restore proper balance of blood flow to reproductive organs and away from the brain.
Reading the Victorian Madwoman: A Feminist Perspective

* Nineteenth century = period of social change for women
* Feminist movement began in 1840s and 1850s both in America and in Britain
* Women demanded equal social rights, critiqued sexual double standard, demanded equal legal status (i.e. the vote, equal property rights, rights to child custody)
* Rise of Victorian madwoman = self-fulfilling prophecy which enabled control of women via social, medical and political structures as these demands became more and more vocal:

5. “In a society that no only perceived women as childlike, irrational, and sexually unstable but also render them legally powerless and economically marginal, it is not surprising that they should have formed the greater part of the residual categories of deviance from which doctors drew a lucrative practice and the asylums much of their population. Moreover, the medical belief that the instability of the female nervous and reproductive systems made women more vulnerable to derangement than men had extensive consequences for social policy. It was used as a reason to keep women out of the professions, to deny them political rights, and to keep them under male control in the family and the state. Thus medical and political policies were mutually reinforcing. As women’s demands became increasingly problematic for Victorian society as a whole, the achievements of the psychiatric profession in managing women’s minds would offer both a mirror of cultural attitudes and a model for other institutions.”


* So male-authored medical texts and discourses tell us more about social anxieties and norms than they do about the female patient and her story of her afflictions
* According to Showalter, must look to Victorian women’s writing to find female perspective on insanity, its causes and treatments:

6. “These [female-authored] texts present female insanity in its social contexts, and as a reaction to the limitations of the feminine role itself. Unmarried middle-class women, for example, were widely considered a social problem by the Victorians. Stigmatized by terms like ‘redundant,’ ‘superfluous,’ and ‘odd,’ they were also regarded as peculiarly subject to mental disorders. But while doctors blamed menstrual problems or sexual abnormality, women writers suggested that it was the lack of meaningful work, hope, or companionship that led to depression or breakdown.”

Showalter, The Female Malady, p.61

* Madwoman and her behaviour as desperate challenges to patriarchal gender norms
Language and behaviour function as undermining of patriarchal system (cf. Freud)

Notion of madness as protest also problematic and potentially futile and disempowering:

7. “Depression, illness, withdrawal, and complaint […] were feminine forms of protest far less effective than rebellion and action. What terrified [Florence] Nightingale was that middle-class Victorian women were […] rendered so crazy and powerless by their society that they could rail and rave but never act.”
   
   Showalter, The Female Malady, p.65

8. “Perhaps the reason the madwoman continues to be such an enticing figure [for feminist critics] is that she offers the illusion of power, although she in fact provides a symbolic resolution whose only outcome must be greater powerlessness.”
   

Hysteria, Feminism and the New Woman

Figure of New Woman came to represent perceived disorder and rebellion against women’s status in society as well as a feminist ideal

9. “The New Woman was a representation. She was a construct, ‘a condensed symbol of disorder and rebellion’ who was actively produced and reproduced in the pages of the newspaper and periodical press, as well as in novels. The New Woman (and the moral panic which surrounded her) was yet another example of the way in which, in the latter half of the nineteenth century, femininity became a spectacle.”
   
   Lyn Pykett, The Improper Feminine: The Women’s Sensation Novel and the New Woman Writing (London: Routledge, 1992)

Positive representation of New Woman: emancipated, reasonable, intelligent, politically active, independent and profession but also feminine stylish and controlled

Figure employed to advocate sexual education for girls (esp. about syphilis and male sexual vice and to make informed decisions about marriage)

Also used to promote freedom of movement (e.g. bicycle) and dress reform (against corsets, crinolines and bustles and for bloomers): both physical and mental freedom

Negative constructions (e.g. in Punch): man-hating virago and political insurgent that was both unfeminine (e.g. refusing to marry) and overly womanly (driven by animalistic urges and hence overly sexual)

Feminists, and in particular suffragette activists, came to be labelled as hysterics and image of New Woman was frequently linked to illness (physical and mental):
10. “During an era when patriarchal culture felt itself to be under attack by its rebellious daughters, one obvious defence was to label women campaigning for access to the universities, the professions, and the vote, as mentally disturbed, and of all the nervous disorders of the fin de siècle, hysteria was the most strongly identified with the feminist movement.”

Showalter, The Female Malady, p.145

Background Reading


— Hystories: Hysterical Epidemics and Modern Culture (London: Picador, 1997)