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Mental illness and psychiatry in the Victorian era: an analysis of the prevailing power dynamics between women and male authority figures through Gilman and Freud.

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of the City College of the City University of New York.**

In this research paper, I intend to focus on Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) and Sigmund Freud's *Dora: An Analysis of a Case of Hysteria* (written in 1900 and published in 1905), with an aim to represent the prevailing attitudes of men, especially male physicians, towards women in the Victorian era. I intend to demonstrate how the Victorian social system placed women in a subordinate position through patriarchal ideals of femininity and unapologetically labeled them "insane" if their behavior and personality dared deviate from the prevailing social norms and conventions. In addition, I hope to shed light on the way male authority figures attempted to control women's growing demands and desires and perpetuated the patriarchal ideology of "separate spheres" through the feminization of mental illness and the stigmatization of female sexuality. Both *The Yellow Wallpaper* and *Dora* provide us with prominent examples of women who are labeled "insane" or "hysterical" as they rebel against traditional gender roles and male dominance in the public sphere; additionally, both texts demonstrate the way psychiatry can be used as a tool to discourage women from having their own free will and achieving personal liberty. Thus in my thesis paper, I hope to focus on the institutional domination and oppression of women through culturally constructed notions of femininity and mental illness.

The "hysterical" women in both *The Yellow Wallpaper* and *Dora* are exemplary of Victorian women who are victims of a society that is designed to preserve its rigid gender ideology through the feminization of insanity and the cultural denigration of female sexuality. *The Yellow Wallpaper*, written by Charlotte Perkins Gilman, is an important work of feminist fiction that demonstrates the prevailing attitudes of doctors towards women in the Victorian era. In this tale of madness and repression, Gilman

challenges the attitudes of nineteenth century doctors towards their female patients and points out the negative consequences of a kind of treatment in which a creative and independent woman is stifled by a paternalistic culture. Gilman, who was a victim of postpartum depression and underwent the “rest cure” treatment prescribed by the influential neurologist Dr. S. Weir Mitchell, wrote *The Yellow Wallpaper* to shed light on her experiences as a victim of a male-dominated profession that is governed by Victorian ideals of womanhood. Gilman’s purpose behind writing the short story was certainly not to insult a renowned neurologist; instead, she sought to bring attention to the common misconceptions surrounding the causes of “hysteria” and the patriarchal ideologies governing its treatment. Her decision to write the story could be seen as her effort to raise awareness against the “rest cure” treatment and her attempt to stress the importance of doing meaningful work as one of the solutions that could cure women suffering from nervous disorders. Therefore, Gilman’s intention to prevent other women from experiencing the miserable situation she had to go through during her own rest cure at the hands of Dr. Mitchell propelled her to pen down her experiences through this short story.

When taking a closer look at the various issues raised in *The Yellow Wallpaper*, one cannot help but draw parallels between Gilman’s short story and Sigmund Freud’s *Dora: An Analysis of a Case of Hysteria*, a case study which is a gripping testimony of a young girl caught in a power struggle with one of the most influential physicians of the nineteenth century. The power dynamics between Freud and Dora in his famous case history parallels that between the narrator and her husband John from Gilman’s fictional world. As evident, both *The Yellow Wallpaper* and *Dora* are stories about female hysterical patients who are subject to the therapeutic ambitions of a male doctor; in

addition, both women are simultaneously engaged in a power struggle with the male authoritarian figures who attempt to regulate and structure their lives. Nevertheless, it is quite difficult to categorize and come to a definite conclusion about the nature of Freud's theories and his attitude towards his female patients. Although we can be critical of Freud and his stance on female hysteria, we cannot avoid giving him credit for his bold and open-minded approach towards his patients. He was definitely ahead of his time as he was aware of the problematic approach adopted by most doctors of the Victorian era that Gilman vocally criticizes throughout her short story; however, Freud unknowingly ends up conforming to the nineteenth century medical attitudes about women and thus, participates in the very practices that Gilman challenges in her story and he himself points out in one of his first lectures on psycho-analysis. Thus Freud's attitude towards Dora corresponded remarkably with the prevailing attitudes of his fellow contemporaries toward their female hysterical patients. Although Freud made innovative and brilliant contributions to the understanding and treatment of hysteria, he was simultaneously bound by common notions of his era, which inevitably affected the young Dora.

Women in the Victorian era were assigned to a subordinate social position within the family and were also excluded from actively participating in the public sphere. They were subject to the indisputable control and domination of male authority figures in every aspect of their lives; after all, male domination of women was deemed essential to preserve the ideal family structure and avoid the disruption of the natural order of things. In the wake of such circumstances, Victorian social structure suppressed women who attempted to defy their gender roles and unapologetically labeled them "insane" to curb their growing demands for intellectual aspirations and personal liberty. Deeming women

insane was simply a punishment for “female assertion, ambition, self-interest, and outrage” (Showalter, *The Female Malady* 72). Moreover, the field of psychiatry and its preferred treatments for nervous disorders were influenced by misogynistic attitudes towards women and female sexuality. One of the infamous ways through which the Victorian patriarchy attempted to besmirch women’s pursuit of self-development was by labeling them as “hysterical.” As Elaine Showalter, a renowned literary critic specializing in Victorian literature, states, “during an era when patriarchal culture felt itself to be under attack by its rebellious daughters, one obvious defense 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* 145). Hence the gender inequality embedded in the Victorian social structure was further bolstered by psychiatry and its one-dimensional views on femininity and mental illness; additionally, within the field of psychiatry, hysteria and the commonly used treatments for it have predominantly “come to represent the frightening excesses of Victorian medical practices and the ways that feminine sexuality has been repressed and manipulated in the oppression of women” (Herndl 53). Therefore, the social oppression of women is apparent when one takes into account the common Victorian notions of womanhood, female sexuality and mental illness; as evident, Victorian women were the unfortunate victims of the medical field, a male-dominated profession that determined the concepts of normality and condemned women who deviated from the usual or expected. Thus the rise of the concept of the Victorian “madwoman” was a direct consequence of

the rise of the psychiatric profession primarily directed towards women but controlled and dominated by men.

The role of Victorian physicians in the societal subjugation of women is further evident as they came up with androcentric theories and solutions that denigrated the female reproductive system, thereby reproducing the common misconceptions about women of that era. As Showalter states, “the prevailing view among Victorian psychiatrists was that...women were more vulnerable to insanity than men because the instability of their reproductive systems interfered with their sexual, emotional, and rational control” (Showalter, *The Female Malady* 55). By elaborating on the traditional beliefs that women are more emotionally unstable and incapable of rational thinking, Victorian psychiatrists influenced medical views on the female reproductive system as the ultimate source of mental illness. As a result, psychiatrists formulated theories of insanity that were, “specifically and confidently linked to the biological crises of the female life-cycle – puberty, pregnancy, childbirth, menopause – during which the mind would be weakened and the symptoms of insanity might emerge” (Showalter, *The Female Malady* 55). Furthermore, puberty was considered the one of the most critical periods in a woman’s life that was primarily responsible for emotional volatility and caused hysteria in young girls; above all other causes associated with insanity, the onset of puberty was seen as the biggest threat to the soundness of the young female mind. As Showalter states, “doctors regarded puberty as one of the most psychologically dangerous periods of the female life-cycle...[and] argued that the menstrual discharge in itself predisposed women to insanity” (Showalter, *The Female Malady* 56). As a result of such distorted perceptions of the female reproductive system, doctors unequivocally

disregarded the underlying causes of nervous disorders and dismissed the social contexts in which these psychological crises took place; above all, such institutionalized misconceptions about the female body paved the way for the shaming and cultural denigration of female sexuality as something that needed to be constantly concealed and repressed. Thus, as evident, mental breakdown in women was often a consequence of their highly vulnerable position within a patriarchal culture and predominant medical theories of the ensuing nervous disorders were the most effective tools of social control.

Disregarding the social contexts in which women were more vulnerable to nervous disorders, the theoretical framework of psychiatry emphasized on misleading notions about the female reproductive system and other biological differences between men and women. Unfortunately, Victorian mental health experts seldom took into account the importance of meaningful work and healthy personal relationships in the lives of women who simply sought a family and social environment that encouraged their personal liberty, thereby turning a blind eye to the actual reasons behind the depression or emotional breakdown of their patients. Victorian women were burdened with familial responsibilities and were largely prohibited from pursuing higher education or ambitious careers. Under such circumstances, women's deviance from their expected roles as ideal wives or mothers due to their educational and career aspirations perplexed Victorian physicians to a great extent; as women sought new opportunities in their educational and professional lives, "doctors warned them that pursuit of such opportunities would lead to sickness, sterility, and race suicide. They explicitly linked the epidemic of nervous disorders...to women's ambition" (Showalter, *The Female Malady* 121). Moreover, Victorian physicians stressed the biological differences between man and women to place

limitations on women's demands for serious education and competitive vocations. According to most psychiatrists of the era, "the stimulus of competition, healthy and even necessary to bring about the best in boys, would act powerfully and disastrously to upset the more unstable nerve centers of girls, who could then become seriously deranged" (Showalter, *The Female Malady* 125). In addition to this, female intellectual inferiority was seen as a part of the natural order of things and essential for the proper functioning of the reproductive system. Excessive mental stimulation due to serious education was thought to be a cause of diminished reproductive capacities. As Showalter states, "the intellectual training of adolescent girls could produce permanent injury to their reproductive systems and their brains" (Showalter, *The Female Malady* 124). As quite evident, the notion of female intellectual inferiority due to the instability of the female reproductive system was simply used as a tool to exclude women from prestigious professions and to impose restrictions on their pursuit of independence and self-development. Women were strictly prohibited from "exhausting" themselves through reading or writing and doing any kind of meaningful work; not surprisingly, mental breakdown resulted when women challenged the traditional gender roles and attempted to compete with men in the public sphere. Hence associating women with insanity was simply a punishment for rebellion and an institutionalized solution to curb the freedom and empowerment of women that would undermine the Victorian social structure.

Charlotte Perkins Gilman, the author of the renowned short story *The Yellow Wallpaper*, was a victim of the oppressive forces of the psychiatric profession in the late Victorian period. Gilman's inability to conform to rigid gender roles of the period led her to the brink of depression and severe emotional breakdown. The reasons for her nervous

breakdown arose primarily from her frustration with her ascribed role in society and her aspiration for “work that was a male privilege in the patriarchal climate of the late nineteenth century” (Knight 264). Similar to the narrator in her story, Gilman was suffering from post-partum depression shortly after the birth of her daughter. In 1887, she sought psychiatric treatment from the renowned nerve specialist Dr. Silas Weir Mitchell. Under Dr. Mitchell, Gilman was a victim of the famous Rest Cure treatment, a highly contentious psychiatric treatment she vehemently challenges through her writing. In the case of Gilman, Mitchell’s “prescription, to return to her husband and child and to renounce all professional ambitions, was a recipe for disaster” (Knight 265). Hence, the rest cure prescribed by Mitchell failed to alleviate Gilman’s symptoms; instead, by succumbing to Mitchell’s rest cure treatment that recommended a strict domestic life as opposed to intellectual pursuits, Gilman, regrettably, was driven to the brink of insanity.

At the time of Gilman’s treatment in 1887, Dr. S. Weir Mitchell was already a prominent member of the psychiatric profession. Instead of considering the social context within which Gilman’s psychological crisis took place and sympathizing with the oppressive social conditions she had to face, Mitchell dismissed Gilman’s ambitions and rebuffed her as she expressed her dissatisfaction with traditional gender roles. Similar to his contemporaries, Mitchell believed that women were inherently inferior to men and were more vulnerable to diseases because of their “reproductive physiology and sexuality” (Bassuk 251). Mitchell’s treatment regimen controlled every aspect of a woman’s life and was designed to teach her complete submission to the male authoritarian figure in her life; even her body and her physical appearance was subject to the approval of the physician. The primary purpose of Mitchell’s rest cure was to treat

women by making them live as domestic a life as possible; its goal was to teach women complete and unquestioning obedience to the demands of male authority figures and prohibit them from exercising their free will for their own good. According to Mitchell, “puberty and reproduction put an enormous strain on girls, making them less able to sustain prolonged study, intellectual labor, or vigorous exercise” (Thraikill 543). Before beginning the rest cure, Mitchell’s explained the benefits of his “benevolent” torture and “promised the patient a positive cure provided that she relinquished control to the physician and concerned herself with nothing but following directions. Mitchell made it clear to his patients that he was in total control and that their feelings, questions, and concerns must be disregarded” (Bassuk 247). Moreover, once the patient showed some physical signs of recovery, Mitchell initiated the “process of moral reeducation, which focused on a discussion of how to keep feelings under control. Mitchell's objective was to make clear to her how she is to regain and preserve domination over her emotions” (Bassuk 249). In order to fully recover from their illness and prevent future nervous breakdown, Mitchell “advocated a system that encouraged order, control, and self-restraint [and] felt that women should model their lives on the principles underlying the rest cure” (Bassuk 249). Thus at the time of her treatment with Dr. Mitchell, Gilman’s mental health was further deteriorated because of his rigid ideology on gender roles and his unapologetic contempt for women’s educational pursuits.

Mitchell was openly against the education of women and strongly opposed the notion of women having an ambitious career or a busy working life. In his 1871 study, *Wear and Tear*, Mitchell asserted that education is “at least in part the source of very many of the nervous maladies with which our women are troubled” (qtd. in Knight 265).

According to Mitchell, mental and physical illnesses in women were largely a result of excessive mental stimulation. As Mitchell claimed, “the woman's desire to be on a level of competition with men and to assume his duties, is I am sure, making mischief, for it is my belief that no length of generations of change in her education and modes of activity will ever really alter her characteristics. She is physiologically other than the man. I am concerned with her now as she is, only desiring to help her in my small way to be in wiser and more healthful fashion what I believe her Maker meant her to be, and to teach her how not to be that with which her physiological construction and the strong ordeals of her sexual life threaten her as no contingencies of man's career threaten in like measure or like number the feeblest of the masculine race” (qtd. in Bassuk 252). Thus under the rest cure treatment of Dr. Mitchell, Gilman’s mental health was further hampered as he advocated a treatment regimen based on the common patriarchal notions of the era; instead of recovering from her illness, Mitchell’s treatment rapidly drove her to the brink of insanity as he prohibited her to do any kind of work that led to the stimulation of the mind and ordered her to completely submit to male authoritarian figures.

However, as Gilman later revealed through her letters, she was able to overcome the negative impact of Mitchell’s treatment only by disobeying his orders and by starting to work again. Her mental health gradually improved as she resisted the domestication of her personality and embraced the working life. Referring to Mitchell and his instructions as per the rest cure, Gilman revealed, “this wise man put me to bed and applied the rest cure, to which a still good physique responded so promptly that he concluded there was nothing much the matter with me, and sent me home with solemn advice to ‘live as domestic a life as far as possible,’ to ‘have but two hours’ intellectual life a day,’ and

‘never to touch pen, brush or pencil again as long as I lived’” (Gilman, *Why I Wrote The Yellow Wallpaper* 271). However, after obeying Mitchell’s instructions and being driven to the brink of insanity as a result of being confined to a purely domestic life, Gilman started working and resumed stimulating her idle mind. As she later admitted, “I cast the noted specialist’s advice to the winds and went to work again – work, the normal life of every human being; work, in which is joy and growth and service, without which one is a pauper and a parasite” (Gilman, *Why I Wrote The Yellow Wallpaper* 271). As a result of working and embracing her love of writing, Gilman managed to overcome her postpartum depression; unlike the narrator from her story, Gilman refused to become a mute subject in the medical discourse of hysteria and successfully battled her illness by raising her voice through writing. Thus as evident in the case of Gilman, “by living to tell the tale, the woman who writes escapes the sentence that condemns her to silence” (Treichler 69). Gilman’s purpose behind writing *The Yellow Wallpaper* was to raise awareness against the disastrous effects of Mitchell’s rest cure treatment; her sole purpose “was not intended to drive people crazy, but to save people from being driven crazy” (Gilman, *Why I Wrote The Yellow Wallpaper* 271). For Gilman, her biggest reward for penning down her experiences through this story was the assurance that she was able to expose Mitchell to the ineffectiveness of the rest cure and its detrimental impact on the mental health of vulnerable women. Although never mentioned by Mitchell in any of his letters, diaries, or publications, Gilman later came to know from his close friends about his decision to alter the rest cure treatment after receiving a copy of her short story. As Gilman asserts, “the real purpose of the story was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways. I sent him a copy as soon as it came

out, but got no response. However, many years later, I met some one who knew close friends of Dr. Mitchell's who said he had told them that he had changed his treatment of nervous prostration since reading 'The Yellow Wallpaper.' If that is a fact, I have not lived in vain" (qtd. in Dock et al. 62). However, there is little evidence to support the notion that Mitchell modified the course of his treatment after reading Gilman's short story. Instead, "discussions of Mitchell's career never mention Gilman's course of treatment or her famous short story. Mitchell's published letters contain no hint that he altered his thinking about the rest cure; on the contrary, as late as 1908 he wrote to Andrew Carnegie that he wanted to build a hospital for 'Rest Treatment for the Poor.' Far from abandoning his methods, Mitchell proposed to extend them beyond the middle and upper classes, some sixteen years after Gilman's story appeared" (Dock et al. 62). Thus although Gilman believed that Mitchell modified his treatment regimen after reading her short story, there is no evidence where he admitted of doing so other than her memoirs. Instead, of altering his treatment, Mitchell's published letters demonstrate his strong commitment to the controversial rest cure treatment and indicate his refusal to acknowledge any claims against his traditional treatment methods. If Gilman's writing indeed altered Mitchell's opinion on the rest cure is open to debate and cannot be known for sure; however, we do know that Gilman's writing successfully managed to cure herself of her psychological distress. *The Yellow Wallpaper* is an account of what Gilman experienced herself as a patient of Dr. Mitchell; although the unfortunate woman in Gilman's story succumbed to insanity, Gilman managed to rescue herself through the power of writing. As oppose to the narrator who was prohibited from writing and doing any kind of mentally stimulating activities, Gilman was able to break free from the chains

of a patriarchal psychiatric treatment and managed to recover from her nervous breakdown only by writing. Therefore by deciding to portray her condition, Gilman wrote about her story of illness instead of being written as the subject of illness by someone else; through the power of writing, she retained her sanity at the cost of that of her fictional protagonist.

In *The Yellow Wallpaper*, Charlotte Perkins Gilman portrays the narrator's gradual descent into madness because of the paternalistic approach adopted by physicians of the Victorian era; Gilman attempts to demonstrate how a male-dominated medical field aims to silence women and views them as fundamentally weak and passive. The narrator in *The Yellow Wallpaper* is a woman who is suffering from postpartum depression and is subject to psychiatric treatment prescribed by her doctor-husband in an isolated house in the countryside. The narrator's husband John, who is a reputable physician, resorts to a kind of treatment similar to Mitchell's rest cure where he prohibits the narrator from socializing with the outside world and treats her like a child who is mentally weak and fragile. Her husband often expresses the idea that it was possible for her to get "well" only if she wanted to; as a result, he encourages her to exercise her will to check her childlike fancies and achieve victory over her tendency to see herself as depressed and mentally ill. After all, as demonstrated through the physician husband's mindset in Gilman's literary world, "Victorian doctors believed that in most cases insanity was preventable if individuals were prepared to use their willpower to fight off mental disorder and to avoid excess. Mental health was to be achieved by a life of moderation and by the energetic exercise of the will" (Showalter, *The Female Malady* 30). Moreover, as evident, the narrator's husband in *The Yellow Wallpaper* constantly

imposes his will on her and tries to dictate her thoughts and perception about the world around her. As the narrator states, “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, *The Yellow Wallpaper* 3). Moreover, he constantly treats her like a child who is unable to take decisions on her own and “hardly lets [her] stir without special direction” (Gilman, *The Yellow Wallpaper* 4). As demonstrated throughout the course of the story, John’s failure to sympathize with his wife’s condition originates from his attitudes typical of physicians from the Victorian era. As the narrator states, “John is a physician, and *perhaps*...that is one reason I do not get well faster (Gilman, *The Yellow Wallpaper* 3). He even refuses to acknowledge the way she perceives her condition and flatly refuses to consider any viewpoint that challenges the male-dominated medical discourse of the nineteenth century. As she states, “John does not know how much I really suffer. He knows there is no *reason* to suffer, and that satisfies him” (Gilman, *The Yellow Wallpaper* 5). Furthermore, Victorian era physicians viewed a hysterical woman as someone craving for power and authority and as a result, aimed to subdue and silence them as part of their treatment. In order to be cured from hysteria, women were required to completely submit to their physicians and restrain their wishes and desires. As the narrator reveals about John, “he says no one but myself can help me out of it, that I must use my will and self-control and not let any silly fancies run away with me” (Gilman, *The Yellow Wallpaper* 9). Hence as demonstrated, nineteenth century physicians aimed to “tame” women and forced them to conform to social norms and conventions; in order to be “cured,” a Victorian woman was required to succumb to the male authoritarian figure who

undermined her will and desires and forced her to exhibit the mainstream feminine qualities of self-discipline and self-restraint.

Furthermore, nineteenth century physicians had a condescending view of women as they often accused them of having ulterior motives behind their illness. According to them, women often pretended to be ill in order to achieve what they want and used their ill health as a weapon against men. Women were further accused of using their imagination to control and manipulate men and were thus discouraged to think creatively and stimulate their minds. As the narrator reveals, “John has cautioned me not to give way to fancy in the least. He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency” (Gilman, *The Yellow Wallpaper* 6). In addition to this, when the narrator is initially troubled by the wallpaper and requests her husband to shift to another room, he clearly refuses to do so and asserts the importance of this refusal as a means to check her fancies. As she states, “he laughs at me so about this wall-paper! At first he meant to repaper the room, but afterwards he said that I was letting it get the better of me, and that nothing was worse for a nervous patient than to give way to such fancies. He said that after the wall-paper was changed it would be the heavy bedstead, and then the barred windows, and then that gate at the head of the stairs, and so on” (Gilman, *The Yellow Wallpaper* 5). Thus in order to cure women of hysteria and teach them self-control and self-discipline, physicians adamantly refused to yield to their requests; moreover, as evident through the interactions between the narrator and her husband John, one of the central purpose of the treatment of hysteria in the

nineteenth century was to maintain the power imbalance between men and women by forcing women to become docile, passive and helplessly vulnerable.

When analyzing the various complex issues raised in *The Yellow Wallpaper*, one cannot miss the striking similarities between Gilman's story and Sigmund Freud's famous case study *Dora: An Analysis of a Case of Hysteria*. The power dynamics between Freud and Dora in this famous case study parallels that between the narrator and her husband John from Gilman's fictional world. In both cases, the two women are labeled hysteric and are thus subject to a male-dominated medical discourse; additionally, both women are constantly engaged in a power struggle with the male authoritarian figures who attempt to regulate and structure their lives. Even though the situation and the treatment of women in *Dora* resembles that in *The Yellow Wallpaper*, it is still quite a challenge to categorize and come to a definite conclusion about the nature of Freud's theories and his attitude towards his female patients.

Although we can be critical of Freud and his stance on female hysteria, we cannot avoid giving him credit for his bold and open-minded approach towards his patients. He was definitely ahead of his time as he was aware of the problematic approach adopted by most doctors of the Victorian era that Gilman vocally criticizes throughout her short story. For instance, when talking about female hysterical patients and their initial relationship with the doctors responsible for their treatment, Freud states, "the recognition of the illness as hysteria makes little difference to the patient; but to the doctor quite the reverse. It is noticeable that his attitude towards hysterical patients is quite other than towards sufferers from organic diseases. He does not have the same sympathy for the former as for the latter: for the hysteric's ailment is in fact far less

serious and yet it seems to claim to be regarded as equally so” (Freud, *Five Lectures on Psycho-Analysis* 6). Moreover, Freud’s awareness of this common problem among doctors treating female hysteria during that time is further evident when he points out the anger and frustration exhibited by the physicians. When talking about the frustration and dissatisfaction shown by doctors as they deal with hysterical patients, Freud states, “this is not a pleasant situation for anyone who as a rule sets so much store by his knowledge. So it comes about that hysterical patients forfeit his sympathy. He regards them as people who are transgressing the laws of his science – like heretics in the eyes of the orthodox. He attributes every kind of wickedness to them, accuses them of exaggeration, of deliberate deceit, of malingering. And he punishes them by withdrawing his interest from them” (Freud, *Five Lectures on Psycho-Analysis* 7). Moreover, most Victorian physicians were “concerned that hysterical women were indeed enjoying their freedom from domestic and conjugal duties, as well as their power over the family and the doctor himself...thus physicians perceived hysterical women as their powerful antagonists [and] found their hysterical patients personally and morally repulsive, idle, intractable, and manipulative” (Showalter, *The Female Malady* 133). In addition to being aware of such problematic attitude prevalent among doctors towards their female patients, Freud was also aware of the lack of connection between the physician and young women and thus, tried his level best to take a more broad-minded approach towards his own patients. Unlike most physicians of the nineteenth century, Freud took a more bold and open-minded approach towards his patients suffering from hysteria. Freud undoubtedly did not hesitate to speak about certain uncomfortable topics when he was left alone with his young female patients. For instance, during his interaction with Dora, he was not hesitant

to assert that she was secretly in love with Herr K. and was unknowingly looking forward to have sexual relations with him. Furthermore, “not only did Freud precipitously plunge into sexual discussions with Dora, he spared her no detail of her unconscious sexual desires as he discovered them. He informed her that her playing with her reticule in his office symbolized masturbation” (Decker 457). Thus, as demonstrated throughout the case study, Freud was definitely ahead of his contemporaries in his approach towards his female patients; by rejecting various limitations placed on topics discussed with women, he opted for a more bold and liberal attitude in his treatment of female hysteria.

In spite of his noble aspirations to treat and view female hysteria through a more liberal lens, Freud unknowingly ends up conforming to the conventional medical attitudes about women and thus, participates in the very practices that Gilman challenges in her story and he himself points out in his first lecture on psycho-analysis. In order to treat female hysteria, “Freud modified the Weir Mitchell rest cure by adding the work of psychoanalysis to it, because the passivity of the cure itself produced an exquisite boredom that led to more daydreaming” (Showalter, *The Female Malady* 158). However, although Freud and his treatment of female hysteria were comparatively ahead of his time, he was not totally immune from the various social conventions and norms of the Victorian era. Mainstream notions about women did influence Freud and he was, from several aspects, quite similar to his contemporaries. Even though “most accounts of Freud justifiably focus on him as an individual, an innovator, or a maverick...Freud can also be studied as a group member. Here he is seen as a nineteenth-century physician, sharing the medical and social assumptions and attitudes common among his fellow doctors” (Decker 460). Freud often imposed the mainstream notions about female sexuality in

interpreting Dora's feelings and emotions. Instead of trying to unearth the real reasons behind her psychological crisis, Freud was "eager to penetrate the sexual mysteries of Dora's hysterical symptoms and to dictate their meanings to her. In spite of his earlier commitment to understanding the hysteric's plight, he ignored the social circumstances of Dora's life. In his view, her hysteria came from masturbatory fantasies, incestuous desires for her father, and possible homosexual or bisexual wishes" (Showalter, *The Female Malady* 159-160). Freud turned a blind eye to the social factors contributing to her emotional breakdown and imposed patriarchal constructions of sexuality on her behavior. For instance, Freud criticized Dora for resisting the advances of Herr K. when he suddenly kisses her on her lips without her consent. He was critical of her for not responding to Herr K.'s advances in a positive way and was disturbed by her revelation that she was disgusted by his move. Expressing his concerns about Dora's unexpected reaction to Herr K.'s forced sexual advances, Freud claimed, "instead of the genital sensation which would certainly have been felt by a healthy girl in such circumstances, Dora was overcome by the unpleasurable feeling...by disgust" (Freud, *Dora: An Analysis of a Case of Hysteria* 22). He instantly labels her behavior "hysterical" when he learns that she had developed feelings of disgust after that particular experience with Herr K. As he states, "the behavior of this child of fourteen was already entirely and completely hysterical. I should without question consider a person hysterical in whom an occasion for sexual excitement elicited feelings that were preponderantly or exclusively unpleasurable" (Freud, *Dora: An Analysis of a Case of Hysteria* 22). Thus as evident in the case of Dora, Freud's interaction and his interpretation of *her* side of the story is undoubtedly shaped by the various Victorian social conventions and notions about

women. Moreover, similar to the power struggle present in *The Yellow Wallpaper*, Freud and his patient, an intelligent yet vulnerable eighteen-year-old girl, were engaged in a continuous power struggle in this complex case history. As demonstrated through out his interaction with Dora, “Freud was not a neutral listener in the conversation but an adversary and antagonist who saw analysis as ‘armed combat,’ a struggle between the analysts and the patient in which what is at stake in the narrative struggle is the right to claim one’s own knowledge as truth, and, as a corollary, the right to proclaim the guilt of one’s defeated opponent” (Showalter, *On Hysterical Narrative* 32). Moreover, many scholars point out that “Dora is a victim of Freud's unconscious erotic feelings about her that affected his need to dominate and control her. Dora has no voice in Freud's text; we hear nothing of her direct dialog, and her historical and Jewish identities are both suppressed. He never understands her story at all and simply tries to bully her into accepting his version of events...she never becomes a subject, only the object of Freud's narrative” (Showalter, *On Hysterical Narrative* 27). According to Freud, Dora’s narrative of her emotions cannot be trusted; after all, for Freud, words of a hysteric can only be heard but should never be given any kind of importance. As Freud claims, “hysterics were unable to tell a complete, smooth and exact story about themselves. They left out, distorted and rearranged information because of sexual repression” (Showalter, *On Hysterical Narrative* 25-26). As a consequence, Freud believed that “the therapist's role was to suggest, edit, or construct such a narrative for the patient. Freud was confident that, no matter how elusive and enigmatic the hysteric's story, the analyst could reconstruct a logical, scientific, and complete narrative” (Showalter, *On Hysterical Narrative* 26). However, as we can now deduce, the reason why hysterics came across as

irrational and incomprehensible was because their “saviors” were never interested in listening to them or considering their point of views but were busy imposing their own theories and assumptions on them; the incoherent or inarticulate narrative of hysterical women in Victorian psychiatric discourse can be seen as a reflection of the vulnerable social condition of women. Moreover, in addition to dismissing her viewpoints and imposing his thoughts and assumptions on Dora, Freud opted for other tactics to retain the already established power imbalance present between them. For example in one particular instance, Freud was determined that Dora must receive no sense of power from the treatment, even if that meant delaying a cure. Although he admitted that Dora might recover if her father ended his relations with Frau K., he was determined to not encourage that course of action.

Throughout her life and even before she met Freud, Dora was subdued by the male authority figures in her life and was always dismissed for being immature and irrational. Dora’s social position was similar to that of many women of the Victorian era. Although “she felt contempt for her mother’s monotonous domestic life...Dora could find no support for her intellectual aspirations” (Showalter, *The Female Malady* 159). However, Dora tried her best to protect her educational pursuits as she “struggled alone with the effort to keep up her serious reading” and managed to attend “lectures specially given for women” (Showalter, *The Female Malady* 159). Not unexpectedly, her habit of serious reading deeply concerned her father who mentioned it as a possible source for her emotional breakdown during his initial meeting with Freud. Even before she interacted with Freud, Dora was exposed to the demands of authority figures insensitive to her feelings and emotions. She was “treated like a pawn or a possession by her father, and

denied the rights to privacy or personal freedom...he wanted Freud to persuade Dora that her perceptions were simply adolescent fantasies [and] hired Freud hoping for an advocate to bring her to reason” (Showalter, *The Female Malady* 159). Similar to her father who never took her seriously and refused to give way to her “illogical” demands, Freud dismissed her emotional concerns and refused to take her thoughts and decisions seriously. Freud admitted that Dora would recover if her father were willing to leave Frau K. However, he refused to resort to such a solution as this would make Dora realize the possibility of being “powerful” through ill health; he believed that it would be anti-therapeutic for Dora in the long run if he advised her father to terminate his affair. Similar to the husband in *The Yellow Wallpaper*, who refuses to move out of the nursery in fear of encouraging the narrator’s sudden whims and fancies, Freud refuses to yield to her demands to check her wishes and desires; similar to John, who “playfully” accuses the narrator of feigning illness to achieve her goals, Freud accuses Dora of having hidden motives of illness to make her father yield to her demands. As Freud reveals, “I felt quite convinced that she would recover at once if only her father were to tell her that he had sacrificed Frau K. for the sake of her health. But...I hoped he would not let himself be persuaded to do this, for then she would have learned what a powerful weapon she had in her hands, and she would certainly not fail on every future occasion to make use once more of her liability to ill-health” (Freud, *Dora: An Analysis of a Case of Hysteria* 35). In addition to rejecting solutions favored by Dora in an effort to check her power, Freud accused her of being irrational and revengeful when Dora ultimately retaliated against a patriarchal culture by ending the treatment. Freud accused Dora of being unreasonable when she abruptly terminated the treatment after only three months. Freud believed she

had done so because she had transferred onto him the “cruel impulses and revengeful motives” (Freud, *Dora: An Analysis of a Case of Hysteria* 109) she harbored toward her father and Herr K. Moreover, according to Freud, Dora “had projected on to him her feelings of erotic attraction for her father and Herr K. and was punishing him with her rejection” (Showalter, *On Hysterical Narrative* 27). Thus after the abrupt termination of the sessions, Freud imposed his personal assumptions on Dora’s behavior and viewed her actions through the lens of Victorian patriarchal culture; he not only accused her of ending the treatment deliberately in order to hinder him but also saw himself as the sole recipient of Dora’s accumulated rage at the men in her life.

Therefore as demonstrated, the power imbalance present between Freud and Dora in his famous case history parallels that between the narrator and her husband John from Gilman’s short story. As evident, both *The Yellow Wallpaper* and *Dora* are stories about female hysterical patients who are subject to the therapeutic ambitions of a male doctor and are thus unfortunate sufferers of Victorian paternalistic culture. The two women who were labeled “insane” in *The Yellow Wallpaper* and *Dora*, are prominent examples of Victorian women who are victims of a society that is designed to preserve its rigid gender ideology through the feminization of insanity and its assimilation into Victorian culture. However, as evident through Freud’s analysis of Dora’s hysteria, it is quite a challenge to categorize and come to a definite conclusion about the nature of Freud’s theories and his attitude towards his female patients. Freud undoubtedly had noble intentions as a physician and tried his level best to adopt a more positive and broad-minded approach towards his female patients. In addition, he was quite ahead of his contemporaries as he was aware of the problematic approach adopted by most doctors of that time; however,

Freud was not completely untouched by the social conventions of his time as he unknowingly ends up conforming to the biased conceptions and beliefs about female sexuality and hysteria; although not part of his intention, Freud does impose patriarchal constructions of sexuality on his female patients such as Dora. Therefore, Freud's attitude towards Dora corresponded remarkably with the prevailing attitudes of most contemporary Western physicians toward their female hysterical patients. Although Freud made innovative and brilliant contributions to the understanding and treatment of hysteria, he was simultaneously bound by common notions of his era, which inevitably affected the young Dora.

Hence the "hysterical" women in both *The Yellow Wallpaper* and *Dora* are exemplary of Victorian women who are victims of a society that is designed to preserve its rigid gender ideology through the feminization of insanity and the cultural denigration of female sexuality. Gilman, who was a victim of postpartum depression and underwent the "rest cure" treatment prescribed by the influential neurologist Dr. S. Weir Mitchell, wrote *The Yellow Wallpaper* to shed light on her experiences as a victim of a male-dominated profession that is governed by Victorian ideals of womanhood. Gilman's purpose behind writing was to bring attention to the common misconceptions surrounding the causes of "hysteria" and the patriarchal ideologies governing its treatment. Her decision to write the story could be seen as her effort to raise awareness against the "rest cure" treatment and her attempt to stress the importance of doing meaningful work as one of the solutions that could cure women suffering from nervous disorders. Therefore as I have hoped to demonstrate in my thesis paper, the Victorian social system placed women in a subordinate position through patriarchal ideals of

femininity and unapologetically labeled them “insane” if their behavior and personality dared deviate from the prevailing social norms and conventions. Male authority figures attempted to control women’s growing demands and desires through the feminization of mental illness and the stigmatization of female sexuality. As I have argued in this paper, women are labeled “insane” or “hysterical” as they rebel against traditional gender roles and male dominance in the public sphere; moreover, Victorian psychiatry was used as a tool to discourage women from having their own free will and achieving personal liberty. Hence patriarchal gender politics in the Victorian social system took an enormous toll on the mental health of women. The subordination of women in the family and institutionalized misogyny not only made them anxious or depressed but also pushed them towards severe emotional breakdown. Though, of course, women did not stage their illness to trouble their family members as claimed by most physicians of the era, their pitiful emotional breakdown was an indirect source of liberty that gave them an opportunity to break free from the repressive social norms and conventions of the Victorian paternalistic culture; thus women indirectly gained a voice and a chance to “rebel” at the cost of their sanity. As evident in *Dora* and *The Yellow Wallpaper*, the “hysterical” women in both cases liberated themselves by rejecting the ways of their physicians and embracing the stigma of insanity; they were able to challenge the oppressive social norms and conventions of the Victorian era by rejecting the recommended forms of treatment and choosing to remain “insane.”

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