Univerzita Karlova
Pedagogická fakulta
Katedra anglického jazyka a literatury

BAKALÁŘSKÁ PRÁCE

Rest Cure in the works *The Yellow Wallpaper* and *My Year of Rest and Relaxation* and within the context of Female Mental Health Treatments

Léčba odpočinkem v dílech *Žlutá tapeta* a *Můj odpočinkový rok* a v kontextu léčby duševního zdraví žen

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Studijní program: Specializace v pedagogice

Studijní obor: B AJ-PG

2024

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V Praze 6. července 2024

Acknowledgment

I wish to express my most sincere gratitude to my thesis supervisor PhDr. Tereza Topolovská, Ph.D., whose endless patience with my disorganized work helped me to successfully finish this thesis. Her advice was invaluable during the process of writing and choosing the topic of my thesis, and without her, there would likely be no thesis today. I am also endlessly thankful for my family, who gave me the space and support during these times. Lastly, I am thankful for my partner, whose emotional support and kind advice encouraged me to keep writing and not give up.

ABSTRACT

This thesis focuses on the topic of rest cure, as portrayed in the works *The Yellow Wallpaper* (1892) and *My Year of Rest and Relaxation* (2018). *The Yellow Wallpaper* portrays a reimagined outcome of the rest cure by Charlotte Perkins Gilman, while in *My Year of Rest and Relaxation,* Ottessa Moshfegh satirizes and elevates the notion of this cure by making her main character chose to hibernate through a year as a way to deal with her trauma. The theoretical part introduces the history of Victorian psychiatry in order to explain the background behind the creation of the rest cure and the specific diagnosis of neurasthenia. The practical part analyzes the two mentioned works in terms of the possible diagnosis of the main characters, the treatment they undertake, and the outcome of said treatment methods. The conclusion compares and contrasts the two works and highlights the unexpected amount of shared topics and similarities between the two. It illustrates the notion that although the time separating the two publications is considerable, it does not mean that things have necessarily changed for the better in the area of psychiatric treatments.

KEYWORDS

The Yellow Wallpaper, *My Year of Rest and Relaxation*, Charlotte Perkins Gilman, Otessa Moshfegh, rest cure, neurasthenia, psychiatry, mental health

ABSTRAKT

Tato bakalářská práce se zabývá tématem odpočinkové léčby a jejím vyobrazením v dílech *The Yellow Wallpaper* (1892) a *My Year of Rest and Relaxation* (2018). Krátký příběh *The Yellow Wallpaper* vyobrazuje nešťastný následek odpočinkové léčby tak jak ji zažila Charlotte Perkins Gillman. V knize *My Year of Rest and Relaxation* zas Otessa Moshfegh satirizuje a pozvedá pojem odpočinkové léčby tím, že se její hlavní hrdinka rozhodne prospat celý rok aby se tím vyrovnala se svým traumatem. Teoretická část představuje historii Viktoriánské psychiatrie, a na ní důvody které vedly k tvorbě odpočinkové léčby a specifické diagnózy neurastenie. Praktická část analyzuje oba zmíněné příběhy, a to z hlediska možných diagnóz hlavních postav, způsobů léčby kterými si projdou, a výsledků které tyto metody měly. Závěrečná kapitola porovnává a rozlišuje oba tyto příběhy a vyzdvihuje překvapivé množství společných témat a dalších podrobností. Práce poukazuje na to, že ačkoliv je čas oddělující obě publikace značný, neznamená to, že se věci zlepšily v oblasti léčby psychiatrických onemocnění.

KLÍČOVÁ SLOVA

The Yellow Wallpaper, *My Year of Rest and Relaxation*, Charlotte Perkins Gilman, Otessa Moshfegh, odpočinková léčba, neurastenie, psychiatrie, duševní zdraví

Obsah

1. Introduction

Mental health has become a sort of "buzzword" in recent years. The notion that our mental well-being is just as important as the physical one is slowly but surely entering the wider-public knowledge. But while social media is full of inspirational quotes and mental health gurus, the actual psychiatric issues some people face are still stereotyped to this day. Prejudice is still prevalent when it comes to disorders like schizophrenia or bipolar disorder. It has been only a little over two centuries since psychiatry as an area of medicine was truly introduced, and its dark history is something most people do not know about. One such hidden corner of psychiatric history happens to be the subject of this thesis - the rest cure.

I first became interested in the topic of Victorian psychiatry after reading *The Yellow Wallpaper* (1892) for the first time for a class assignment. The short story lingered in my mind, not because it is a particularly difficult story to interpret but because the narrator's struggles resonated with me. The details of the narrator's affliction, describing how and why she felt the way she did, reminded me of postpartum depression[1]. I was astonished at just how easily the symptoms she described translated into a modern description of this disorder. Almost as if it was written with the condition in mind. My curiosity led me down a "rabbit hole" of sorts and into the fascinating yet dark world of Victorian psychiatry. In my research, I found out that, in a way, I was correct. But while the story was written with a specific disorder in mind, it was not postpartum depression but the "so-called" neurasthenia.

Neurasthenia was an umbrella "illness" people were diagnosed with during the 19th century. The theory behind it spoke about "nervous energy" and its depletion, which resulted in many odd symptoms. I employ the adjective odd because it was seemingly just a compilation of unrelated symptoms. The diagnosis can be therefore considered nonsensical. It became quite popular as it was presented by its "creator" as the illness of the intelligent

[1] **Postpartum depression** is a depressive episode specific to pregnancy or the period after delivery. Symptoms may include insomnia, anxiety, irritability, and obsessive fear over the child's wellbeing. It is common for new mothers to experience a less severe period of mood swings following birth, usually referred to as "baby blues." These do not impair the mother as severely as postpartum depression does and often resolve on their own, so the two must be separated, as PPD can pose a risk to both the mother and the child (Stewart and Vigod).

and the thinkers of the era. Following the rise in the number of neurasthenic patients, the rest cure appeared soon after. The rest cure was a specific type of treatment for neurasthenia, most commonly prescribed to middle-class and upper-class women of the time. It can be easily summarized as an order for total bedrest, complete isolation, and absolute inactivity, paired with dietary changes and other odd prescriptions. To my astonishment, I was able to find a copy of the original publication, where the complete treatment method is described, online during my research. This publication is called *Fat and Blood: and How to Make Them* (1878) and was written by Weir S. Mitchell to describe his way of treating women suffering from neurasthenia. It was an unpleasant read for many reasons, but it helped me connect with the story of The Yellow Wallpaper even further.

While further researching the topic of Neurasthenia, the rest cure, and the birth of psychiatry, I often encountered a publication by Elaine Showalter: *The Female Malady* (1987). It proved irreplaceable during the writing of this thesis in explaining the long and complicated history of psychiatry and women, which led to both neurasthenia and rest cure appearing. However, I must mention one thing: the usage of words like “insane,” “lunatic,” “asylum,” and more. By no means is this terminology meant to represent an accurate or professional way to refer to people struggling with mental health issues. The reason why I use these terms across the thesis is because they have historical meaning behind them. For example, “asylum” was simply the term that was used at the time for buildings housing the mentally ill. Similarly, “lunatic” was a common way to refer to a mentally unwell person. In order to more accurately describe the reality of those times, I chose to retain these terms when writing. They do not reflect my personal opinion on those struggling with mental disorders or otherwise disabled individuals, and I try my best to make that obvious.

The second half of this topic has to do with the second book. *My Year of Rest and Relaxation* (2018) is a contemporary American novel and was recommended to me by my teacher, who later supervised this thesis as well. In it, the protagonist decides to heal her trauma with a year of complete rest and inactivity. She achieves this by consuming a large amount of sleep medication, isolating herself in her apartment, and letting the world pass by while she does literally nothing. The more I read, the more similarities I found between the two nameless main characters. It is interesting to see how, despite the time between the

publishing of *The Yellow Wallpaper* and *My Year of Rest and Relaxation*, the two delve into similar topics. Both deal with the subject of mental health, mental illness, and isolation. Some ideas expressed by the protagonist of *My Year of Rest and Relaxation* almost sound like they could have come from a Victorian physician. The fact that two books separated by so much time could portray something so similar, in the area of psychiatry no less, fascinated and scared me. Did nothing really change in a little over a century?

This thesis will focus on the parallels between the two stories. The theoretical part will explain the beginnings of psychiatry during the Victorian times and the reasons that led to the creation of neurasthenia diagnosis and the rest cure, as well as some additional details about modern mental health treatment. In the practical part, both works will be analyzed with this context in mind, with the main focus on the mental health aspect as well as interpersonal relationships that affect it. The aim is to establish a substantial connection between *The Yellow Wallpaper* and *My Year of Rest and Relaxation* and showcase how the experiences of women in the past concerning mental health treatment reflected in the literature in the past and how that affects the literature today.

2. Theoretical part

2.1. Mental health in 19th century Britain and America

To find the origin of the sleep cure and the beliefs it reflected, we must go back to where psychiatric care concerning women has its roots. Both neurasthenia and rest cure were the products of their time, which was flawed due to the strict gender ideology where women were viewed as being the lesser gender meant to be mothers and wives. We may find that many of these beliefs persist and are the source of prejudice against women in medical care today. The issues of medical gaslighting and pain minimization toward female patients have been deep-rooted and present since those times and even earlier. The histories of mental health, psychiatry, and female independence are tightly intertwined, and there is no mentioning one without the other.

The 19th century saw progress in many areas of expertise, from electricity to "madhouses." This progress was not limited to just technological discoveries, it also included the area of medicine and treatment of the mentally ill. In the Victorian era, Britain prided itself on handling the "insane" population and its progressive "psychiatric" methods (Showalter 24). Following several bills over the century, each county of the United Kingdom had built its own "mental asylum" to aid its "local lunatics" (Roberts' timeline 1845)[2]. This resulted in a dense system of public "asylums" throughout the country. These "public asylums," or "madhouses," as they were referred to at the beginning of the century, were mainly used by the lower-class and lower-middle-class citizens. The upper-class could afford to treat their "insane" family members at home with the help of a private doctor, or they paid for a "private asylum" (Showalter 26). The main goal of "madhouses" was to remove the "criminally insane"[3] from jails and workhouses, as it had become dangerous and impractical to keep them there (Roberts, Table of Statutes 1808). The

[2] This references the "Mental Health History Timeline." It is a website created by Andrew Roberts, a lecturer at Middlesex University, for which he originally made it. The website is a comprehensive timeline of significant events surrounding mental health treatment, psychiatry, and asylums, mainly in England and Wales.

[3] The label "criminally insane" describes a person who has committed a crime but was not jailed due to being ruled insane and, therefore, sent to an "asylum" instead (Evans).

conditions in these institutions were often brutal, involving physical restraints, patients locked in unfit cells, neglected medically, and otherwise abused by the staff (Showalter 25).

As Parry-Jones states in "Asylum for the Mentally Ill in Historical Perspective," this trend slowly started to change by the 1830s, with the introduction of moral treatment/management, a more humane approach to "insane" patients. They were to be treated like ordinary people and attended to with care and kindness. The appearance of the "asylum" was also altered in order to aid this goal. Therefore, the architecture of the institutions reflected a domestic, peaceful, and tranquil atmosphere (Parry-Jones). The most noteworthy of its achievements was the abolition of mechanical restraints. "By 1854, twenty-seven of the thirty county asylums had adopted the new method, and non-restraint became the symbol of Victorian psychiatric leadership" (Showalter 33). The moral movement was not unique to just Victorian Britain, as it has its roots in France and doctor Philippe Pinel, who was one of the first to order "insane" patients to be released from physical restraints at a "madhouse" in Paris at the end of the 18th century. This act was considered so revolutionary that it was reproduced in a painting by Tony Robert-Fleury in 1887 called *Freeing the Insane*. The painting portrays Pinel watching as chains are removed from a young female patient (Appignanesi 63).

Public "asylums" in the UK became overcrowded by the end of the century, and initial optimism of moral treatment had faded. Despite its popularity, the moral treatment did not deliver good enough results, and the "asylums" began to crowd. Individual care was already difficult to manage, and with the crowding, it became nearly impossible. As such, moral treatment started losing its credibility, and "asylums" returned to the original "management" role and lost their focus on treatment (Parry-Jones). The average number of patients in an asylum went from 116 in 1827 to an overwhelming 1072 by 1910 (Appignanesi 105).

It proved slightly more challenging to research the psychiatric beginnings in America. More focus is often given to contemporary Victorian England and its pride in "lunacy" management. Since the British held the unofficial title of the most knowledgeable in this area for most of the century, the rest of the Western world followed their example

(Showalter 25). It is safe to assume America followed similar methods of diagnosing and treating their mentally as Victorian Britain did. Most often, the beginning of American asylums is introduced through Dorothea Dix. In 1841, Dix discovered female "lunatics" housed together with common criminals at a jail where she taught Sunday class. Outraged by the treatment she witnessed, she went on to fight for humane treatment of the "insane" population, starting with *Memorial to the Legislature of Massachusetts* in 1843, in which she mentioned several severe cases of mistreatment and abuse of the insane:

> Lincoln. A woman in a cage. Medford. One idiotic subject chained, and one in a close stall for seventeen years. Pepperell. One often doubly chained, hand and foot; another violent; several peaceable now. Brookfield. One man caged, comfortable. Granville. One often closely confined; now losing the use of his limbs from want of exercise. Charlemont. One man caged. Savoy. One man caged. Lenox. Two in the jail, against whose unfit condition there the jailer protests. (Dix 4)

Following her pamphlets, the state government did build several specialized buildings for the mentally ill, but Dix was not done yet. Her efforts continued in other states as well, and through her continuous work, many "asylums" were established, as well as laws passed to improve the lives of the insane in the USA. During the Civil War, she was even appointed the chief nurse of the Union Army, although she was ill-fitted for the job. She prevailed in her work until her death, and when she passed, it was in a hospital that she had promoted "from the ground up" (Norbury).

Despite the pride and celebration of these reforms, the "lunatics" and "madmen" of this time were followed by stigma and prejudice nonetheless. Those of the upper and middle-class who could afford it kept their mentally ill relatives at home in secrecy until they proved too "insane" to handle. In those cases, they were either sent to private asylums or lodged with a discreet doctor caring for such guests (Showalter 26). The practice of keeping one's "insane" relatives hidden was shared among all social classes, more so with women than men, which is hinted at with the trope of the "madwoman in the attic," a

"mad" female character commonly found in the works of female authors of that time (Showalter 4).

2.1.1. Women and mental health during the 19th century

The hypothetical image of "madness" was, for the longest time, attributed to the male gender. However, as the views on "madness" shifted, so did its gender. As time progressed and women became the prime residents of "asylums," the stereotypical image of "insanity" became that of the delicate Victorian "madwoman." In her book *The Female Malady*, Showalter shows this through the example of the statues of Bethlem Hospital, the oldest "madhouse" in England. These two statues, created in 1677, portray two naked, chained men leaning on their sides. These statues, named *Raving Madness* and *Melancholy Madness*, sat at the hospital entrance until 1815, when they were hidden behind a curtain and only shown on special request. (Showalter 8-10).

The moving of these statues signified the shift of public opinion on "lunacy" and its gender. The "madwoman" became the symbol of contemporary "lunacy" as well as a literary icon. The suffering, "mad," yet beautiful "lunatic" became a romanticized image of mental illness among poets and writers (Showalter 8). One such example is "The Ballad of Crazy Jane 1800" (also called Crazy Kate or Crazy Ann), a poem by M.G. Lewis that describes a poor young woman driven "mad" by her lover's betrayal (or death, depending on the version of the story). In the poem, Jane is described as "crazy" because she paces at the place of their last meeting, having lost all reason and wit. Her character disobeys societal norms, yet despite her perceived "insanity," she is harmless and romantic in nature. She both rejects and portrays a stereotype of a Victorian woman, being both a gentle, kind, and delicate lady and a "lunatic" hurting for lost love, throwing away all reason and logic. The ballad became fairly popular, and plays and sequels were written about the story of Jane (Showalter 13). The story was influential enough to become entangled with the contemporary "asylum." A painting was made in 1855 by an artist and an "asylum" patient, Richard Dadd, which shows a male Bethlem inmate dressed in rags and adorned in wildflowers, as Crazy Jane was often depicted, and which carries the name *Sketch of an Idea for Crazy Jane* (Showalter 14).

Many of the reforms and changes that the moral treatment introduced can be tied back to this opinion shift. The home-like atmosphere sought after in the "asylum" certainly suits the "angel in the house," an ideal of a woman's role in the Victorian household (Hoffman).[4] When the "mad" were thought of as violent and criminal men, it was easy for the public to ignore their horrific living conditions. The same cannot be said for the delicate Victorian "madwoman" who replaced the "criminally insane" as the primary resident of the "asylums." By the 1850s, the majority of the "inmate" population was female (Showalter 17), so it made sense why the treatment trends followed this path. However, the romantic image of a sweet, docile Crazy Jane was broken by the reality of the cases doctors observed. Female "lunatics" were not just peaceful singing apparitions; many were driven to a behavior that was considered obscene by their illness. The Victorian idea of gentle femininity fell apart in the "asylum" as doctors dealt with cases of women who completely disregarded the strict decorum of the era, flaunted their sexuality, and sometimes turned to violence. These were especially true in the case of "puerperal insanity," a period of "madness" brought on by childbirth. In some, infanticide was the unfortunate outcome. Where motherhood and femininity were sacred, the shocking act of a mother killing her child went against all reason. This was explained by the doctors as a woman's mind being weakened by birth and becoming more susceptible to "insanity." Such women were hardly sentenced to death due to the "insanity" defense and were instead sent to the "asylum" (Showalter 58,59). Perhaps it was the sharp clash between the Victorian ideal woman and the reality of the asylum that drove doctors to continuously try and remedy even the slightest deviation from the ideal of womanhood so tightly upheld during this era.

The discourse on why women were the overwhelming majority of "asylum" patients was relatively straightforward. The most common opinion at that time was that women were simply more likely to go "mad" as they were overly emotional and sensitive compared to rational and intellectual men. In the "professional" opinions of contemporary doctors, women were biologically inferior to men by nature and, therefore, were unfit for

[4] The ideal is named after a poem of the same name written by the poet Coventry Patmore about his wife, whom he thought to be the ideal Victorian wife. According to this ideal, the ideal wife is meant to be endlessly devoted to her husband and her home life, a submissive wife, and a loving mother (Hoffman).

any physical or mental labor. Additionally, nearly every issue concerning female sanity was attributed to the reproductive organs and their cycle. From puberty to pregnancy and menopause, doctors assumed that women were driven "mad" by their lifelong cycle of birthing children, as if their life was meant to drive them "insane" by its very nature (Appignanesi 119). Records of admitted patients from Mendota Mental Asylum between 1869 and 1872 show that women could even be admitted to an "asylum" for things such as "insanity by suppressed menses, insanity by abortion, and insanity by childbirth" (Pouba and Tianen).

"Religious madness" is another large category that can be observed in these records, as well as the records from Bethlem from around 1810. This category could account for both a woman who disagreed with the religious dogma of her community or a patient who believed herself to be God (Pouba and Tianen). Women could be admitted both due to having genuine issues or if someone wished to silence them when they opposed their community or relatives. It is not hard to see how women could end up locked in an "asylum" for reasons unacceptable by today's standards. The habit of blaming all medical issues, physical or mental, on the female reproductive organs "malfunction" and labeling it as "insanity" was quite prevalent. This attitude towards women and their reproductive organs produced many different diagnoses, many of which were primarily attributed to the female gender. Over time, they rose and fell in popularity and importance, most losing relevancy or changing completely as a better understanding of psychiatry evolved.

One such diagnosis is hysteria. Throughout the many contemporary sources, the words "female hysterics" or "hysterical" have been used to describe female patients who somehow stepped out of the norm. When reading these passages, one is struck with a feeling that they are used more to berate the patient rather than to describe their behavior in medical terminology. Hysteria was a blanket diagnosis for many behaviors across a long period of history. From Greeks who believed that a woman's uterus freely traveled the body when "dissatisfied" and caused physical symptoms, to the Christian belief that "hysterics" were possessed by the devil (Tasca), back to the commonly blamed Victorian offense—masturbation and excess of sexual desires (Appignanesi 162-3). Hysteria across

time was whatever the doctors needed it to be. During the 19th century, it was used to threaten and shame assertive and independent women (Showalter 145). That being said, there is an inevitable discord in diagnosing hysteria during this time. While it presented some physical symptoms, it had no apparent physical cause. Many doctors would argue that "hysterics" were acting out to gain attention and sympathy.

The first significant theorist on hysteria in France painted the diagnosis as a seizure-type affliction, where patients went through stages of an attack. Jean-Martin Charcot, a doctor at a Paris clinic, argued that hysteria was caused by the degeneration of the nervous system across generations. He did not, however, present any physical proof for his theory (Roberts - Jean-Martin Charcot)[5]. Instead, he would hypnotize his "hysteric" patients and show them off to rooms full of people like circus freaks. One of the attending doctors wrote a detailed account of what would go on during these lectures:

> …others would eat a piece of charcoal when presented to them as chocolate. Another would crawl on all fours on the floor, barking furiously when told she was a dog, flap her arms as if trying to fly when turned into a pigeon, lift her skirts with a shriek of terror when a glove was thrown at her feet with a suggestion of being a snake (Showalter 148).

"Female hysterics" were shown off like actresses, acting out for the sake of show and infamy. Charcot even took photographs of his patients' "seizures" for documentation. That being said, "Charcot's hysterics" were the only ones showing such extensive seizure-like behavior, with many people suggesting he manipulated his patients to create a spectacle in his clinic (Showalter 150).

Nevertheless, the label "hysteric" found its use mainly in belittling and threatening assertive and career-driven women. Professionals would link "hysterical" behavior with women aiming to reach traditionally male positions, as well as demand education. For example, a political activist, Edith Lanchester, had been kidnapped by her father-in-law

[5] See footnote 2.

and brothers-in-law and forcibly committed to a "private asylum" on an "urgency order." The cause for her commitment? "Insanity caused by over-education." Lanchester was held at the asylum for five days before the Commissioners in Lunacy[6] intervened, and she was released. The doctor who signed her commitment thought her "insane" due to her opposition to "normal" marriage and thus judged her unfit to take care of herself. Hers is a singular case in a sea of women threatened with forced "asylum" hold, either due to their political views or as a way for their male relatives to get rid of them (Showalter 146).

During the century, the characteristics of hysteria changed as often as theories on it did. From a seizure-like affliction to a hereditary condition or perhaps something that every teenage girl experienced, the feminine was also the hysterical, as the two were linked together for most of the century (Showalter 129-131). And for this "inherent feminine irrationality," women were punished with "treatment," which was most often based on exposing the woman's moral failure to her, having her admit it, and having her submit to the doctor, a man, for treatment as he saw fit. While most ordered isolation from family and a sort of re-education, sometimes the "treatments" could take the form of shaming and even physical abuse, including pouring water on the patient or smacking her with wet towels (Showalter 138). Hysteria is, however, more commonly associated with Freud and psychoanalysis these days, as is his *Studies on Hysteria* (1895).

Some of his famous cases include Anna O., a female hysteric in the care of Josef Breuer. Hers is the first case in the book *Studies on Hysteria* by Breuer and Freud. Anna O., real name Bertha Pappenheim, was a 21-year-old woman from Vienna, the daughter of a wealthy Jewish family. By all accounts, Anna O. was an intelligent and sharp woman, dejected by her reality and lacking an outlet for her creative mind. Her symptoms appeared after the death of her father and included anorexia, paralysis, hallucinations, and mutism. She progressively lost the ability to speak down to the basic syllables. Curiously, after a hypnosis session, she regained the ability but spoke other languages instead of her native German. Breuer argues that Anna's mutism was the reflection of how her role as a daughter and woman oppressed and silenced her to the point that she refused to speak at

[6] The Commissioners in Lunacy were a public body established by the Lunacy Act 1845 to oversee asylums and the welfare of mentally ill people in England and Wales (Hughes).

all. Her rejection of the German language was, to a point, a rejection of her family, of patriarchy, and of her father. Anna's treatment consisted of Breuer listening to her stories, which is the origin of the "talking cure"/"listening treatment" (Showalter 155-6). Her treatment ended abruptly in 1882 when Anna fell in love with Breuer and had a "hysteric pregnancy," which caused Breuer to abandon both the analysis and Anna.

While this is a much more sympathetic outlook on the female hysteria of the time, unlike Breuer, Freud did not keep this level of openness towards his patients. This is shown in the case of Dora (real name Ida Bauer), who came into Freud's care with a similar situation, though a much more abusive home life. Dora's father had sent her to Freud not to treat her symptoms but to gaslight her about his affair with a friend's wife, and to convince her that the affair was only her delusion. Freud very much followed this line of thinking and blamed Dora's mutism and symptoms on masturbation, incestuous desires for her father, and possible homosexual tendencies. Dora swiftly discontinued her treatment and remained a neurotic patient for the rest of her life (Showalter 159-60).

Hysteria and other nervous diagnoses were not only a grueling threat to the autonomy of women but also a tool to silence them. No matter if they were progressive and threatened the order of patriarchy or were genuinely ill and in need of help, they were the targets of accusations and blame for their behavior and situation. Breuer's treatment of Anna O. showed a faint light of hope that promised genuine help and care for those patients who suffered from debilitating symptoms, but more often than not, their treatment was more harrowing than the actual disorder (Showalter 138).

2.1.2. Neurasthenia

Neurasthenia was another diagnosis in the line of "female maladies," being associated with middle-class women. Referred to by Beard as an "American nervousness," it quickly "spread" back to the old continent and the UK (Showalter 135-136). Charlotte Perkins Gilman wrote her short story *The Yellow Wallpaper* as a reimagining of a patient going through neurasthenia treatment. Today, we know that that is obviously not what the narrator and Gilman herself were suffering from. We can deduce that the narrator may have been suffering from some sort of postpartum disorder. However, back in Gilman's day,

such a diagnosis did not exist. In her own words, we hear that Gilman was treated for Neurasthenia and wrote the story with her experience in mind (Why I Wrote the Yellow Wallpaper, 1913). Understanding this nonsensical diagnosis and its treatment may offer us a deeper insight into the nature of the story.

George Beard first presented the term in the *Boston Medical and Surgical Journal* in 1869. As symptoms, he listed muscle weakness, depression, irritability, general malaise, dyspepsia, insomnia, and many more overly general symptoms (Taylor). The definition of its symptoms is rather confusing, as many odd or unrelated traits were also included, such as phobias or near-sightedness (Jung). In this initial article, he connects chronic Neurasthenia with the "brain-workers" of his time, echoing the sentiment that the intelligent population of the era suffered from nervous disorders more than ordinary people. It is not surprising then that the diagnosis quickly gained popularity. By 1880, Beard writes that Neurasthenia had become "almost a household word" ("A Practical Treatise on Nervous Exhaustion" 1880). Ehrenreich and English describe the popularity of "sensitive nerves" in *For Her Own Good : Two Centuries of the Experts' Advice to Women* thusly:

> It was acceptable, even stylish, to retire to bed with "sick headaches," "nerves," and various unmentionable "female troubles," and that indefinable nervous disorder "neurasthenia" was considered, in some circles, to be a mark of intellect and sensitivity.

The myth of neurasthenia being a disorder of the rich and middle class is not exactly true as records show; however, leading experts like Beard or Mitchell pulled their patients from the higher social groups, and therefore, their presented cases gave the idea of a malady natural to those social circles (Taylor). A similar myth also prevails when it comes to the "gender" of neurasthenia or who the disorder mainly affected. Although it could be observed in both genders, the professional literature of the time usually voiced the opinion that women were more prone to nervous exhaustion due to their sensitive nature

(Taylor). This opinion was in line with the medical and gender beliefs at the time. Women were discouraged by professionals from studying and exploring intellectual hobbies, citing that it would "exhaust" their nervous system and deplete their "nervous energy" and thus cause "nervous exhaustion." They were thought to possess less "nervous energy" and, as such, were unfit for the intellectual work of men. As the Victorian era dictated, their place was at home as mothers and wives (Appignanesi 121).

Considering Beard to be the spiritual father of the diagnosis, it is no wonder that it was seen as a predominantly American affair. Beard would continuously trace the causes of Neurasthenia back to the increased speed of life, industrialization, and the change of life. American doctors would agree that the nature of the illness seemed to have the characteristics of the American type of life (Jung). The British doctors did not share the same sentiment and swiftly adopted neurasthenia as well, claiming it to be neither America-exclusive nor a new diagnosis but just another name for afflictions they were already accustomed to (Showalter 136). Despite this tension, most of the professional sphere accepted Beard's diagnosis, and it became quite "popular."

Maybe because it was fashionable to suffer the malady of the higher class, neurasthenia was diagnosed in a wide variety of patients, from those suffering actual physical ailments to ones with purely mental symptoms. It experienced a spike in popularity at the turn of the century, with the number of patients diagnosed with neurasthenia quickly rising. While the public records show similar numbers between the genders, we do not have any records from private treatments or doctors (Taylor). Despite these findings, we know that throughout history, specialists like Beard, Mitchell, and Freud presented their research on female patients, and their private care was most often used by women, whether willingly or by the wish of their male family members.

In his book *Fat and Blood: And How to Make Them* (1877), Mitchell describes a specific class of patients with nervous exhaustion, which is, in his opinion, hard to treat. Those being young and middle-aged women going through general weakness and tiredness, which turn into "hysterical" behaviors and depression. He voices an opinion that these women are "hysterically" ill, being enabled by the sympathy of their female relatives or friends to such an extent that they grow weaker and more "hysterical" with time. He

finds this malady so severe that the patient's caretaker may fall ill herself, should she be too diligent in the care and sympathy for her patient (Mitchell 27-35). The whole book carries a vague tone of contempt for his patients, painting them as manipulative "hysterics" who need to be set straight for them to be cured of their "nervous disorder." Sadly, this was not a singular case of treatment being used as a punishment for women who "stepped out" of their assigned roles.[7] Their "treatment" is more than drastic by today's standards, isolating them from family and friends and keeping them bedbound for weeks on end. It feels more like a punishment than medical treatment. More on the treatment of these cases will be mentioned in the following subchapter.

Neurasthenia started losing its relevance starting around the 1930s. The explanations for its fall from grace vary. While some attribute it to social change and change in opinions on women's rights, most specialists agree that it was slowly stripped away of its many symptoms by other, more credible diagnoses and slowly faded into obscurity. By extension, its origin was constantly argued between neurologists and psychiatrists, with neither side fully committing to its origin and categorization. It might have been this distaste of the leading professionals that allowed neurasthenia to be replaced by other disorders eventually. Today, we could consider chronic fatigue syndrome[8] its spiritual successor (Taylor).

However, the main reason for its slow abandonment was the First World War. After the destructive conflict, hospitals and "asylums" saw a radical increase in male patients experiencing symptoms identical to neurasthenia and hysteria. The sheer number of "male hysterics," in actuality traumatized soldiers, presented a mystery for the doctors. They were not the same as female patients; they were not irrational or weak, nor suffered the same "reproductive issues" (Showalter 167-168).

Doctors were afraid to attach a feminine disorder like hysteria to men, especially the soldiers who were meant to be the heroes in this Great War. They were much more

[7] See chapter 2.1.1 of the theoretical part "Women and mental health during the 19th century" for more information.

[8] Chronic fatigue syndrome is a disorder most notable for debilitating and long-lasting fatigue which is not caused by any other prior or ongoing diagnosis and cannot be alleviated by rest. Other symptoms include mood and sleep disturbances, muscle pains, headaches and others (Wyller).

inclined to research male hysterics and find alternative reasons for their behavior, and so the diagnoses of old slowly gave way to more modern afflictions. As Showalter suggests, the term "shell-shock" was first used in 1915 in an article detailing the treatment of three World War One soldiers who presented with hysteria-like behavior after suffering a shell attack. While the diagnosis presented all but the same symptoms of hysteria, doctors either ignored it or blamed the patient. Shell-shocked soldiers were shamed and insulted, called cowards and closeted homosexuals, and for the first time, fell victim to the same stigma women have been accustomed to. Neurasthenia and hysteria took their rightful places in military medicine, with hysteria as the label of the poor soldier and neurasthenia as the one given to the higher-ranking officer. Treatments were just as, if not more, brutal when applied to men, including painful electric treatment and forced re-education. Only now did treatments like Mitchell's rest cure come under fire because they, obviously, did not work on the shell-shocked soldiers. For the first time, men saw what they had been putting their mothers, sisters, and wives through for the past century and demanded change only because it now also affected them (Showalter 167-81).

2.1.3. The rest cure

Also known as the sleep cure, was a "treatment method" developed by Mitchell in response to a specific group of female patients suffering from nervous exhaustion (*Fat and Blood* 27). In his book *Fat and Blood: and How to Make Them* (1878), he introduced a detailed report of this method. As mentioned previously, he believed these women, albeit truly ill, needed to be disciplined and removed from their source of sympathy and care to be "set straight." His method holds very little weight today and, by his own account, did not work in several cases where his patients relapsed.

Mitchell describes his treatment plan in three steps: isolation, rest, and feeding. Massages and electrotherapy were also used to stimulate the patient's muscles and battle atrophy, and for a good reason: women under his care were required to lie in bed doing nothing, isolated from all family and friends. Only one nurse was permitted to watch them and was instructed not to allow the patient to get up, work, or otherwise exert herself. No reading, writing, or other "brainwork" was allowed. The goal was to get the patient to the

point of mindlessness and force the rest of the nerves. This included not allowing them to get up for hygiene purposes like bathroom use, citing that it would be too disruptive, and instead opting for nurses to manage this "need" in bed. He writes that he usually asks his patients to stay in bed anywhere from six weeks to two months. He even admits that after weeks or months of forced inactivity, most women are happy to be allowed to get up and do so without much arguing (*Fat and Blood* 43). Notably, for one out of the two only male cases he mentions in his book, the patient was not sentenced to complete bedrest and isolation. This man was allowed to visit his office, work, and even dine at restaurants. All while the majority of female patients were ordered to complete bed rest and isolation.[9] Luxuries like sitting up, reading, or sewing were only permitted after about two weeks and only if the patient had improved. Getting up from bed or taking short walks was allowed even later (*Fat and Blood* 38-52).

Dietary restrictions were also included. Mitchell prescribed a diet of only skimmed milk for the "fat" patients, lowering the amount until the woman had lost sufficient weight. Only occasionally was it permitted to be swapped out for beef soup: "on account of the disgust which milk may occasion" (*Fat and Blood* 75). At one point, one of his patients was permitted only 3 pints of skimmed milk a day due to being "fat." The thinner cases did not get to avoid the milk diet either. Even if given in larger quantities, women were given only milk for sustenance for at least the first week of treatment. After the first week, a light breakfast was added. The following days, the diet is enriched by meats, butter, bread, and fluid malt extract. Patients still on strict bed rest were fed by a nurse while the ones allowed to sit up had their meals cut up for them and were allowed to dine normally. The amount of meat and fat increased in the following weeks, with more butter, raw beef soup, and, in some cases, fish oil. Occasionally, the patients were permitted their favorite food if the doctor deemed it reasonable. The explanation behind this diet was that his patients were seldom good eaters, and by increasing their fat intake, Mitchell hoped to force weight gain. In his opinion, this would improve the overall physical well-being of the patient. It would be near impossible not to gain weight under such a fatty diet, and it hardly said anything about the actual well-being of the patient (*Fat and Blood* 73-88).

[9] I have noted a singular case presented in *Fat and Blood* in which the patient was ordered "only" 4 hours of bed rest daily.

Another confusing part of the treatment was the massage of the limbs and body and the treatment of muscles using electricity. Some of his patients were massaged and exposed to the electricity treatment daily, and Mitchell had their temperature recorded before and after the sessions. He noted a minuscule rise in temperature after massage in most of his cases and some more remarkable rise with the electricity treatments. Mitchell explained in the book how the electrical current running through the body affects it positively, as illustrated by the rise in temperature. While the use of massage may be argued for, since its benefits are known, it is left open why he found the temperature rise significant enough to describe it in his work and include both massage and electricity usage in his treatment method (*Fat and Blood* 53-72).

Mitchell admitted and outright emphasized that a big part of his treatment method was control over the female patient. Like other professionals of his time, he saw women as childlike by nature and treated them as such (*Fat and Blood* 99). He expected his patients to listen to him at all times. If he ordered them to lay in bed or forced them out of it, put them on a ridiculous diet, or left them in the company of unsympathetic hospital staff, the patients must obey. He would outright refuse to discuss their treatment with them, only informing them that they would get better (Appignanesi 116). He even advised giving iron supplements to patients who refused to take them without their knowledge (*Fat and Blood* 81-82). This would warrant a lawsuit today if only that. Mitchell's opinions sound highly unprofessional and misogynistic because he, much like most of his contemporaries, often describes his patients in a disparaging way. In his book, he complains and undermines women who felt unable to get up from bed, who complained of pain, or who refused certain treatments. His snide comments about patients whom he regarded as otherwise healthy hypochondriacs are astonishing and most definitely not professional by any standards.

As already mentioned, Charlotte Perkins Gilman personally experienced the rest cure and wrote *The Yellow Wallpaper* as a reimagining of her struggle. Mitchell's very name is mentioned in the book: "John says if I don't pick up faster he shall send me to Weir Mitchell in the fall. But I don't want to go there at all" (TYW 7). In "Why I Wrote the Yellow Wallpaper," Gilman describes how she visited Mitchell when she struggled with

"nervous breakdowns" for the third year in a row. In her autobiography, she details how she felt unable to read, write, or paint, was preoccupied with "unpleasant things," extremely exhausted by simple tasks, cried constantly, and only felt better when she left home for a while, away from her husband and child. This started after the birth of her first and only daughter. Mitchell sent her home after some time of inpatient treatment, ordering her to not write or draw and to only have two hours of "intellectual life" a day. Gilman listened to his advice for some time, but it had horrific effects on her psyche. In the months she followed his advice, Gilman was reduced to crawling into closets and under beds, and came close to mental ruin. Her struggles culminated in separation from her first husband, and only after abandoning domestic living did Gilman begin to recover (*The Living of Charlotte Perkins Gilman:* an autobiography 90-97). *The Yellow Wallpaper* is her celebration of this "narrow escape." She allegedly sent a copy of the story to Mitchell himself, claiming he read it and changed his treatment due to it; however, there is no evidence to support her claim, as Mitchell himself never did acknowledge the story (Appignanesi 138).

2.2. Modern Issues With Mental Health Treatment

The reason I want to outline some of the modern healthcare issues here is to connect both of the works I will be analyzing. *My Year of Rest and Relaxation* is set around the year 2000, which we can consider modern, or even almost contemporary, in terms of healthcare. Dedicating some space to more contemporary mental health care issues will aid in exploring the struggles of the main character of *My Year of Rest and Relaxation*, as well as pointing out that issues similar to those already mentioned in the previous chapter still appear in the medical system today. The current state of the mental health system and its faults is a topic discussed often, more so due to high demand and the ongoing mental health crisis. Despite what some might believe to be a professional and functional network, many prejudices still exist in our healthcare systems, and it is important to point them out.

2.2.1. Mental Health Stigma

For many communities, the very mentions of mental health or psychological intervention are still stigmatized and considered to be something shameful for a person to undergo. This can be especially true in the case of ethnic minorities, where members of the community might become downright hostile towards a person or shame them for their mental health issues (Knifton et al.). The perceived stigma from the community and the public can cause people suffering from mental illness to avoid seeking help for their issues. Pescosolido et al. have been measuring public stigma in the US around mental health disorders for the past 22 years (1996-2018) and found that while stigma has decreased for major depression, it has either stagnated or risen when it came to other disorders like schizophrenia. People have also reported facing stigma and discrimination when it comes to work opportunities, such as losing job offers once they have disclosed their mental illness (Sharac et al.). Other forms of discrimination reported by Sharac et al. included financial ones, such as being denied mortgage or insurance, or medical ones, where the respondent's complaints were not taken seriously due to their mental illness. It was also discovered that those unfamiliar with mental illnesses or who did not have any close family suffering from one were more reluctant to support funding for mental health care and would instead support physical health care funding. All the above surveys were generally aimed at the USA, Canada, Germany, and New Zealand. While they give a good idea of some widespread beliefs around mental health, they are by no means applicable to the entire general population.

2.2.2. Medical Gaslighting

Medical gaslighting is another topic often found not just in professional spheres but also on social media as of late. The term refers to a situation where a doctor attempts to downplay the patient's symptoms and convince them they are not experiencing a legitimate issue. Most common excuses include that the patient is stressed, anxious, or affected by some sort of mental difficulty that is causing their symptoms, down to labeling the patient as hysteric and irrational (Fraser). Women report this more often than men, citing it as an almost universal experience (Moyer). It further includes cases when female patients are denied proper pain medication under the excuse that they are "making up" or

"exaggerating" their pain levels. Less pain medication is being prescribed to women compared to men, even though women report severe pain more often (Pagán). Minorities, disabled people, and chronically ill patients tend also to report this happening to them, with chronic illness quickly becoming the scapegoat for any medical issues the patient may be experiencing. Medical gaslighting perpetuates the stigma and prejudice that runs rampant in healthcare, and it is not as simple as male doctors against female patients. Female doctors and specialists can subscribe to the practice just as easily. The issues stem from the power dynamic between the doctor as the authority and the patient meant to listen to their advice. While historically, this dynamic was affected by gender, it has escaped this outline today. We can easily find female doctors both perpetuating and suffering at the hands of this practice, as well as male patients being told their symptoms are nonsensical and made up (more often than not, this relates to mental health).

I would like to mention a few cases here to illustrate better what medical gaslighting looks like in practice. All three of the following stories are chosen to show how, no matter the gender or position, medical gaslighting harms the healthcare system as a whole.

Moyer details in her article "Women Are Calling Out Medical Gaslighting" a story of 35-year-old Jenneh Rishe, who developed two heart conditions that caused her to struggle with day-to-day activity. Eventually, her heart issues interrupted her sleep, and she ended up in a wheelchair. She sought out a cardiologist who dismissed her entirely and told her that: "People who have these heart conditions aren't this sick." He prescribed her new medication and told her to exercise. Only after seeking out a second opinion did doctors discover her heart muscles were spasming due to lack of oxygen, and she underwent an open heart surgery not long after. This may have saved her life, unlike the first doctor's advice.

Health journalist Camille Pagán details an encounter with her doctor in her article "When Doctors Downplay Women's Health Concerns." Despite telling her doctor that she stopped enjoying time with her children and felt like she could not complete basic home tasks or sleep due to anxiety, the doctor refused to acknowledge anything was wrong with her, refused to give her any sleep medication because it was addictive, and told Pagán to

"do yoga and get some sleep." This was her advice to the patient despite the doctor being a young woman with young kids herself, which made Pagán more inclined to believe her opinion. It took her several months to see another specialist and finally start therapy, which helped her.

Doctor Sarah Fraser explains in her publication, "The Toxic Power Dynamics of Gaslighting in Medicine," how she was repeatedly treated with disrespect and rudeness by a senior male specialist while she worked as a hospitalist. She had called him about some worrying test results of his patient, only to be told he did not have time for her. The specialist later told her she was not meant to lecture him on "his job" or remind him to see his patients. This experience made her feel unable to communicate issues to her colleague, effectively destroying any chance at professional communication between the two involving work issues. Fraser also mentions that this was a recurring situation during her medical career and that she felt "small" despite the fact that the doctor later apologized, citing stress as the excuse behind his behavior.

Medical gaslighting is not just an issue for women and minorities.[10] It affects the entire healthcare system and perpetuates a cycle of ableism and unprofessionalism, which leaves struggling patients worse off than they started. That does not mean that every single doctor, nurse, and medical practitioner behaves this way, and it is thanks to those professionals who actually listen to their patients that we are able to see when medical gaslighting occurs and call it out. There isn't sufficient data to say just how common cases of medical gaslighting are, but it is clear they harm the well-being of the patient and damage their trust in the medical system. The term has become the focus of many social media "callout posts," and many articles are to be found today about people advocating for

[10] It was harder to find cases in which men were on the receiving end of medical gaslighting. If such a case does happen, it is usually because the patient in question is somehow disabled or suffering from a chronic condition. I was able to note a story similar to above-mentioned situation on the social media X (formerly known as Twitter), in which user @alitlstrawberry recounts this story: "A guy in a support group for a neurological condition I have said he's extremely depressed bc he had to quit being a surgeon and go on disability. A med student in the group replied 'you're not trying hard enough. I'm doing fine in med school with no accommodations. Exercise helps.' One year into the medical profession and already gaslighting her colleagues. Who has the same condition as her." Considering the nature and origin of the post, it is possible the story is not real and should, therefore, be taken with a healthy amount of skepticism.

themselves and their health. With how sensationalized mental health has become in recent years, it is no surprise that people pay more attention to how they are being treated by their doctors. It remains to be seen how the situation will evolve since medical gaslighting can only be dealt with on a case-to-case basis and by spreading awareness of the issues amongst both the patients and the medical practitioners.

3 Practical part

In this part of the thesis, I am going to compare and contrast the two chosen works, *The Yellow Wallpaper* and *My Year of Rest and Relaxation*. The main focus of this analysis is on the mental health aspect, specifically on the previously mentioned rest cure. Both works show a similar way of "treating" a mental health issue via isolation and inactivity, as questionable as these methods are. For this purpose, the practical part revolves around three principal thematic units – these units are going to focus on the possible diagnosis that both characters are said to suffer from, then the cure which is chosen or which they choose to treat the illness with and the consequences this cure has on their lives and further actions. The Diagnosis chapter focuses on the actual issues the narrators are experiencing, namely their possible mental health illnesses, their possible causes, and their symptoms. The Treatment chapter will focus on the "treatment" the narrators undertake, the people "aiding" them in it, and the pathology of this process. Finally, the Consequences chapter will talk about the outcomes of the "treatment" they experienced and whether it is seen as positive or negative by the protagonist. Besides these three topics, each chapter will also explore how interpersonal relationships and societal norms contributed to the situations that both characters find themselves in. This includes family relationships, gender norms, doctor-patient relationships, and more. For the purpose of this analysis, both works will be first explored separately so that enough space can be given to each one. They will be further compared and analyzed together in the final Conclusion chapter.

3.1 Diagnosis

3.1.1 *The Yellow Wallpaper*

The story of *The Yellow Wallpaper* gives us only a limited view into the life of the narrator and her illness. Being a short story, *The Yellow Wallpaper* implies rather than tells explicitly what happens. Even the narrator's social status is slightly unclear. While she calls herself and her husband John, "ordinary people" (*TYW* 1), she refers to him as a "physician of high standing" on the same page. Her brother happens to be a physician of "high standing" as well. So, we can assume that the family belongs to the middle class in which it is possible for a woman like the narrator to be at home and take no work – to act as an "angel in the house."[11] Instead of work, she writes, which is a hobby and also acts as a relief from her anxiety, a habit from which she is continuously discouraged by everyone around her. Her husband manages to secure them a colonial mansion to retreat to for three months in summer. The reason for this odd vacation is the protagonist's "nervous breakdown" after the birth of their first child.

Keeping Gilman's reason for writing *The Yellow Wallpaper* in mind, we understand that the narrator was diagnosed with neurasthenia. Even its ill-famous promoter, Silas Weir Mitchell's[12] name is mentioned early on in the story: "John says if I don't pick up faster he shall send me to Weir Mitchell in the fall" (*TYW* 7), signaling Gilman's critique of the treatment both she and her character undertook. Although the short story clearly suggests that the narrator suffers from the "so-called" neurasthenia, the modern interpretation of her symptoms suggests that she suffers from either postpartum depression[13] or postpartum psychosis[14]. There are several mentions of the narrator's emotional lability, all of which she is forced to hide from the disapproving eye of her husband. Early on, the narrator admits that

[11] See chapter 2.1.1 of the theoretical part "Women and mental health during the 19th century" for more information.

[12] See chapter 2.1.3 of the theoretical part "The rest cure" for more information.

[13] See footnote 1.

[14] Postpartum psychosis is a psychotic episode which develops rapidly after a woman gives birth. Symptoms include delusions (most often related to the infant or self and safety of both), hallucinations, depressive and manic episodes, irritability, extreme confusion, insomnia and cognitive disorganization. Hospitalization is usually needed as PP is considered a psychiatrist emergency. In some cases the mother may hurt herself or her newborn child (VanderKruik et al.).

she is now more sensitive than usual and even gets unreasonably angry with her husband at times. She confesses to feeling dreadfully depressed about her "nervous troubles" and finds herself escaping into fantasy and imagination to try and silence these painful thoughts. After a couple of pages, she admits that she cries often and over nothing, always out of sight of her husband and his sister. This is only the beginning of what becomes of the protagonist by the end of the story. Her early descriptions may hint at a possible postnatal depression or other issues following the birth of her child. Yet there are more serious implications present. For one, the narrator is not allowed to see her child. She specifically mentions that she "cannot be with him" (*TYW* 4) and that the child is being cared for, presumably by a wetnurse or a nanny named Mary. She is also under the supervision of her husband's sister, Jennie, the housekeeper, though she is mostly left on her own as her husband deals with his patients away from the estate.

As the story progresses, we witness the narrator becoming obsessed with the wallpaper in her bedroom, which she hates initially. She exhausts herself trying to follow its patterns, thinks of it constantly, and forgoes sleep at night just to observe it. Her explanation is that this is a common habit from her childhood, describing how she would lay awake at night imagining her walls and furniture being alive and either terrorizing her or giving her comfort (*TYW* 6). The same happens with the wallpaper over time, as her opinion of it slowly shifts. She starts noticing odd figures behind the pattern. At the same time, she admits that it is becoming hard for her to think straight, as more and more of her day is occupied with the thoughts of the wallpaper. She lays awake at night watching it and sleeps during the day, eventually almost fully flipping her sleep cycle around.

Her thoughts over the wallpaper quickly turn into delusions and hallucinations. She swears there is a woman behind the wallpaper's pattern, shaking it each night, trying to escape. She obsesses over the wallpaper enough to smudge a circle on the wall all around the room, not even realizing it is her own doing. She becomes paranoid of both her husband and his sister, suspecting them of obsessing over the wallpaper the same way she does. But only she alone wishes to "figure out" the pattern. Her paranoia of the two people closest to her turns into chronic distrust of both of them. She keeps quiet about her plans to her husband,

proclaiming that she shall figure out the wallpaper in a week's time before they leave the mansion.

Her hallucinations only get worse from there, and she becomes outright possessive over the wallpaper: "..no person touches this paper but me, not alive" (*TYW* 17). She complains that the wallpaper emits a foul odor that follows her around the house and buries in her hair, speaking of it as if it were alive. Later, she claims to see the woman from the wallpaper out in the daytime, directly from her window, creeping around in the shadows. She ponders the woman's fate, agreeing that creeping in the shadows is the right thing, as being caught creeping in the daytime would be, in her opinion, embarrassing.

Her obsession reaches its height when she tears off most of the wallpaper in a fit of anger one night, claiming the pattern laughs at her as if it were alive. Her behavior becomes odd enough that her husband takes notice, questioning both her and Jennie about it in a secretive manner. At this point, the narrator does not trust her husband at all, noting that he is only "pretending to be loving" (*TYW* 17). Finally, on the day of their departure from the estate, she locks herself in the bedroom, peeling off even more paper in fear of being put behind it, just like the other women she has been seeing. The story ends with her creeping by the wallpaper, shouting that she will no longer be put back behind it. She has lost all sense of who she is, thinking she is one of the figures from her hallucinations.

A name is revealed to us in the last few sentences: "I've got out at last ... .in spite of you and Jane!.." (*TYW* 20). The name Jane could be referring to the narrator herself, symbolizing her separation from her original self. Some people, however, argue that it is meant to refer to the husband's sister, Jennie. Whichever is true, the ending is a harrowing victory over the narrator's husband, who faints when seeing her creep about the room, a declaration of independence from her married life and the reality she lives in.

Across the entire story, the narrator only rarely unveils her true anger and frustration boiling underneath, but there are several points in which she uses overly violent metaphors or ways to express herself, which are noteworthy. When describing the wallpaper for the first time, specifically the pattern, she dramatically narrates the changes in direction: "suddenly they commit suicide…. destroy themselves in unheard-of contradictions" (*TYW* 4). Another

time, she describes the movement of the pattern as "delirium tremens." [15] When mentioning the smell of the wallpaper, she adds that she has: "...thought seriously of burning the house - to reach the smell" (*TYW* 15). During the last moments when she has locked herself in the bedroom, she also briefly mentions jumping out of the window, though she quickly remarks that she would not do it even if she could. While she does not outright admit to being suicidal during her narration, her desperation can be felt through these words as she nears the outcome of her "treatment."

With all the proof given to us, there are several different options that could be argued for in terms of possible diagnosis. Of course, a legitimate diagnosis cannot be given for a fictional character based on a few pages, but we can try to narrow our selection based on this evidence. The narrator could be suffering from postpartum depression, enhanced by the treatment of her family and worsened by the inactivity she suffered. Taking her hallucinations into account, postpartum psychosis is also a possibility worth mentioning. The options are not limited to just these two, but they appear to be the closest guess to what the actual diagnosis would be. With the presenting symptoms being anxiety, depression, and emotional instability, several other options are viable, as the obsession and hallucinations could simply be the result of her isolation and a subsequent mental breakdown.

The sad truth remains that we may never know what the narrator, and by extension Gilman herself, was suffering from. We do not even see the character being diagnosed or the process that would lead to the rest cure being prescribed. The narrator never mentions whether she has been told what is wrong with her or whether the treatment process was discussed with her. The husband assures everyone she is simply a "bit nervous," tells the wife to control her fantasy, and strictly abides by the rules of the rest cure as he knows it. Both the patient and the reader are set in front of an already existing ultimatum: listen to your husband, the doctor, and get better. There is no arguing, there is no demanding a second opinion. With her fate set in stone, the narrator cannot do much else but follow the path set out for her. Gilman's short story remains a record of the bleak reality women like her faced

[15] Delirium tremens is a type of severe alcohol withdrawal, which presents with life-threatening symptoms including hand and body tremors, seizures, agitation and hallucinations (Grover and Ghosh).

in the past in their roles as "the angels in the home."[16] Most of them suffered for the rest of their lives with periods of repeating "nervous breakdowns," as the blanket diagnosis never offered a genuine solution to their issues. For some, a diagnosis like this was a threat to their autonomy and a way to silence them when they dared to step out of their assigned roles.

3.1.2 *My Year of Rest and Relaxation*

In contrast to *The Yellow Wallpaper* (1892), *My Year of Rest and Relaxation* (2018) explores a different cause behind the main character's struggles: most notably parental neglect and childhood trauma. The unnamed protagonist is a young woman in her mid to late twenties, and the story progresses through the years 2000 to 2001, taking place in America. Much like the narrator of *The Yellow Wallpaper*, she finds herself living a more-than-average life, having inherited a sizable amount of money after her parent's death. She has just about anything she could desire materially. What nobody sees, or perhaps chooses to ignore, is the anxiety and depression she is left with after all these years. She chooses a radical way to deal with her issues–sleeping them all away.

It would be easy to just list the many symptoms and pathologies of her character, differentiating between the ones present due to her trauma and the ones induced by the exasperating amount of medication she consumes. While her symptoms will be mentioned, I will mainly focus on the relationships she has with the other characters present and how they affect her mental state. Unlike the first story, we have a detailed account of the protagonist's childhood and how it shaped her personality while she was growing up. The unstable home life she experienced directly affects the issues she experiences in the present time in the story. It is for this reason that I chose to explore these relationships and the way they affect the protagonist and her decision to hibernate through her struggles.

Through scattered flashbacks, we can reconstruct the protagonist's childhood, which left her significantly emotionally stunted. Her parents have a significant age gap, with her mother getting pregnant at nineteen and her father being thirty-one at the time, the pregnancy being their sole reason for marrying. The mother's behavior towards her daughter ranged

[16] See chapter 2.1.1 of the theoretical part "Women and mental health during 19th century" for more information.

from neglectful to downright abusive. After finding out her father has cancer and crying about it, the protagonist is told to stop crying since it enrages the mother, who then proceeds to reminisce about how she used to crush Valium[17] in her bottle when she was a baby to stop her from crying (*MYRR* 69). We also find out that one year, she would have had difficulties getting out of bed and the house because of her alcoholism and addiction to tranquilizers, resulting in countless absences and late arrivals of her daughter to school, as the mother and the daughter would simply sleep in. She was never a warm, emotionally stable parent whom a child could rely on, being more interested in her own self. In fact, she seemed hellbent on hurting her child as if out of spite, putting down her appearance and intelligence. There is a notable sentence said by the protagonist on the topic of her never acting out or even showing her emotions during her puberty, which reiterates this point: "I'd be punished if I showed signs of suffering. I knew" (*MYRR* 65). This habit sets a future precedent for all the relationships the protagonist has in the future, as well as the one she has with herself. She repeatedly suppresses negative emotions, noticing them but not expressing them or dealing with them in a healthy way. This leaves her unable to develop a genuine sense of self and realize what she wants from life, as well as nurture genuine and positive relationships with the people around her.

After the father dies of cancer, the mother spirals. When the protagonist returns to college after some time, she commits suicide by mixing her medication with alcohol and ends up in a coma. The death of her mother prevents the protagonist from reaching closure, and their relationship remains a painful memory without a conclusion. There is no chance for improvement, no deeper explanation or reassurance that the protagonist was loved by her mother after all. The only things left behind are the family home, the inherited money, and a suicide letter: "She felt she wasn't equipped to handle life, she wrote, that she felt like an alien, a freak, that consciousness was intolerable and that she was scared of going crazy" (*MYRR* 152*).* While crushed to be all alone, the protagonist does not exactly miss her mother, only experiencing a longing for a better, happier childhood: "And I'd feel sorry for myself,

[17] Valium, also known as Diazepam, is a prescription medication mainly used to treat anxiety and alcohol withdrawal and also as a sedative (Calcaterra). It was first marketed in 1963 and gained massive popularity thanks to successful advertisement and easy access, which led to it becoming one of the most abused prescription drugs of its time. It was most commonly used by middle and upper-class women (Fruhwirth).

not because I missed my parents, but because there was nothing they could have given me if they'd lived" (*MYRR* 69). At one point, she thinks about her mother in the grave, claiming she feels as if her mother is "up to something down there" even though she has been long buried. She is right, in a sense, as the mother's abuse and neglect haunt the protagonist even after she is long gone. At the same time, she feels a certain amount of guilt over her mother's suicide, having bought her alcohol while she stayed at home mourning her father's death.

The protagonist's father was a university professor, a cold, quiet, and serious man who did not have a close relationship with either his wife or daughter. The protagonist described him as: "neither an ally nor a confidant…" (*MYRR* 48) but admits that he was a hardworking and smart man. Though the two did not share a bond during her childhood, the protagonist still seems to connect with him in the last days of his life. Dying from cancer, her father requests to spend his last days in the home. The protagonist drives home to spend the last few days with her father. The two do not talk, but the protagonist notes she feels as if they have bonded anyway. Only once he signals for the nurse, sensing his end, does the protagonist suffer a meltdown, crying hysterically and begging him not to leave her alone with her mother. Unlike after her mother's death, she feels grief about his passing and feels the need to mourn him after he is gone. Her memories of him being sick and dying appear even in her dreams, though she does not admit or mention this to Dr. Tuttle when describing her dreams in later sessions with the psychiatrist.

The toxic relationship with her mother, the cold and sterile nature of her father, and the overall lack of emotional stability in the home cause the protagonist to make little to no genuine connection with the people around her, safe for the pathological ones. Two other crucial relationships narrate the protagonist's life: her on-and-off "boyfriend" Trevor, and her friend Reva. Both play different roles in the protagonist's life and in the progression of her instability before her hibernation project even properly starts. Neither of them can be thought of as genuine connections, though both for vastly different reasons.

Trevor is thirty-three years old when he starts dating the protagonist, who is only eighteen at the time. Their relationship is abusive and dysfunctional, with Trevor repeatedly leaving her in order to pursue women his age and only ever returning to "replenish his ego" with a younger woman. The protagonist adores him at the start of their relationship, but by

the beginning of her "sleeping project," she has fully realized the fact that he is an awful person. It still does not stop her from calling him under the influence of her medication. His existence is just another cause for regret, and the protagonist points out to herself that she would be better off if he were dead. Her need for male validation is reflected in this relationship, as she has allowed Trevor to treat her badly throughout the years in order to have his attention.

Her friendship with Reva is a lot more impactful because Reva is her last connecting link to real life. The two met around the time the protagonist's parents died and stayed in touch despite their many differences. Reva is endlessly jealous of the protagonist for her privilege, both material and physical. The protagonist thinks that Reva must enjoy visiting her because she can feel better about herself when she sees the protagonist inactively passing the time in her apartment. The two maintain a fragile status quo, where they both only show so much care for each other but never break themselves from their vices. The protagonist finds Reva annoying and self-absorbed but seems to retain some genuine care for her as a friend, which sporadically resurfaces under the influence of the many medications she takes. The status quo is broken when Reva takes away all of the protagonist's medication after realizing just how strong the pills are and becoming concerned enough for her friend's well-being. This marks the beginning of the end of their friendship.[18]

At the same time, their relationship resembles the one between the protagonist and her mother. The protagonist is emotionally unreachable, feeling annoyed every time Reva shows sadness or "signs of suffering." "Reva looked at me for a reaction, but I gave none. She was going to be annoying, I could tell. She'd expect me to say comforting things, to put an arm around her shoulders while she sobbed at the funeral. I was trapped. The day would be hell. I would suffer" (*MYRR* 123*),* the protagonist thinks to herself on the way to Reva's home in order to attend her mother's funeral. This does not seem like it comes from a place

[18] The relationship between the protagonist and Reva is complicated and could be further explored. The two are inherently different but also very similar. They struggle with similar things, such as disordered eating or relationships with older men. Reva is, in a way, a mirror to the protagonist, a look into a life she potentially could have lived. Reva, on the other hand, seems stuck on the protagonist, who is not a very good friend. Their unlikely friendship is mostly one-sided, as Reva is the one who keeps the contact between them alive. However, the complex nature of their friendship is not a focus of this work.

of hatred or cruelty. Instead, it communicates to us that the protagonist never learned how to deal with grief, whether it be her own or somebody else's. She is unable to process both her own misery and Reva's grief, leading her to run away from both. Reva's grief is, however, much harder to escape when she is physically in front of her, unlike the mental suffering the protagonist has been successfully internalizing and hiding all her life. In the same way her mother either ignored or "punished" signs of suffering, the protagonist lets Reva know she is not a place of comfort or safety for her, save for a few rare moments: "I shook my head no and put an arm around her, as awkwardly as such a thing can be done, and sat there until the funeral was over, this stranger young woman in the throes of despair, trembling into my armpit" (*MYRR* 165). Moments like these, despite how rare they are, show us that the protagonist still carries a hint of genuine care and kindness, which is something her own mother was not able to offer her.

During one of their last meetings, the protagonist gives Reva all her clothes. From then on, she is not herself, having passed her existence onto Reva. Reva's death poses a final separation from the old life, the old self she had been trying to erase all this time. Symbolically, Reva dies in her place, and the protagonist is allowed to live on. It is also viewed as Reva setting herself free by the protagonist, who fixates on a recording of a woman jumping from the Twin Towers as they burn during the disaster of September 11th and imagines it being Reva, who died in the same tragedy.

There is no definite answer to her possible diagnosis, but we hear the protagonist speak on the symptoms often, although without any concern. We know she is haunted by the death of her parents, mentioning traumatizing dreams where they appear. Nightmares come and go as the amount of prescription drugs increases. She never truly grieved their death, not having learned how to properly deal with negative emotions besides suppressing them. "I mourned, I guess. I paid strangers to make me feel good" (*MYRR* 157) is what she cites as the only way she has tried to get past the traumatic loss of her parents. The protagonist does not have any other close relationships that would help her overcome the loss. She seemingly has it all: beauty, youth, and money, so why would she be suffering? Borrowing this line from *The Yellow Wallpaper* sums it up most accurately: "(he) does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him." (*TYW* 4). The

possible suffering of the protagonist is never noticed, partially because there is no one to notice it and because she is perceived as having no reason to suffer. Her cynicism and hatred for everything around her are seen as a snarky attitude or pessimism at worst, and they are also never properly addressed by anyone.

The first and only time she is diagnosed is by Dr. Tuttle, who recommends her sleep medication based on her own opinion and lies told to her by the narrator, who just wants something in order to sleep all of her free time away. Throughout the entire book, we do not hear her diagnose the protagonist with anything sensible or really anything at all. The only hint we get is what she writes down for the insurance companies: “Debilitating fatigue due to emotional weakness, plus insomnia, resulting in soft psychosis and belligerence” (*MYRR* 41-2). This is early on before the protagonist hits her sleep full-time. Every time the protagonist comes in, complaining of lack of sleep, she simply prescribes her stronger medication. Her advice is useless since all she likes to advise the protagonist on borders with conspiracy theories and debatable alternative medicine. Despite this, she prescribes the protagonist a large amount of heavy drugs, which is exactly what the protagonist wants. The character of Dr. Tuttle and her questionable views on medicine will be further discussed in the Treatment chapter.

3.2 Treatment

3.2.1 *The Yellow Wallpaper*

Gilman's reimagining of her own neurasthenia treatment[19] is more focused on the mental strain it causes rather than its methods. We can still clearly see the practices of the rest cure being hinted at in the story, though they are not its main focus. It is not, however, just the treatment that perpetuates the narrator's eventual mental breakdown, but the way she is treated by the people surrounding her and the societal norms of her time.[20] With no hope of escaping or getting through to her loved ones, she is left with no choice but to give in to their pressure while desperately trying to alleviate her anxiety. This ultimately results in her thoughts spiraling dangerously.

The narrator's treatment is mainly administered by her husband, who is, as previously mentioned, a physician. While he is gone from the mansion most of the time, the narrator follows his advice and orders, at least in the beginning. As he is absent for long amounts of time to tend to his patients, the "surveillance" of the narrator is passed onto his sister, Jennie. Jennie is as vigilant about the treatment as he is, and the narrator hides her writing even from her. The married pair appears to be in love, having just welcomed their first child, but we catch glimpses of just how unequal their relationship is. Firstly, John tells all their family and friends that the narrator is fine and only has a "slight hysterical tendency" (*TYW* 2). This sounds even more dismissive when read today than it was perhaps intended to be, as hysteria was a legitimate diagnosis back then.[21] The narrator sarcastically remarks that she is glad her case is "not serious" (*TYW* 4) in her husband's opinion. He infantilizes her constantly, calling her "little girl" or "blessed goose" and treating her concerns as childish whims. His dismissal is even further driven by the fact that he has rented the mansion only for three months and tells the narrator that she will get better, as if

[19] See chapter 2.1.3 of the theoretical part "The rest cure" for more information.

[20] See chapter 2.1.1 of the theoretical part "Women and mental health in the 19th century" for more information.

[21] See chapter 2.1.1 of the theoretical part "Women and mental health in the 19th century" for more information.

there is no other choice for her but to improve. He further dismisses her dislike of the wallpaper, despite seeing how unwell it makes her, and refuses to switch the room for another. This sets the ground for her later paranoia and distrust of him. “John does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him” (*TYW* 4).

When talking about the house, the narrator mentions its isolated location, saying it stands about three miles from the nearest village. Its odd vacantness implies the house has been used for this purpose before. The state of the bedroom specifically, which has barred windows and a bed that is nailed down to the floor, seems to want to tell us that the room has been used for this purpose before. At one point, the narrator notices bite marks on the bedstead, only to bite into it herself in anger later after failing to push the bed: “This bedstead is fairly gnawed” (*TYW* 18), “and then I got so angry I bit off a little piece at one corner - but it hurt my teeth” (*TYW* 18). The connection between her and possible past tenants is made clear here. The house is likely being rented out for the purpose of recuperating patients in need of isolation. This does not necessarily mean neurasthenia patients specifically since isolation was a common practice for other disorders back then.[22]

However, the isolation does not stop with the secluded house, as the narrator is barely allowed to have visitors. The only people she gets to interact regularly with are her husband and his sister, both of whom she feels judged by. One of their main complaints is the narrator’s writing hobby, which she continues in secret during her stay at the mansion. “Such a dear girl (Jennie) is, and so careful of me! I must not let her find me writing…I verily believe she thinks it is the writing which makes me sick” (*TYW* 7). This is another callback to the theories behind nervous breakdowns in women and their being unfit for intellectual work,[23] and it also reflects Gilman’s own experience with the rest cure when she tried to follow it.[24]

Other key aspects of the rest cure can be found in the text as well, for example, the dietary rules implemented by Micthell: “John says I mustn’t lose my strength, and has me

[22] See chapter 2.1.1 of the theoretical part “Women and mental health during the 19th century” for more infromation.

[23] See chapter 2.1.2 of the theoretical part “Neurasthenia” for more information.

[24] See chapter 2.1.3 of the theoretical part “Rest cure” for more information.

take cod liver oil and lots of tonics and things, to say nothing of ale and wine and rare meat" (*TYW* 9). The narrator sees nothing beneficial in this and claims to have gained no weight, but her husband disagrees: "You are gaining flesh and color, your appetite is better. I feel really much easier about you" (*TYW* 11). On the topic of rest and sleep, the narrator is encouraged to rest and sleep as much as she can, even during the day. It starts with her lying down for an hour after a meal. She also mentions that her day is scheduled out for her: "I have a scheduled prescription for each hour in the day" (*TYW* 3). It is not clear what the "schedule" contains, as the narrator does not mention it again afterward. We see this rest agenda backfire on them later when the narrator's obsession with the wallpaper worsens: "I don't sleep much at night, for it is so interesting to watch developments; but I sleep a good deal in the daytime" (*TYW* 14). "She said I slept a good deal in the daytime. John knows I don't sleep well at night, for all I'm so quiet!" (*TYW* 17). The specific parts of electricity and massage use are missing from the story, likely due to the fact that it was not intended for at-home treatment but rather for the patients in hospital care.[25]

The husband's treatment of his wife and her concerns borders on medical gaslighting,[26] as he constantly tells his wife that he is the doctor in this situation and that she is getting better in his opinion. Despite her attempts to explain that she does not feel any better, he only dismisses her further: "...but you really are better, dear, whether you can see it or not" (*TYW* 11). It is painful to read as the husband, set in his ways, shuts down the narrator by telling her he knows her state better than she does. After this, she no longer brings up her concerns and focuses on the wallpaper fully. Up until this point, she would describe her husband as loving, kind, and caring, but after this conversation, she becomes suspicious of his intentions. This conversation happens at a mid-point in the story and symbolizes a final break of trust between the pair, the last hope holding her from fully slipping into obsession, which has been shattered. By the end of the story, the narrator sounds eager, almost maliciously so, about the idea of shocking her husband with her behavior: "I don't want to go out, and I don't want to have anybody come in, till John comes. I want to astonish him" (*TYW* 18). The destruction of their relationship is finalized in the last

[25] See chapter 2.1.3 of the theoretical part "Rest cure" for more information.

[26] See chapter 2.2.2 of the theoretical part "Medical gaslighting" for more information.

few sentences, as the narrator creeps over her fainted husband, dismissing him just like he did her.

3.2.2 *My Year of Rest and Relaxation*

There is no treatment in the traditional sense of the word to be found in the story of *My Year of Rest and Relaxation*. Much of the medication use and schedule is created by the protagonist herself. Most of it consists of just taking more of whichever medication she has on hand and trying to sleep as much as possible. She does, however, claim to have a delicate sort of organization to her methods, from the amount of pills she consumes to the precautions she has to take when she starts sleepwalking. Some of the medications mentioned during the story are fictional, such as Infermiterol, but some do exist, like the previously mentioned Valium.[27] A big part of this "treatment" method is the protagonist's mindset and commitment to it. Without it, there would be no year of sleep. Her trust in the power of sleep and its ability to wash away all her troubles is, by all means, delusional.

The reason why the protagonist manages to get her hands on all the medication she could wish for is a pure coincidence. She herself calls it fate. Feeling her depression and hatred of everything getting worse, the protagonist sets out to find a therapist who would prescribe her "downers,"[28] or pills that would subdue her. While searching through a phonebook, she finds and calls Dr. Tuttle, a questionable psychiatrist from whom she outsources prescriptions for her hibernation.

Dr. Tuttle is by no means a professional doctor and prescribes the protagonist sleep medication after the first visit. After that, she only requires monthly visits to the office but instructs the protagonist to claim she has been attending weekly visits in case insurance companies call. In fact, the insurance companies and law seem to be her biggest concerns, as in their first phone call, she asks the protagonist whether she is from the FBI or another law enforcement agency. Besides prescribing stronger and often experimental medications to the

[27] See Footnote 7.

[28] "Downers" is a colloqial term which refers to a group of medication which have sedative or otherwise calming effect on the user, also professionally called "depressants" (Merriam-Webster).

protagonist without proper supervision, she spends their short visits talking about questionable topics such as microwaves affecting brains. Her dubious background is acknowledged by the protagonist, who admits that Dr. Tuttle's irresponsibility is exactly what she needs. " 'Here, let me give you my latest samples.' She got up to open her little cabinet and filled a brown paper lunch bag with packets of pills. 'Trick or Treat,' she said, dropping in a mint from the bowl on her desk" (*MYRR* 84). It is more than clear from a singular example that Dr. Tuttle is not a serious or professional doctor.

The character of Dr. Tuttle feels like a satirized call back to the doctors of old. A small detail that interested me was the description of her office: "The waiting room was a dark, wood-paneled parlor full of fake Victorian furniture" (*MYRR* 20). But she represents not the oppressive aspect of past psychiatry but rather one's conviction of being right no matter what. Today, we know diagnoses like neurasthenia to be inaccurate and mostly made up to cover a large base of medical issues. But in those days, Victorian psychiatrists praised themselves for the progress they had made, believing in the rightfulness of their diagnoses and treatment methods. In this sense, Dr. Tuttle feels like a satire of those doctors, always coming up with new theories in her practice that are either nonsensical or outright laughable, yet she has an air of confidence. Dr. Tuttle believes in her methods no less than Victorian doctors believed in the rest cure. Her faults lay not in the fact that she sees her patient as below her, but that she is irresponsible and negligent.

As was already mentioned, some of the medications mentioned in the story are real, while some are not. The ones most often mentioned by the protagonist are Xanax, Ativan, Ambien, Silenor, Valium, and Benadryl, all of which are prescribed for either insomnia, depression, or anxiety, safe for Benadryl which is mainly a cold medicine with sedative side effects. They are only some of the many names mentioned in the story. With the final and fictional Infermiterol, the protagonist finally achieves something important. Under the influence of this medication, she is able to sleep through three days straight, with the only issue being that she sleepwalks to various degrees. For example, after taking it for the first time, she unconsciously makes her way to Reva's mother's funeral, which she had no plan to attend. The previous medications also make her act out in her sleep, but with Infermiterol, she loses three days' worth of consciousness, which is all that matters to the protagonist.

Before fully committing to just Infermiterol, she mixes one medication with another without concern about side effects: “I mostly took sleeping aids in large doses and supplemented them with Seconols or Nembutals when I was irritable, Valium or Libriums when I suspected that I was sad, and Placidyls and Noctecs or Miltowns when I suspected I was lonely” (*MYRR* 26).

However, the ultimate goal of sleeping through a year and erasing her issues is not as easy to achieve as it sounds. And it is not just about the sleep either. The protagonist essentially gives up on everything in life in favor of sleeping in her apartment. All this is due to her belief: “My hibernation was self-preservational. I thought that it was going to save my life” (*MYRR* 7). She believes that in her sleep, her unconscious was getting sorted out and that once she has slept enough, she will be renewed and reborn. This delusion drives her obsessive pursuit of sleep, even for the price of her physical health. She refers to this as her “project” several times, speaking of it as active work. By the end of the book, she has to use the help of an artist from her old workplace, who then confines her in her apartment for the remaining three months she has left. During this time, she takes Infermiterol every three days and only wakes up, eats, does light exercise, and falls back asleep.

The final form of her hibernation project mimics the methods of the rest cure with a haunting precision. Several of the protagonist’s comments also seem to mimic the opinions of that era[29]. Upon many occasions, she mentions nerves and nervousness: “I felt weak. My nerves were frayed and fragile, like tattered silk” (*MYRR* 99), “Irritation was what I knew best - a heaviness on my chest, a vibration in my neck like my head was revving up before it would rocket off my body. But that seemed directly tied to my nervous system - a physiological response” (*MYRR* 137). Another time, she describes Reva as being “on the brink of hysteria” when describing her coming over in a vulnerable state. Her belief that sleep will cure her mental health problems is indeed very similar to the rest cure method. And so are her strategies, namely avoiding any and all stirring or mental excitement. She even berates herself at one point when she becomes anxious and curious about flowers being sent to her.

[29] See chapter 2.1.1 of the theoretical part “Women and mental health during the 19th century” for more information.

Despite the arguable success of her sleeping project, there are still questions left unanswered. What about the damage done to her body or the fact she is now truly alone in this world, having lost Reva? Perhaps there was another way for this to turn out. Had the protagonist had professional help, she could have chosen a less destructive path for her healing journey. If her parents had not taught her to internalize painful emotions, or if Reva pushed harder for her to get help, had she never met Trevor or Dr. Tuttle, maybe the protagonist could have avoided destroying herself for the sake of rebirth. As mentioned before, she is never truly diagnosed or assessed, and as such, she never receives proper help for her mental health issues.[30] While the outcome of her hibernation may be a true victory over her trauma, it also meant an almost complete destruction of herself.

[30] See chapter 3.1.2 of the practical part " My Year of Rest and Relaxation" for more information.

3.3 Consequences

3.3.1 The Yellow Wallpaper

The most evident consequence the narrator of *The Yellow Wallpaper* suffers is the gradual loss of her ability to distinguish what is real and what is imaginary. Consumed with her obsession with the wallpaper, she slowly casts away the social rules that constrict her everyday life. She indulges in her odd behavior despite the comments and stares from her family, eventually openly boasting about her act of destroying the wallpaper directly to Jennie: “Jennie looked at the wall in amazement, but I told her merrily that I did it out of pure spite at the vicious thing” (TYW 17). Her fascination has become life-consuming, to the point she no longer mentions her child either, having seemingly forgotten the baby was even there. It is safe to assume that the child is very young as well, considering that she refers to them as “the baby.” There are two times she does mention the child directly, once when she admits that she is not allowed to see the child and the second time when she voices relief that the child does not have to live in the bedroom with the yellow wallpaper. Afterward, there are no mentions of the child again, as she has dedicated her full attention to the wallpaper and its pattern.

This is another and more subtly presented consequence of what has been done to the narrator — the severing of interpersonal relationships. The physical and social isolation that her husband imposes on her prevents the narrator from asking for help. She is also separated from her child before the story even starts. This may have been for her own and the child’s well-being, but the narrator confesses how anxious it makes her. This predicament leaves her relying only on her husband and his sister. Her relationship with Jennie does not seem as deep as that of the other characters, and the narrator views her as a sort of watchdog. Their connection, weak as it may be, breaks when the narrator begins suspecting her of observing the wallpaper as well. The distrust creates another barrier between the narrator and the real world. The last and most vital connection the narrator has is with her husband. As unequal as their relationship is, she still loves him at the beginning of the story. However, their

relationship falls apart quickly as the story progresses. By the end, there is no love left in the narrator towards her husband.[31]

Her break away from the people around her, the society, and its expectations have a final consequence — the loss of her own self. On the last page, the narrator identifies herself with the women in the wallpaper, seeing herself as one of them. Whether this resulting dissociation is a positive act or not is debatable. It is undeniable that she has managed to free herself of her marriage and the gender role placed upon her by society. The story can be read both as a tale of a woman driven "mad" and as a triumph of the narrator over her husband. We do not know what happens with the narrator after the end of the story. Whether she was restored to sanity and returned to her duties as a wife and mother or remained a "lunatic" is left unsaid. From what we have established in the history of nervous breakdowns, some women recovered, but some remained lifelong invalids.[32]

As Showalter mentions in her book *The Female Malady* (1987), female authors often used the stereotype of a "deranged woman" as a sort of body double. For them, the use of a woman being driven mad by her circumstances in literature was a way to voice their own anger and frustration. Perhaps even a way to rebel against the patriarchal society of the time. It would certainly seem to be that way for Gilman, who was very public about the reason behind her story.[33] While her main critique lies with the rest cure and its method, it can easily be read with the motif of oppression by society and the gender roles it placed upon women in her time. Gilman stressed the importance of work as a normal state of every person ("Why I wrote the Yellow Wallpaper" 1913). In that sense, she was against the notion that women are meant to be passive and obedient wives and mothers since, to her, her intellectual work was just as important to her well-being. And while Gilman herself escaped the rest cure and potential insanity, her character escapes into insanity as a way to cope with her oppressive life. The potential outcome that she portrays here was, sadly, real for many of her contemporaries.

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[31] See chapter 3.2.1 of the practical part "The Yellow Wallpaper" for more information.

[32] See chapter 2.1.1 of the theoretical part "Women and mental health during the 19th century" for more information.

[33] See chapter 2.1.3 of the theoretical part "The rest cure" for more information.

3.3.2 My Year of Rest and Relaxation

The book leaves us with a questionable outcome, much like in the case of *The Yellow Wallpaper*. The protagonist completely focuses on her sleep project for the remaining three months, having condemned herself to the apartment with the help of another person. During this time, her mind and body slowly atrophy. Despite her wish to not distract her mind, it gets so starved of stimuli that she starts reading shampoo bottles, her mind running wild with association as a result. By the end of these three months, she has what can only be described as a psychedelic episode, a sort of psychotic dream in which she traverses galaxies, time, and space. During this episode, she eventually feels a sense of accomplishment — something has finally been finalized. When she wakes up, it is with a sense of newfound appreciation for life.

The rest of the book follows the protagonist as she returns to life outside of her apartment — a different life, just like she wanted. Her apprehension and hatred for people and experiences seem to have disappeared. Compared to the past, she is frugal with her money, buying only necessary and cheap clothing. She refurnishes her apartment with items from a second-hand charity store, rescues a hoard of abandoned books, and overall dedicates her time to experiences in nature. Her opinions on art and life seem to have changed as well: “My sleep had worked. I was soft and calm and felt things. This was good. This was my life now” (*MYRR* 288). She views the experience as a success, and it seems to have worked in her favor. She feels free of the many things which have plagued her in the past. Even the family home, which she felt unhealthily attached to, is eventually sold.

A topic the story has in common with *The Yellow Wallpaper* is the severance of relationships. However, for the protagonist of *My Year of Rest and Relaxation*, it is not just interpersonal relationships but also the ones she has with her lifestyle and particular material objects in her life. While the narrator treats this positively, she has now been left all alone in the world. She has let go of everything she felt emotionally connected to, however limited these connections were. There is little left for her to return to besides the money she still has left and the empty apartment she lives in.

Her renewal also comes at the price of physical strain. While the final part of the narration fails to contain any references to her overall health condition, the protagonist has

suffered a great deal of harm due to her drug use and disordered eating. The extensive use of prescription medication, paired with uneven eating habits and overall inactivity, likely left her exhausted. “I buckled down on the kitchen floor and splayed out on the cold tile. I was going to sleep now, I hoped” (*MYRR* 229), “My body refused. My heart shuddered. My breath caught. Maybe now is the moment, I thought: I could drop dead right now. Or now. Now” (*MYRR* 229). While staying at Reva’s house for the funeral, she even mentions that she has not menstruated in months, which could be due to the medications or because of the rapid weight loss. The first time she leaves her apartment after the final three months of hibernation, she collapses in the hall. It is left unresolved whether the protagonist suffers any side effects after her year of hibernation, but the strain her body has experienced would be most likely irreversible.

It is also debatable how free of her material side the protagonist truly is. During the discussion with the artist, as he is about to lock her inside the apartment, he proposes that the protagonist burn her documents and birth certificate. She rejects this: “I was born into privilege, I told (him). I am not going to squander that. I’m not a moron” (*MYRR* 265). Similarly, while she adopts a more frugal lifestyle, the protagonist still has a lot of money left and more incoming from the sale of the home. She still has her expensive apartment in an affluent neighborhood and the freedom to do as she pleases. Her rehabilitation plan does not seem to include getting another job, hobby, or other work that might help her return to everyday life. At the end, she is still left with some safety net that she can return to. Her ability to carelessly waste away her time in New York and not be concerned with her financial security is a freedom not available to everyone. It is also the reason why she was able to execute her “sleeping project” to begin with, because her social and economic standing secured the time, the rent, the medication, and the outcome of her hibernation.

In order to achieve her goal of successful hibernation without any disturbances, the protagonist decides to constrict herself in her home for the remaining three months. But her new solution comes at the expense of being yet again exploited by someone else. In order to keep herself confined in the apartment, she allows the artist to use her for his new project: “He the warden of my hibernation with full permission to use me in my blackout state as his ‘model’ ” (*MYRR* 263). Afterward, she finds out that the artist has used videos of her

retelling personal stories, often in an emotional state, for his artistic project. With the exception that her voice is not actually used, instead swapped with angry phone calls from his mother.[34] While their contract states she is not meant to know anything about what he is doing, she still notices some things. For example, after waking up one time, she sees that her long hair has been cut short to a "boy cut." Another time, she smells turpentine and finds her bedroom locked up. She is left wondering what is going on inside. After the three months are up, she has no further contact with the artist, as she mentions several times during the book that she hates both him and his work. She traded the success of her hibernation for her own autonomy, for free access to her own body. This may be yet another leftover habit formed during her formative years. Since childhood, the protagonist has learned that people only want her for her looks and body. Her relationship with Trevor is similar in this way, as she tolerates his abuse in order to retain his attention and "love." She mentions that people will only hire her if they think that they have a chance at a sexual relationship with her. It is the only thing she feels she has to offer, and therefore, does not seem to care whether the artist takes advantage of her in her sleep or not.

It is unknown if the protagonist is truly able to return to normal life after everything she has been through. While she managed to achieve a new appreciation for life, she still has underlying issues that were not properly addressed. With her tendency to avoid issues instead of facing them directly, how will she resolve the next problem that appears or the next time she finds herself feeling mentally unwell? She has learned no coping skills and received no professional help or an answer to a possible diagnosis that would help her resolve a possible mental illness. While the ending of the book has a positive tone, it does not mean the outcome of the "sleeping project" is in itself positive. We do not hear the protagonist mention any plans for how to resume a "normal" life, and it is entirely possible that she will attempt to live her life in this "limbo" she has created for herself, supported by her financial background. An escape into a world where she can afford to drift through life unbothered by trauma or need for basic necessities, an "asylum" of her own making.

[34] It also serves as another parallel between the protagonist, her mother, and the mother-daughter relationship which is at the core of her trauma. Her crying is being tuned out and silenced by the angry yelling of the artist's mother, just like her pain and crying were silenced by her own mother during her childhood.

4 Conclusion

In the theoretical part, we explored the 19th century Victorian psychiatry and how the era shaped the different diagnoses at the time, especially in connection with women and the so-called "female maladies" like hysteria or neurasthenia[35]. The time period was very strict when it came to gender roles and the place women had in society, and this resulted in diagnoses and treatments, which were often used as punishments rather than actual remedies. The rest cure was one such "remedy" for neurasthenic patients, with its main features being total isolation, bed rest, and a plentiful diet of meats and fat. Both neurasthenia and the rest cure were the direct products of this era, and when viewed through the eyes of modern medicine, they are definitely not accurate or effective for what they were trying to achieve. They are a part of the complicated and dark history of psychiatry, and many of the old beliefs originating from this era and even earlier still affect the healthcare system today. In the contemporary medical system, we still find that medical gaslighting is an issue, especially in the case of women, disabled individuals, and minorities. Women are also more likely to be told their pain is being overestimated or psychosomatic. *The Yellow Wallpaper* was written in order to criticize the rest cure since Gilman herself experienced how the treatment affects a patient, so it has a direct connection to this issue. Seen through this context, both *The Yellow Wallpaper* and *My Year of Rest and Relaxation* can be read as criticisms of psychiatric treatment and the way women are seen by doctors and society, albeit both from different angles.

We have established that both *The Yellow Wallpaper* and *My Year of Rest and Relaxation* share the common topic of "healing by rest," though both from a different point of view. There are, however, many other topics that connect both works beyond just the most obvious one. This chapter works as a connection point for the two of them. While they have been analyzed separately in the previous three subchapters, here their similarities and differences will be analyzed together and the connection between the two will be explored in detail.

[35] See chapter 2.1.1 of the theoretical part "Women and mental health during the 19th century" for more information.

The diagnosis chapter has established that both the narrator of *The Yellow Wallpaper* and the protagonist of *My Year of Rest and Relaxation* are either misdiagnosed, diagnosed very hazily, or not at all. In fact, we do not see either of them receive a proper medical diagnosis during the course of their stories. In the case of the former, we know, thanks to Gilman's own personal explanation of the background of her story, that it was meant to reflect a Neurasthenia treatment. Even without her explanation, however, we can establish this to be true thanks to Weir Mitchell's name being included and the rest cure being rather accurately portrayed. In the case of the protagonist of *My Year of Rest and Relaxation,* the protagonist does not seek a diagnosis at all. Instead, she is after the medication which the psychiatrist can provide her. Neither of the two receive genuine help from the people closest to them. Their circumstances may be vastly different, but both are, to some extent, prevented from asking for help, whether due to societal norms or their own inability to face the issue.

The characters of the doctor in both works also display a great deal of similarities. In *The Yellow Wallpaper,* the doctor is also the protagonist's husband and acts as a double portrayal of patriarchal authority in the time at which the story is written. He was likely the one to diagnose the narrator, if he even did, and commit her to the rest cure. He is also the sole reason why she comes into contact with the wallpaper to begin with, as it is his decision that they move to spend time in the mansion. On the other hand, the character of Dr. Tuttle in *My Year of Rest and Relaxation* is a much less oppressive figure. For one, she is a woman, and the time in which the book is set does not focus on patriarchy and male oppression as much as *The Yellow Wallpaper*. Instead of an authority that orders the protagonist, she is more or less used by the protagonist in order for her to achieve her goal. Dr. Tuttle easily lends herself to this since she is not a professional, and her practice is questionable.

As previously mentioned, Dr. Tuttle is more of a parody of a doctor than a real portrayal. She rambles about alternative medicine and other pseudo-medical theories. Her neglectful and irresponsible prescription of heavy medication allows the protagonist to commit to her insane "sleeping project" completely. In a way, Dr. Tuttle could be a commentary on doctors of the past (but unfortunately also of the present). The rest cure is nonsensical enough that she herself might have come up with it. In a way, she does, since she agrees with the protagonist every time sleep is mentioned. "Sleep is the key. Most people

need upwards of fourteen hours or so" (*MYRR* 22), she tells the protagonist during their first meeting. Dr. Tuttle does not know about the protagonist's "sleeping project," yet it is obvious she is more and more unwell during each of their monthly meetings. None of this seems to register, as she only prescribes the protagonist stronger and stronger medication.[36] Only concerned with the physical and outward appearing problems, never what is truly going underneath. Almost as if as long as one appears outwardly fine, then there is no issue. The husband in *The Yellow Wallpaper* is convinced that the narrator is better because she eats better and works less. Although this sentence has been used before, I would like to point it out again: "(he) does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him" (*TYW* 4). Despite the issues involving more than just physical symptoms, the doctor characters seem eager to dismiss these issues as long as everything appears to be fine.

Because of this misalignment between the actual issue, the patient, and the world around them, both main characters lose their relationships with the people closest to them. The narrator of *The Yellow Wallpaper* has been involuntarily isolated from everyone save for her husband and his sister. She quickly becomes paranoid about their intentions, which would not be so odd if it did not involve her obsession with the wallpaper. The protagonist of *My Year of Rest and Relaxation* also struggles with interpersonal relationships. Having suffered through childhood trauma, she is unable to connect with anyone in a healthy manner. Both of the long-term relationships she has left could be labeled as toxic. Her "boyfriend," Trevor, is not only manipulative and exploitative, but he also assaults her on multiple occasions. Reva is the closest thing to a friend she has, but their friendship is strained by unspoken jealousy and envy. By the end of the story, both main characters are alone in their madness. But their stories are not meant to be seen as tragedies. The protagonist of *My Year of Rest and Relaxation* has achieved her goal and is pleased with the outcome. Her relationships did not serve a good purpose any longer after all. For the narrator

[36] Additionally, her negligence in prescribing heavy medication is also a criticism of overprescription of drugs or the fact that often people can be prescribed medication for small concerts that do not warrant strong medication. Together with the protagonist's mother, who was also addicted to tranquilizers and thus had to have a doctor who prescribed them to her, the book often reminds us of the sheer amount of medication the protagonist consumes, most of which were prescribed to her by Dr. Tuttle to do with as she pleases.

of *The Yellow Wallpaper*, the obsession is an escape from her oppressive life. In the end, she escapes in the only way she knows how — into her mind and fantasy. “Madness” seems to be the only possible escape for the narrator. Leaving her family is not an option, as she would have no way of supporting herself. While her descent into madness sets her free symbolically, it also does in real life since she would likely end up in an “asylum,” free from her husband and his pressure. The “asylum,” however, would be just another prison for her, as she would likely suffer restraint of her freedom there as well, just in a different way. The story is a triumph over convention, over her husband, and over rationality, which plagues her era.

Quite surprisingly, given the fact that it was written and published more than one hundred years later, similar opinions that stand behind the rest cure are repeated in *My Year of Rest and Relaxation*, ironically most often by the protagonist herself. We hear her complain of “nerves” and “nervousness” several times, as well as the delusion she harbors that sleep will ease or completely abolish her suffering. It is, as previously mentioned, an expanded version of the rest cure. While the original rest cure is meant to return the woman to her original “moral” state, the protagonist’s “sleep project” is a way for her to shed all her past trauma and start a new, better life. The protagonist holds belief in the almost supernatural power of sleep. While this notion of the supernatural does not appear across the entire story, it still seems to be part of the protagonist’s delusion. *The Yellow Wallpaper* includes a similar sense of the supernatural, as the narrator describes the mansion they move into as a haunted house. She seems to have a tendency to believe in superstitions and the supernatural. Her obsession with the wallpaper could be described as a possession, maybe, and the reader has a sense of something otherworldly happening as they watch the narrator slowly go “mad” in isolation. This feeling of otherworldliness, of something being alien about their delusion, only further proves just how harsh reality is for those struggling with mental health issues. Their desperation leads to them abandoning a rational approach to their situation, which is only a natural response to the way they are being treated by the people around them.

The biggest and most obvious difference between the two works, as mentioned several times now, is that while the narrator of *The Yellow Wallpaper* is not exactly willing or happy

about her treatment, the protagonist's isolation and inactivity in *My Year of Rest and Relaxation* is self-imposed. The reasons behind her drastic choice are debatable, as she herself cannot provide a rational explanation for why she chose this method specifically. Since childhood, the protagonist has had a strained relationship with her parents, and as her mother's frequent coping mechanism was the act of sleeping away one's issues, she must have identified with it - even mentioning she misses sleeping in her mother's bed. Dr. Tuttle also seems to enable her yearning for sleep, agreeing all the time that sleep and rest are important.

In the end, the protagonist's actions are highly self-destructive and could have easily killed her. Her body has been left in a terrible state after a year of inactivity and drug abuse.[37] This poses the question of whether the protagonist is suicidal or not. There is some evidence that suggests that, yes, to a certain degree, she is. We see her pass out once, and she seems accepting of the possibility of death.[38] Before her remaining three months, she even mentioned the possibility that if she did not feel better after the time was up, she might jump out the window. It solidifies that the situation is a lot more desperate than the protagonist lets on during the book. Her apathy makes it seem as if she does not care about anything but her sleep, but here, we can clearly see that the "sleep project" is a last desperate attempt at turning her life around.

In addition, both works feature a young middle-class woman trapped in a situation conditioned to a certain degree of social standing. Were it not for her middle-class origin and a doctor for a husband, the narrator of *The Yellow Wallpaper* would have likely been diagnosed with something else besides neurasthenia since it was considered a disorder connected with those classes. It is acceptable for her to be isolated from her family and friends since that is what the culture around nervous breakdowns includes.[39] Similarly, the protagonist of *My Year of Rest and Relaxation* would be unable to finance her "sleep project" and pay for all her medication if she did not have the inheritance money from her parent's death. Because she is a rich, young, beautiful woman surrounded by people similar to her, the undeniable self-destruction and isolation she commits herself to is seen as odd and quirky

[37] See chapter 3.3.2 of the practical part "My Year of Rest and Relaxation" for more information.

[38] See chapter 3.3.2 of the practical part "My Year of Rest and Relaxation" for more information.

[39] See chapter 2.1.2 of the theoretical part "Neurasthenia" for more information.

behavior at worst; therefore, it is accepted or ignored. This point is actually further driven by the fact that she works in the art industry in a major metropolis, where there is no shortage of odd personality traits and quirks, and drug use is seen as universal and widely accepted. Both works criticize the social and gender norms of their respective times and point out the hypocrisy of the society they live in. *The Yellow Wallpaper* portrays the uneven relationship between a husband and a wife, a doctor and a patient, which most women were familiar with at the time. *My Year of Rest and Relaxation* repeatedly points out the main character's privilege and openly mocks the consumerism and hypocrisy of Western society. It also touches on the topic of feminism a few times, although the protagonist herself seems uninterested in it.

What these connections show is that certain topics around mental health are consistently relevant no matter the time during which the stories were written. Both show a portrayal of women who are desperately alone and isolated from the world around them, and their privilege ironically turns against them. They are left without help for their issues and desperately seek to alleviate their symptoms by trying to break free from the constraints of their social standing and gender roles. For the narrator of *The Yellow Wallpaper*, her escape is the titular wallpaper and its symbolic embodiment of an escape, at least in mind, since in real life, the narrator would most likely be confined in a private “asylum” or a “retreat.” For the protagonist of *My Year of Rest and Relaxation*, the escape is both physical and psychological, as she seeks to isolate herself and her mind from all outside influences in order to cleanse herself of the past. Both works illustrate that no matter how much progress there is in the area of modern medicine and psychiatry, there remain certain problems that reappear again over time, especially concerning women and their mental health. We also see the same topics repeated in both stories despite the time that separates them. Along with these topics, the rest cure and its legacy remain a reminder of the dark past of psychiatry and mental health treatment, which influence the stereotypes and attitudes towards mental disorders today.

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