TOWARDS A LITERARY HISTORY OF THE REST CURE (1866-1932)

A Dissertation

Presented to the Faculty of the Graduate School

of Cornell University

in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

by

Verdie Marie Culbreath

December 2023

TOWARDS A LITERARY HISTORY OF THE REST CURE (1866-1932)

Verdie Marie Culbreath, Ph.D.

Cornell University 2023

This dissertation traces the development of the rest cure alongside and within Transatlantic Modernist Literature. Beginning with Silas Weir Mitchell's earliest explorations of the role rest plays in recovery I explore the ways in which Mitchell's rest cure codified certain forms of discrimination into psychiatric medicine. Modern Literature not only reflects the ways in which the rest cure influenced and impacted modern life, but was itself influenced and impacted by the treatment practice, so much so that many prominent authors of the era cannot be divorced from discussion of the rest cure. My dissertation emphasizes the necessity of studying the history of the rest cure alongside and against literature written by modernist authors whose lives were irrefutably impacted by its development. Doing so, I demonstrate the ways in which the outdated policies and practices embedded in the rest cure continue to impact the study of literature. I propose re-evaluating the way we as scholars and historians examine the rest cure, both as it occurs in literature and as it exists as a set of discursive practices that continue to shape and inform social interactions in the present moment.

BIOGRAPHICAL SKETCH

Verdie Marie Culbreath has previously earned a bachelor's degree from The University of Texas at Austin and a master's degree from Northeastern University. Their research interests include Modernist Literature, British Literature, American Literature, and the discursive and rhetorical intersection of literature and medicine.

This Dissertation is dedicated to Helen and Odette Culbreath.

ACKNOWLEDGEMENTS

This dissertation project was supported by the patience and guidance of a committee of mentors at Cornell University, without whose assistance the majority of the writing would not have taken place. George Hutchison, who has been a part of this project since the very beginning, has provided valuable insight into the connection between history, biography, and literature and the best ways to draw these connections out in writing. Elisha Cohn, whose shared interest in the subfield of Literature and Medicine has guided me through my investigation of literary form—and especially the affective capacity of literature when placed alongside exploration of medicine and other social institutions. Dan Schwarz joined this project in its final two years, but his guidance and mentorship around Modernist Literature and Pedagogy has helped many components fall into place, particularly explorations of Virginia Woolf and the ways in which my project fits into larger conversations within literary Modernism.

Generous funding from the Cornell University English Department as well as the special collections at UT Austin's Harry Ransom Center, The American Antiquarian Society, and the UPenn Van Pelt-Dietrich Library Center guided the research for this project, particularly surrounding investigation into the history of medicine and the life and letters of Silas Weir Mitchell.

My colleagues in the English Department at Cornell University were indispensable to my thinking and growth as a scholar in the early stages of this project, especially Kristen Angierski, Jess Goldberg, Xine Yao, Brianna Thompson, and Marquis Bey.

When life circumstances halted and interrupted my progress the personal guidance and assurances of my closest friends and relatives sustained me through work that at times felt impossible. Helen Culbreath, Jeremy Barrett, and Odette Virginia, who have seen me through my own personal exploration of deep feeling, have been as much a part of this project as the writers and critics with whom I am conversing within its pages.

TABLE OF CONTENTS

Introduction: Silas Weir Mitchell and the Discourse of Rest in Modern Medicine

The origin of rest as a treatment for distress and disease is older, perhaps, than the origin of western medicine itself. It no doubt seems to be a matter of common sense that when individuals are overworked, ill, stressed out, or excessively nervous rest is what is most needed. However, in a cultural atmosphere focused on good work and productivity, competitiveness, and capital exchange, it has become commonplace for individuals to deny themselves rest even when needed. We use medication, recreational substances, and stimulants of all kinds to keep our bodies moving and at work when rest is what the body no doubt truly needs. Recent studies on the resistant capacity of rest within late stage capitalism emphasize self-care and living in the moment to preserve humanity in times of technological expansion, over-work, and the increasingly global "culture of busy-ness."[1] These recent studies focus on class and consumerism in a way that presents rest as a form of radical resistance to a depersonalizing culture that tends to boil human existence down to what one does and how one occupies one's most "productive hours." While these studies do present a necessary case for the importance of rest amidst the growing pressures of post-pandemic late capitalism, they also tend to downplay the importance of psychology and gender within the

[1] See, for instance:
Crary, Jonathan. *24/7: Late Capitalism and the Ends of Sleep*. London: Verso, 2013.
Gibbons, Serenity. "How to Defeat Busy Culture" in *Harvard Business Review*, September 2020. Accessed Online 9.18.23.
Pinsker, Joe. "Ugh, I'm So Busy: A Status Symbol for Our Time" in *The Atlantic Monthly*, March 2017. Accessed Online 9.18.23.
Odell, Jenny. *How To Do Nothing: Resisting the Attention Economy*. New York: Penguin Random House, 2019.
Waytz, Adam. "Beware a Culture of Busyness" in *Harvard Business Review*, March-April 2023. Accessed Online 9.18.2023.

origin of rest as a treatment for malady, particularly as it became globally popular in the late 19th and early 20th centuries.

This dissertation focuses on the rest cure as established and made popular in the writings of American physician Silas Weir Mitchell. Like recent studies, Mitchell's earliest writings on the rest cure emphasize the need for rest amidst the increasingly stressful demands of modern life. Chiefly, Mitchell is concerned with overwork due to stressful office culture and competitive school systems. Mitchell is likewise very concerned with gender and, while his earliest patients were predominantly men experiencing either war trauma or professional burnout, he later focused most of his diagnostic practices on women, who he determined to be biologically unsuited to stressful work of any kind and therefore much more prone to overwork and other stress-related psychological maladies. Of course, in the Modern Era's medical renaissance throughout Western Europe there were multiple overlapping practices and treatment plans which we understand today as belonging under the umbrella category of rest in the treatment of various diseases—especially tuberculosis and polio. Pertaining to its uses in Psychology in particular, Silas Weir Mitchell is highly regarded as the author of an incredibly popular and wide-reaching version of the rest cure and is subsequently a revolutionary figure in the diagnosis and treatment of various mental disorders and disturbances. As the literature within this study depicts predominantly the psychological aspects of the rest cure, I have chosen to focus on Mitchell's rest cure throughout as the guiding resource for understanding and identifying the real-world treatment practice fictionally depicted in the literary texts under discussion. A longer study with space to account for comparative analyses of literary representations of tuberculosis and other related physiological and contagious diseases might give greater

consideration to Thomas Mann's *The Magic Mountain*, for instance, which this study in its present form only references in passing.

I. Silas Weir Mitchell's Rest Cure

Mitchell began his earliest explanations of the necessities of rest as "a warning to a restless nation possessed of an energy tempted to its largest uses by unsurpassed opportunities" (preface, 1891).[2] The rest cure, as Mitchell first categorized and prescribed it to great success throughout the second half of his medical career, began as a treatment for overworked young men of the American business and professional classes. The ultimate goal was to leave patients feeling refreshed and relaxed, and ready to return to the demands of the rapidly expanding American work force. If young male patients were unresponsive to treatment, return to challenging and productive work was often the recommendation. When this was not possible or exacerbated symptoms, patients were often labeled "hysterical" invalids and placed in asylums for long term bedrest.

America, being at the center of capitalist expansion in the modern period (both in terms of political philosophy and fiscal liberal free market ideology) also came to be the center of theoretical explorations of rest as a therapeutic practice within Western medicine. Treatments for tuberculosis which helped to further American research and innovation on the subject of rest originated in Europe, but it was not until American physician Silas Weir Mitchell combined various iterations of the rest cure in his writings that a definitive record of the cure emerged historically.[3] In the aftermath of the American Civil War, the concept of "rest" came to revolutionize the treatment of disease, both physiological and

[2] Mitchell, Silas Weir. *Wear and Tear, or Hints for the Overworked*. Gutenberg.org. Accessed 7.12.23.
[3] On the necessity of rest in relation to the tuberculosis epidemic, see Susan Sontag, *Illness as Metaphor*, Thomas Mann, *The Magic Mountain*, Frank M. Snowden, *Epidemics and Society*, Jessie Hewitt, *Institutionalizing Gender*.

psychological. As a surgeon in the Union Army, Silas Weir Mitchell established the set of practices, diagnostic criteria, and onset of symptoms which have come to be known as "the rest cure" in both popular medicine and popular culture. Mitchell initially developed the rest cure as a treatment for stress-induced ailments, both physical and mental. Mitchell's earliest patients were soldiers wounded in combat or otherwise suffering from the physiological and psychological effects of war. Though the rest cure quickly assumed transatlantic significance in the developing field of psychological medicine, it began as a means of treating what at the time was considered a particularly American ailment—"neurasthenia," or nervous disease.[4] The earliest definition of "neurasthenia" appears in 1869 in George M. Beard's *American Nervousness: Its Causes and Consequences; a supplement to nervous exhaustion (neurasthenia*). For Beard, neurasthenia describes a nervous constitution prone to anxiety, and emphasizes that it is "a particularly American condition of 'nerve deficiency' or 'nerve weakness' afflicting those who had exhausted their store of 'nerve energy' through tiring, reckless, or sexually profligate behavior" (Will 296). It is worth noting here the moral component to classifications of anxiety and mental illness characterized by assumptions of mental and moral derangement among the overly anxious and mentally diseased.

While it was Mitchell's mentor, George M. Beard who first penned this description in 1869, Mitchell was the first to catalogue the warning signs and genetic traits most prone to chronic fatigue and nervousness. For Mitchell, predisposition towards mental and physical exhaustion presented as a maternal genetic trait. In his explanation of the presence of nervous illness among men Mitchell writes, "If the mothers of a people are sickly and weak, the sad

[4] See Will, Barbara. "The Nervous Origins of the American Western" in *American Literature*. June 1998. Vol. 70, No. 2 pp. 293-316.

inheritance falls upon their offspring, and this is why I must deal first […] with the health of our girls" (*Wear and Tear*, 1871). It is here that Mitchell makes a clear connection between the health and productivity of American citizens to maternal fitness, which for Mitchell is predominantly a matter of psychology and mental health. Mitchell claims that over-education of young women, and especially education of women alongside men, is to blame for nervous exhaustion in both sexes. Mitchell advises against the education of women of any kind and traces a lack of mental fitness in young male patients to maternal health, and especially mental and physical exhaustion brought about by female attempts to participate in professional and intellectual life alongside men.[5]

Mitchell's theories on female mental and physical fitness ultimately stem from fundamentalist beliefs about domesticity and the physical and intellectual inferiority of women.[6] Embedded also in this narrative is the original scientific, medical, and social belief in the superiority of the "white" or "civilized" races. Mitchell connects the overeducation of women, and subsequent psychological distress, to "the demands of civilized life" which have made direct competition and intellectual congress between the sexes unavoidable (*Wear and Tear*, 1871). He concludes, "It were better not to educate girls at all between the ages of fourteen and eighteen, unless it can be done with careful reference to their bodily health. Today, the American woman is, to speak plainly, too often physically unfit for her

[5] "As to the school in which both sexes are educated together […] no system can be worse than that which complicates a difficult problem by taking two sets of beings of different gifts, and of unlike physiological needs and construction, and forcing them into the same educational mould. It is wrong for both sexes […] It is sad to think that the demands of civilized life are making this contest almost unavoidable. Even if we admit equality of intellect, the struggle with man is cruelly unequal and is to be avoided whenever possible" (*Wear and Tear*, 1871).

[6] Mitchell's biographer, Nancy Cervetti, explains Mitchell's treatment of female patients within the context of commonplace social and sexual inequalities of the 19th century, and especially within the establishment of medical discourse: "While medicine made remarkable advances as a science and profession, it also became the most powerful weapon in the fierce nineteenth-century fight against women's rights outside the home. Mitchell's assumptions represent the attitudes of an age that attempted to bridle a force that was ultimately impossible to restrain" (3).

duties as a woman and is perhaps of all civilized females the least qualified to undertake those weightier tasks which tax so heavily the nervous system of man. She is not fairly up to what nature asks from her as wife and mother. How will she sustain herself under the pressure of those yet more exacting duties which nowadays she is eager to share with the man" (*Wear and Tear*, 1871). Here, Mitchell uses the discourse of civilization to gesture towards scientific attempts to prove racial hierarchies, particularly surrounding the frailty of civilized women. While women of "uncivilized" (meaning, darker) races were believed to be able to withstand physical labor and working alongside men, civilized (i.e. white) females were thought to be most appropriately suited to domestic labor and "womanly" duties such as child rearing and housekeeping. Furthermore, there is an embedded anxiety here regarding the racialization of whiteness, especially American whiteness, that suggests racialized anxieties specific to America's "melting pot" culture. Mitchell's attempts to preserve a specific kind of female domesticity are also an attempt to preserve a particular idea of civilized whiteness at the core of western civilization and western medicine.[7]

With this historical and scientific trajectory, the medical discourse surrounding rest becomes a biopolitical one. Questions not just concerning the efficacy of rest, but also the inferiority of needing rest, of not being able to withstand strenuous working conditions, or performing tasks that are socially expected of one, create a stigma around nervous illness that corresponds to implementation of the rest cure that was ultimately punitive in nature. In this way,

[7] There has been much critical discussion within the humanities of late 19th and early 20th century race science and the multitude of scientific justifications which were established to secure sociopolitical and racist hierarchies within American and Western culture especially after the civil war established the humanity and freedom of formerly enslaved black citizens. See Bhabha, Homi K. *The Location of Culture*. New York: Routledge, 1994.; Gould, Stephen Jay. *The Mismeasure of Man*. New York: Norton, 1981.; Morrison, Toni. *Playing in the Dark: Whiteness and the Literary Imagination*. Cambridge: Harvard University Press, 1992.

there emerges a paradox of rest in western culture and medicine. On the one hand, medical professionals engaged in the early discourse of the rest cure were pragmatic about establishing an approach to rest as essential to sustaining a well-balanced life. On the other, the need for excessive rest was a matter of pathology and was considered to be an early warning sign of mental instability and physical invalidism. At the same time, not getting enough rest—becoming over-worked and/or otherwise over-stimulated--lead to the earliest documented cases of mania, thought to be equally debilitating and damaging to social life as the melancholic ennui brought about by excessive rest.

In early clinical discussion of the rest cure there emerges an oxymoron having to do with work/life balance—the thought that one can achieve an equilibrium of productivity coupled with adequate rest and relaxation time has come to characterize and confound life within western capitalist systems throughout the post-industrial epoch. The delicate balance of rest, work, and recreation—and the often-horrific challenges that can result when these are out of balance—shapes popular imaginings of western life in the modern capitalist (post-industrial) period.[8] Rest has been studied and prescribed in a variety of overlapping medical texts and contexts throughout the transatlantic modern era. In a way that relates to and enhances this discourse, modernist literature has also explored this topic in a way that sheds light on both subjective and universal humanist trends within the rest cure's period of initial discovery, implementation, and widespread popularity (roughly, 1860-1945, or beginning with the American Civil War and ending with the conclusion of WWII). Overlapping discourses within the textual

[8] Some modernist texts of note in the conversation surrounding work-life balance, capitalism, and a particularly masculinist cult of hyper-productivity include Upton Sinclair's *The Jungle*, Franz Kafka's *The Metamorphosis*, F. Scott Fitzgerald's *Tales of the Jazz Age* and *The Crack-Up*, and Thomas Mann's *The Magic Mountain*. Each of these texts concerns rest and productivity and the ways in which rest, when out of balance, affects a male protagonist's ability to participate in the demands of capitalism.

history of the rest cure illuminate, among other things, the differing ways in which men and women were treated by clinical professionals throughout this period of expanse. Three competing and overlapping threads must be traced and woven together in order to fully understand the initial establishment and widespread popularity of this treatment practice, which today has been heavily critiqued and largely discredited as being objectifying towards and infantilizing of patients.

Initially, the rest cure began as a way to treat exhaustion—both physical and mental—experienced by soldiers during the American Civil War. Following the Civil War the diagnostic field expanded to include hysteria, in its many and varied forms, but especially the type so-often experienced in well to do women of the American (and British) middle classes. At the same time, the tuberculosis epidemic, and its benefit from fresh air and exercise-based treatment programs, helped to establish certain universal principles of wellness which became emergent staples within competing best practices for the rest cure established by prominent physicians and medical practitioners. George Beard's 1869 presentation of neurasthenia was incredibly influential to Philadelphia physician Silas Weir Mitchell who just a few years earlier had begun experimenting with rest as a treatment for physical and mental distress among Union Army veterans. Shortly after Beard published his findings on neurasthenia, in 1871 Mitchell began establishing the set of practices and proscriptive behavior patterns that would become known widely as the rest cure—both in popular psychology and in popular cultural representations of psychology, especially modernist literature. In the preface to the 1891 edition of *Wear and Tear* Mitchell explains that the very "industry and energy" that lead to America's industrial and economic expansion also lead to an increased strain on the male citizen, who Mitchell felt was at increased risk for over-stimulation of the brain comorbid with under-stimulation of

the body, due to the increase in bureaucratic office work among the growing American professional class. Mitchell's findings offer a moralistic image of the American physician—focused on curing excess with clinically mandated moderation and temperance. Mitchell himself often wrote that he saw the rest cure as necessary "moral medicine" to counteract harmful components of the American lifestyle.[9]

II. The Case of George Dedlow

At the forefront of this discourse is discussion of "hysteria," both in terms of its meaning and warning signs and overlapping conditions. Historically hysteria has been discussed as a particularly effeminate disease, disproportionately affecting women. In his early theoretical writings on phantom limb pain and the necessities of rest, Mitchell became the first physician to diagnose and treat hysteria in male patients. For instance, in Mitchell's "The Case of George Dedlow" phantom limb pain emerges as a form of hysterical illness, seemingly unattached to biological sex. Of this story and its exploration of hysteria and hysterical pain, Mitchell's biographer Nancy Cervetti explains that Mitchell's work in the war, and especially with wounded soldiers gave him the opportunity to observe and write about phantom limb pain and other forms of chronic pain with no identifiable cause "that others had often overlooked or dismissed as female weakness and hysteria" (76). Here Neuralgia and Neurasthenia emerge as disorders fitting under the blanket term of "hysteria" and are often specific to male patients who have suffered some form of trauma, especially trauma related to participation in war.

Cervetti elaborates, "by recording the soldier's experiences and words, Mitchell gave visibility and voice to human pain, attempting to transcend its

[9] See Cervetti, 152.

mastery of the body" (80). A successful treatment outcome for this type of pain "required eleven months of treatment, and its four major components—rest, a high-caloric diet, massage, and electricity—would later constitute Mitchell's trademark method of treatment, the rest cure" (81). It is worth noting that of these components, only the first two, were also components of the rest cure as it was used to treat tuberculosis. The final two, massage and electricity, came from Mitchell's own theories and experimental treatment practices. Historically, these two treatment practices have been specific to hysteria, with doctors performing genital massage and massage with electrical implements on female patients in a way intended to cause sexual stimulation and climax. In Mitchell's writings, as in the earliest known implementation of these methods, these treatment practices were most often used on female patients, with male patients only requiring these methods in extreme instances.[10]

One such instance, in which invasive measures such as genital massage and massage with electrical implements, might be used on male patients, was in cases of amputation and especially when patients report the sensation, known as phantom limb pain, in which a painful burning sensation radiates from the site of the missing limb. On the intersection of hysteria and phantom limb pain, Cervetti writes, "In Mitchell's writing it is not amputation or the loss caused by amputation, but always the pain that creates the hysterical thrashing, screaming, and crying" (82). Cervetti explains, "It is important to note that soldiers who grew anxious and irritable were diagnosed as 'hysterical' […] In *Gunshot Wounds* several case studies illustrate this hysteria" (83). One such case, David Schively, age Seventeen was shot in the chest and again in the head at the battle of Gettysburg. Mitchell

[10] See Maines, Rachel P. *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*. Baltimore: The Johns Hopkins University Press, 1999.

describes Schively as being “nervous and hysterical to such a degree that his relatives suppose him to be partially insane (83). Mitchell continues, “It is difficult even to examine him properly on account of his timidity, and his whole appearance exhibits the effects of pain, want of rest, and defective haematosis” (83). In this case, as in others, hysteria is discussed in clinical language that places rhetorical stigma around the experience of emotional and physiological response to trauma, which at the time were largely misunderstood as physicians were only beginning to gather information about the ways in which mental, emotional, and physical pain interacts with bodily sensation. Given the extent of the injuries described in the above case, the hysteria diagnosis is one that 21st century readers might easily consider insensitive and ill-conceived, given what we now know about war trauma and the long-lasting effects of traumatic brain injury, including intense emotional experiences.

For all of the indisputable progress Cervetti suggests Mitchell’s research and experimentations allowed the western world to accomplish, there remains a conflation of emotional dysregulation with mental illness even and especially in times of justifiable traumatic responses to external stimuli. The connection between emotional output, or affective response, and mental health diagnosis and treatment has undeniably contributed dramatically to stigmatizations around mental health and emotional regulation, many of which persist in the medical field today. Even in recent discourse which focuses on ending the stigma surrounding mental health struggles intense emotional output, even around undeniably traumatic causes and events, continues to be considered in terminology of “illness” rather than a normal component of human experience of outstanding trauma. It is the rhetoric of “illness” and ”disease” which ultimately renders patients docile and allows for loss of bodily autonomy, especially surrounding invasive treatment

practices such as genital massage and other techniques intended to stimulate patients sexually without consent. I will return to this concern regarding sexual misconduct and malpractice within the history of the rest cure in Chapter 1 as I explore the continued importance of Charlotte Perkins Gilman's "The Yellow Wallpaper" to sociohistorical explorations of the rest cure in modernist literature and culture.

The history of the rest cure as the field of psychology develops becomes a history of seeking clinical help for anxiety or a seeming inability to regulate one's emotions so as to appear in control of oneself. This is also a history of stigmatization of personality traits clinically classified as lacking self-control, recklessness, excessive emotional output, or participating in otherwise deviant behavior. In the Modern era and alongside the rise of modern psychology, personality traits such as sleeplessness, a frenzied work ethic, fast-paced creative urges and other types of ultimately harmful activities become associated not only with mental illness but also with physical illness and especially tuberculosis. It is significant that, at the same time Mitchell was developing his theories about rest in the treatment of disease, the tuberculosis epidemic was beginning to take hold throughout the transatlantic world. Mitchell himself was hospitalized for tuberculosis-related symptoms in his early career and his experience with fresh air and exercise treatments helped to influence his own rest cure techniques and practices later in his career.[11]

As Cervetti explains, Mitchell's breakdown was the result of "overwork and lack of exercise" (22). Mitchell would later experience breakdowns as a result of exhaustion-related illnesses several times throughout his early career. Mitchell's

[11] See Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadephia's Literary Physician*. University Park: The Penn State University Press, 2012. 16, 22.

chronic experience with exhaustion and overwork helped him to develop his own thoughts on rest in the treatment of disease as "through rest, a proper diet, and physical activity, he persisted and overcame the illness and exhaustion. This experience of breakdown and recovery would become a pattern in his personal life and the foundation of his belief in the rest cure and camp life for patients suffering from exhaustion and nervous illness" (22). It seems significant that symptoms Mitchell experienced resulting from overwork mirror the symptoms of tuberculosis and responded positively to treatment much in the same way tubercular patients of the late 19th and early 20th century did.

In *Illness as Metaphor* Susan Sontag traces a historical trajectory of tuberculosis, with an attempt to explain the ways in which over time a disease of the lungs came to metaphorically stand in for "a disease of the soul" (18). Characterized often as passionately manic-depressive, suicidal, and lacking in the will and vitality needed to overcome illness, patients suffering from chronic tuberculosis were often blamed for their own illnesses. In this way, Sontag explains that tuberculosis became known as a "disease of born victims, of sensitive, passive people who are not quite life-loving enough to survive" (25). Notably, Mitchell and his followers framed hysteria and neurasthenia along similar characterizations of hypochondria and weakness of will decades before this classification took shape with respect to tuberculosis.

For Mitchell, a strong will and vigorous work ethic were needed to overcome illness of any kind. For male patients, there was an emphasis on returning to work as soon as possible. In females, the emphasis was often on performing the duties of domestic life and matrimony, a woman's "natural" role. In instances of physical disability, when return to work (for men) or domestic life (for women) was not possible or exacerbated symptoms, Mitchell diagnosed hysteria

which he treated with prolonged bedrest. Significantly, Mitchell first established this diagnosis and treatment plan when working with soldiers experiencing life-altering and debilitating injury during the American Civil War. It was not the physical symptoms of injury that caused hysteria in soldiers so much as a prolonged and pronounced response to pain—often presented as an inability to cope with the pain of emotional or physical trauma. Cervetti writes, "In the narratives [Mitchell presents about war-related injury and resulting hysteria][…] It is not a loss of manhood resulting from amputations that causes hysteria. Some amputees experience phantom limbs, and sometimes the experience creates its own kind of pain that causes hysteria. But many soldiers became hysterical without amputation. It is always the pain, with or without amputation, that causes the hysteria" (84).

Mitchell's "The Case of George Dedlow," originally published in the July 1866 issue of *The Atlantic Monthly*, offers insight into his earliest explorations of the effects bodily injury can have on the psyche and the ways in which psychological duress brought about by pain can affect physical well-being, and the complex role rest plays in recovery from nervous disease brought about by traumatic injuries and experiences. Throughout his medical career, Mitchell utilized fictional writings as a space to theorize about new medical theories and treatments. In addition to containing Mitchell's initial definitions of Causalgia, or phantom limb pain, this story also provides the initial theoretical framework Mitchell would later apply to his theories on the rest cure in *Wear and Tear* (1871) and *Fat and Blood* (1877). The eponymous narrator, George Dedlow, presents his narrative as a series of medical notes in which he theorizes about his own deteriorating condition. He narrates a series of disturbing and gruesome events in combat and experiences under the surgical knife, ultimately losing all four of his

limbs. First, Dedlow is shot and held captive by confederate forces, who amputate his right arm at the elbow and left leg at the knee (all without anesthesia in a way that suggests these amputations were a form of war torture rather than medical necessity).

Despite these injuries, upon return to the Union army, Dedlow is ordered to participate in the battle of Chickamauga, after which his remaining limbs become gangrenous, requiring further amputation. Following this final devastating experience Dedlow is sent to "Stump Hospital" in Philadelphia, where he is expected to live out the remainder of his life in a permanent vegetative state. For the remainder of the narrative Dedlow describes, in haunting detail, the physical and psychological toll his injuries have had on his physical and psychological well-being. Dedlow repeatedly refers to himself as a "useless torso" and often remarks that he has little stimulation other than introspective observations about the world that moves around him, to which he no longer views himself as being a part of. Dedlow describes his position in the world as an outsider at best and invalid and dependent at his most despondent. As Dedlow's condition worsens, he retreats further into his mind for all forms of daily stimulation. Remaining in a constant state of physical inactivity, Dedlow remarks that he no longer needs mental rest in the form of sleep. Thus his mind remains in a constant state of activity as his body has become permanently inactive. In Dedlow's words,

> As a consequence of [losing all four limbs] I ate much less than usual, and could scarcely have consumed the ration of a soldier. I slept also but little; for, as sleep is the repose of the brain, made necessary by the waste of its tissues during tough and voluntary movement, and as this latter did not exist in my case, I needed only that rest which was necessary to repair such exhaustion of the nerve-centers as was induced by thinking and the automatic movements of the viscera […] I found to my horror that at times I was less conscious of myself, of my own existence, than used to be the case.

> This sensation was so novel that at first it quite bewildered me. I felt like asking someone constantly if I were really George Dedlow or not; but, well aware how absurd I should seem after such a question, I refrained from speaking of my case, and strove more keenly to analyze my feelings (100-101).

In this passage, Mitchell's earliest theories on rest, stimulation, stress, and strain on both the human body and the human mind begin to take shape. Dedlow's refusal of sleep and food ultimately lead to a noticeable mental deterioration. He describes a process of complete loss of awareness, both mental and physical. The clinical language he uses to describe his own body signals a loss of corporeal sense of self. The language he uses mirrors the descriptions Mitchell used to describe wounds being treated in his *Gunshot Wounds and Other Injuries of Nerves*, published two years prior to "Dedlow," in 1864. In other numerous medical textbooks Mitchell published in the mid-to-late 19th century, the prescription for nervous exhaustion and other forms of mental agitation and distress is often sleep and bedrest, a high calorie diet consisting of large quantities of carbohydrates and milk, and limited-to-minimal mentally exerting work. In his depiction of Dedlow's rapid mental deterioration and eventual dissociation, Mitchell demonstrates the necessity which he attached to both rest and overfeeding in the treatment of nervous depression, anxiety, and other forms of exhaustion. It is not merely coincidental that these also become components of the rest cure as it was translated onto treatments for tuberculosis.

We can read Dedlow's highly clinical observations about his own mental state as Mitchell taking advantage of the space of *The Atlantic* to publish his revolutionary new brand of medical research alongside a provocative and enticing narrative about the horrific after images of war. There is a tension between the separation Dedlow experiences between his mind and body and the intricate

relationship he observes between his loss of sense of self and his loss of limbs. On the one hand, Dedlow seems to believe that his mind is stronger once he becomes physically disabled. However, as he delves deeper into description of his experiences, it seems as though his lack of mental rest, coupled with his experience of physical loss and pain, contributes to his gradual mental deterioration and ultimate dissociation. Dedlow's malnourishment, combined with is mental hyperactivity and anxiety, eventually leads him down a path of nervous exhaustion and hysteria.

In despair over his traumatic loss, Dedlow turns to spiritualism to make sense of his changing relationship to the world around him. In the final scene Dedlow attends a séance, in hopes that the spiritual medium might help him to reconnect with his lost sense of self. The medium is successful in summoning Dedlow's amputated limbs from beyond the grave and, in a darkly comedic and unexpected turn of events, they reattach themselves to Dedlow, who is able to rise from his wheelchair and briefly walk around on them before they dissolve underneath him. This dramatic turn of events showcases the popularity of the spiritualist movement in the late 19th century transatlantic world as it satirically represents and mocks practitioners and their followers. Viewed as satire, the séance provides a final representation of Dedlow's symptoms of hysteria-induced paranoia as his phantom limb pain, the source of much of his mental and physical distress, becomes personified in and as a literal set of phantom limbs.

I offer "The Case of George Dedlow" as an example of Mitchell's earliest theories on the rest cure as well as an example of the ways in which the imaginative space of modernist literature often served as a staging ground for modernist concepts of human psychology and physiology. Throughout, Mitchell articulates theories on the mind/body distinction and the role of rest in recovery

from disease which he later fully develops in *Wear and Tear* (1871) and *Fat and Blood* (1877). Literature was no doubt an important component of Mitchell's success as a physician. Like many other physicians of the modern era, Mitchell combined literary exploration with medical experimentation to arrive at a theoretical space informed by character study and moral speculation on deviant behavior. In both his medical and literary writing it is evident that Mitchell advocated for a kind of treatment-as-punishment, particularly in cases of emotional dysregulation and psychological distress. It was for this that he became most famous and professionally heralded. If the origins of the rest cure as a therapeutic practice are literary, then so too is the origin of the humanist/humanitarian critiques of the practice as potentially unethical or otherwise harmful to patients.

III. The Gender Dynamics and Rhetoric of Rest

As Mitchell's biographer, Nancy Cervetti works to discredit damaging accounts of the rest cure in modernist literature, particularly those to be found in the writings of Charlotte Perkins Gilman and Virginia Woolf. Such accounts, claims Cervetti, "have wielded an impressive amount of power over Mitchell's reputation" (145). At the same time, she admits that "Mitchell's bedside manner was forceful" and intended to produce "childlike obedience" in patients (141). She reprints cases from Mitchell's journals that depict images of rape, torture, and other indecorous behavior such as threats of bodily harm, forceful anal and vaginal stimulation, and other behaviors intended to stimulate bed-ridden patients. Given these depictions, it is shocking how seriously Cervetti appears to take Mitchell even to a point of justifying some of his most problematic beliefs and practices. She writes in explanation,

> Based on Mitchell's case studies, the infirmary's discharge records, and the international popularity and staying power of the rest cure […] there can be little doubt that it was of some help to many patients […] While certain women may have experienced the rest cure [as infantilizing and demeaning], such a generalization does not describe all rest cure cases. Not all women were taught complete submission and 'regressed physically and emotionally.' Not all women had their arms and legs moved for them and experienced *the invasion of every orifice* (152, emphasis added).

Cervetti's rhetoric here recalls the recent "me too" movements and the popular social media hashtags #notall men and #yesallwoman. There is a lot to take issue with here. While not all women were treated in this way, many were. Based on the case histories depicted, one might claim the majority were. By discrediting literary narratives that attempt to shed light on this issue, Cervetti's study rationalizes clinical malpractice and sexual assault as necessary and justified, in the context of the times, because ultimately successful.

Of the good to be derived out of the unfortunate abuses and consequences of the rest cure, Cervetti writes, "Certain aspects of the cure had positive value for patients. Mitchell contributed to the process of taking mental illness out of the madhouse by considering anxiety and depression seriously and attempting to treat the mind and body" (152). Cervetti elaborates that the strengths of Mitchell's cure with respect to mental illness were in "the psychological value of receiving attention and acknowledgement that the ailment was legitimate in an environment that encourages self-confidence was sufficient to restore some semblance of normal functioning" (152). It is essential, according to Mitchell's detailed descriptions, that this attention and validation be received from a male figure. Gilman, Cervetti claims, "finally received the fatherly attention that she had been deprived of as a child. In Mitchell, as the 'commanding, authoritative father-figure,' Gilman 'finally got the attention she wanted from a father and perhaps she

was thus able to engage that male power, reject it, and move out on her own" (153). Such a reading dismisses the symptoms of most patients as validation seeking and in need of male approval, offering a precursor to the Freudian Elektra Complex.

Cervetti's biography of Mitchell makes clear the ways in which he abused his power as a physician and was undeniably abusive towards his patients. To tell any other story is damaging to history and unfair to those this dissertation considers its protagonists—those belonging to the most marginal groups and whose accusations of abuse have been written off as further evidence of insanity. We have reached a point, both socially and historically (no doubt, also politically) where we can no longer gesture to the victors of our troubled past and say 'this practice was socially acceptable in the past, but no longer' and then continue to study their ideas, theories, and practices without a high level of scrutiny and empathetic and affective awareness. The discriminatory treatment practices which were at the foundation of the rest cure need to be heavily scrutinized today for the ways in which they have shaped and continue to shape clinical attitudes towards both sexes and those considered to be in sexually deviant groups, such as gender nonconforming individuals and other members of the LGBTQ+ community.

When approaching male patients, whether they were experiencing physical ailments, psychological distress, or (most often) a combination of the two, Mitchell applied rest cure principles of exercise, bed rest, diet, and daily regimentation similar to his female patients. The difference comes in the duration of rest which for men was always designed to be of a short duration after which patients were expected to return to school and professional engagement while keeping with the rest cure's recommendations for self-discipline and regimented daily routines. In recounting Mitchell's documented case histories, Cervetti gives only one account

of a male patient. Mitchell treated the young man with standard rest cure practices for three months and when these were unsuccessful "recommended study in England which, along with the favoring influence of approaching puberty, completed his cure" (118). While unsuccessful engagement with the early stages of the rest cure in female patients might be met with a prolonged treatment plan, often lasting years, for young men Mitchell would abandon prescribed rest and allow patients to return to productive and engaging life and work routines, often to great success of the health of his patients.

Case histories for female patients present a much different outlook and are reflective of the moralistic way in which Mitchell saw himself in relation to his female patients. Cervetti notes that the version of the rest cure implemented most often to treat female neurotics in particular became known popularly as the "Weir Mitchell Treatment" (114). Mitchell viewed the practice of psychology as a "moral medication" and the "Weir Mitchell Treatment" was designed to provide moral guidance to wayward females thought to be seeking male validation, guidance, and approval. Many of Mitchell's patients were very young, often prepubescent girls, with over-indulgent or absent parental figures. These types of neurotics made up the majority of Mitchell's patients and it is around them that the most developed and outstanding definitions of the "hysteria" diagnosis were established. In these cases "exercise failed to help and caused additional fatigue, indigestion, and nausea" (109).

Cervetti gives a surprising amount of credit to Mitchell's claim that often hysterical patients "began by feigning illness to gain sympathy and attention and to manipulate and control family members" (110). It is in this description that the female nervous hysteric emerges as a social archetype, feigning illness and exaggerating emotional output in order to gain sympathy and receive validation

from those closest to them. Cervetti states that Mitchell "simply could not abide such patients, viewing them as capricious and self-indulgent" and often referring to them as "couch-loving invalids" (110). Mitchell wrote that these "spoiled women" were most often the type to develop serious health problems, including but not limited to hysteria. According to his patient notes, "only through breaking up the whole daily drama of the sick-room, with its little selfishnesses and its cravings for sympathy and indulgence could such women begin to get well" (110). It is here that the physician steps in as moral compass and authoritative guardian to the patient.

In Mitchell's implementation of the rest cure patients are to blame for their own hysteria and should be held responsible for recovering. Failure to recover was met with punishment, rather than sympathetic engagement. Cervetti recounts a series of punitive treatment practices for which Mitchell was well known and highly praised in his lifetime. Read today, these treatments are horrific in the context of what we now know and understand about consent, trauma, and emotional well-being as it relates to physician bedside manner. For instance, in all cases where patients were female, they were expected to relinquish all control to the attending physician. This was not the case when patients were male, except for in very extreme circumstances of physical wounding and mental derangement, as in those men Mitchell treated in the context of war. "Despite the diversity of patients and range of illness, the one essential ingredient in all rest cures was the male physician. In all cases success depended on a 'man who can insure belief in his opinions and obedience to his decrees[…] and it is in such cases that women who are in all other ways capable doctors fail, because they do not obtain the needed control over those of their own sex […] From Mitchell's point of view, the best doctor was the one who was perceived as forceful and godlike, especially

since it was necessary to break the will of obstinate patients" (111). Where male patients were afforded outlets for nervous energy and creative ambition, female patients expressing the same symptoms were viewed as obstinate and disobedient, needing to have their wills broken—to be taught to submit to their predestined social roles.

Cervetti traces a slight distinction between advocating for patients who were seemingly abused by Mitchell in this way and justifying his behavior with gestures towards the success reported in Mitchell's journals and those of his fiercest professional advocates. The biographer's perspective privileges Mitchell's perspective and the medical discourse in which he took part in a way that is unproblematic and lacks critical perspective into the lives and relationships of the patients affected by "The Weir Mitchell Treatment." It is in this gap that literature written in response to the rest cure can help to illuminate the lived and felt experiences that Mitchell's rest cure brought into being. This dissertation aims to offer just that—both through a detailed rhetorical close reading of Mitchell's early lectures on the rest cure and through corresponding readings of a few widely read and famously influential works of Modernist literature.

IV. Chapter Summaries

Authors in this study all wrote critically of the rest cure from a degree of experience with either Mitchell himself or physicians who studied under Mitchell or who were otherwise highly influenced and impacted by Mitchell's practices and theories. Charlotte Perkins Gilman, F. Scott Fitzgerald, and Virginia Woolf all write in a fictional mode and incorporate varying degrees of autobiographical imaginings in their writings. While autobiographical interpretation is heavily contested in the study of modernist literature, a field which tends to privilege form and function over authorial intent and biography, each of my chapters offers biographical insight

into the lives of the authors in order to demonstrate the historical accuracy of some of what is contained within the literary representations, none of which are incredibly positive with respect to the rest cure as a psychological treatment practice. In this way, biography and biographical situation are key to understanding and unpacking historicity in my analysis at a higher level where formal analysis and close reading are intended to offer surface level insight into the way the texts under discussion interact with and can inform historical observation about the rest cure as a treatment practice that has been harmful to specific and identifiable portions of the population. The point I hope to make with these observations is that biographical and literary perspectives help to build necessary counternarratives to history in a way that subverts how we see and understand the victors of history and who we read today as the protagonists of history. Literature as a humanist endeavor and literary studies as a branch of the humanities helps us as critics and scholars to give voice to those impacted by the harmful practices of the past—this includes the history of medicine which is ultimately rooted in objectification, experimentation, and dehumanization. The literature under discussion here highlights the narratives of those deprived of autonomy by way of perceived insanity and/or incompetence in a way that seeks to uproot and distort authority typically given to doctors.

In the opening chapter I look at Charlotte Perkins Gilman's now-iconic "The Yellow Wallpaper" and explore the ways in which this narrative sets a precedent for literary critiques of the rest cure. As Mitchell's biographer, Cervetti downplays the importance of this story as an exaggerated depiction of what was ultimately (as she claims) a positive component of Gilman's recovery. In Cervetti's reading "The Yellow Wallpaper" functions as an allegory for patriarchal marriage rather than a realistic account of a woman driven mad by the rest cure. My own reading examines elements of realism as well as allegory within the story to demonstrate

the ways in which the marriage plot at its center functions to enhance the social critique of the rest cure within its pages. Infamous for its autobiographic undertones, Gilman's story plays with form in a way that questions the authority of medical practitioners by insisting that readers take seriously female subjective experience—even and especially when that experience is dissociative and seemingly irrational. Alongside close reading of Gilman's story I offer historical observations about the rest cure that I hope will be useful in understanding the harm that the practice did to a large number of patients—as well as providing insight into some of Gilman's narrative choices—such as the decision to combine the figures of husband and physician, a detail which also occurs in F. Scott Fitzgerald's *Tender is the Night*.

Following this, I turn to F. Scott Fitzgerald's "Nightmare" to explore the ways in which gender dynamics within the pretext for the rest cure shape and inform narrative structure in a way that re-enforces harmful stereotypes about female hysterics in the American 1920s. Alongside "Nightmare," I consider *Tender is the Night* and especially the problematic relationship the novel depicts between Dick and Nicole Diver, a husband and wife who, like the couple within "The Yellow Wallpaper" also happen to be doctor and patient. Similarly, in "Nightmare" a romantic subplot unfolds between doctor and patient that seems to shape diagnosis and treatment. I explore the ways in which gender dynamics in these two texts are emblematic of gendered difference in the diagnosis and treatment of male and female patients in Modern Psychology. I focus on the space of the asylum to explore the different experiences of male and female characters when faced with the loss of autonomy entailed in institutionalization for mental illness. The intimate and erotic overtones within Fitzgerald's fiction dramatically highlight the gender imbalances within clinical perceptions of psychosis. The protagonist of

"Nightmare" is a male patient who is ultimately granted more autonomy when his female doctor succumbs to his romantic advances. This is in stark contrast to *Tender is the Night* in which this dynamic is reversed and the female patient loses autonomy and credibility under the care of her doctor-husband. Given the personal experiences the Fitzgeralds had with mental illness, addiction, and domestic unrest, my readings are necessarily informed by biographical readings of certain details from F. Scott and Zelda's marriage. This reading is therefore historical as well as biographical.

In my final chapter I turn to Virginia Woolf's exploration of the rest cure in *Mrs. Dalloway* to consider the ways in which Septimus's struggles with trauma, memory, and sensation throughout attempt to give voice to an entirely humanist struggle that exists universally, within the interior emotional life of every individual. At the same time, the clinical villainization of Dr. Holmes offers a critique of treatment practices that fail to consider the depth of human emotional struggle when pathologizing negative emotions and suicidal ideation. Building off of my reading of *Mrs. Dalloway* I consider the experimental approach to empathy and collective affect Woolf offers in *The Waves* as an alternative pathway for understanding emotional complexity than that offered in regulatory institutions such as the mental asylum and the boarding school. I conclude this chapter with brief explorations of the ways in which Woolf's biography might help to think through the particulars of classification of emotion and emotional types throughout *The Waves*. In particular, journal entries and drafts of nonfictional essays Woolf penned while working on *The Waves* can offer insight into the ways in which Woolf sought to give meaning to disparate emotional sensation through the use of romantic imagery.

While none of these readings advocates for autobiographical interpretations of these works, I do aim to demonstrate the ways in which autobiography greatly informs and enhances subject matter. It is significant to my readings that each author within this study experienced the rest cure firsthand, and as a result of that experience, wrote in highly critical ways about the practice as damaging from psychological and humanist perspectives. Within each chapter I work to demonstrate a facet of literary close reading that brushes up against history—and especially the history of medical psychology—to complicate understanding of the contentious way an author's biography shapes and informs both the writing and interpretation of literature as well as the ways in which literature can help us to better understand history, sociology, and the experience of psychological care and intervention. In doing so, I hope to frame a more comprehensive understanding of the origins of psychology as it intersects with Modernist literature.

Chapter 1 – Charlotte Perkins Gilman, “The Yellow Wallpaper,” and the discursive history of Silas Weir Mitchell’s Rest Cure

Perhaps the earliest literary critique of Silas Weir Mitchell’s rest cure, Charlotte Perkins Gilman’s “The Yellow Wallpaper” has become iconic in its realistic exploration of “incipient insanity” and post-partum depression (Gillman 119). Known widely for its autobiographical undertones, it has become common knowledge that Gilman was once treated by Mitchell and that this story was the result of her ultimate dissatisfaction with the treatment plan. In this way, Gilman’s narrative sets a tone for skeptical critique of the rest cure within late Victorian and modernist literature. Namely, the story contains a formula that is rehearsed and revisited in other later literary critiques of the practice: the author writes from a degree of experience, maintains anonymity through fiction that renders that experience universal, and features a main character who is ultimately driven into greater degrees of insanity by their supposed “cure.”

“The Yellow Wallpaper” opens in the style of a Victorian ghost story, with an emphasis on the colonial estate in which the narrating protagonist is spending the summer, taking a prescribed “rest cure.” The narrator fixates on the rental home as something extraordinary, opening her narrative with the assertion that "It is very seldom that *mere ordinary people*” such as herself and her husband “secure ancestral halls for the summer” (Gilman 1, emphasis added). She goes on to speculate that the reason the estate was “let so cheaply” is due to its being “a haunted house,” insisting that “there is something queer about it” having “stood so long untenanted” (1). The narrator’s initial speculations around the potentially haunted estate gain credibility as the narrative unfolds with an emphasis on the all-too-lively wallpaper in the attic bedroom in which the protagonist spends the majority of her days. In a way that augments and accentuates the isolation the narrator experiences as a component of the rest cure, she is also the only character

within the story who experiences the haunting within the attic bedroom. She explains that, having brought her superstitious thoughts up with her husband,

> John laughs at me, of course, but one expects that in marriage. John is practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures (1).

The haunted house motif which structures Gilman's initial presentation of the narrative relies on a gendered nature of superstition and affective sensitivity, providing the lens through which the real-world horrors of latent insanity and medical and marital mistreatment come to life. Emma Liggins explores the role of the haunted house in female-authored ghost stories as a way to express unease brought about by particularly gendered concerns and experiences. In particular, Liggins explains the "gendering of the supernatural" as a means of representing "uncanny" affective sensations such as denial, disorientation, confinement, and claustrophobia within the domestic space (2). While Gilman is not included in this study, this way of reading maps easily onto "The Yellow Wallpaper," in which the initial depiction of the haunted estate presents as an allegorical representation of patriarchal marriage. In particular, the tense and imbalanced relationship Gilman depicts within "The Yellow Wallpaper" works to expose the constraints imposed on women whose marital lives dictate the type of lifestyles and livelihoods to which they might have access.

The action of Gilman's narrative takes place within a series of restlessly written journal entries that initially utilize but later reject the first person as the narrator retreats further and further into dissociative isolation. This mode of storytelling interacts with the haunted house motif within which the narrator's gradual dissociation takes place in a way that highlights and augments the gothic tradition's utility as an allegorical vehicle for exploring and exposing the myth of

"the Angel in the house."[12] Instead, Gilman's narrator herself becomes haunted—rendering the angel in the house rather demonic. This gothic reversal of a Victorian trope of femininity and domesticity centers the woman—possessed though she is—as the primary observer of her own reality, as opposed to the one observed by her often-absent doctor-husband. In emphasizing her narrator's experience in this way, Gilman blurs a distinction between what it means to suffer from insanity and what it means be haunted by a supernatural force, another common trope within the gothic. This creates, within the text of the story, a core duality which emphasizes the allegorical horrors of domesticity on the one hand and the realistic horrors of emotional psychosis on the other.[13]

Whether we read "The Yellow Wallpaper" as a Victorian ghost story or as a realistic presentation of the effects of the rest cure, the lasting impact the text has had on public discourse surrounding the rest cure as it relates to women's mental health is undeniable. Now a mainstay in anthologies of feminist literature, "The Yellow Wallpaper" is a genre-defining text within the discursive history of the rest cure, especially literary critiques of the practice. Gilman's personal struggles with neurasthenia and post-partum depression are known to have inspired her writing of the story, but the reputation the story has taken on has a reach far greater than the autobiographically inspired narrative she first set out to publish in 1890. The narrative surrounding Charlotte Perkins Gilman's initial efforts to publish "The Yellow Wallpaper" is as much a part of its critical history as is the content of the story itself and is demonstrative of the ways in which the text helped to initiate a closely intertwined discursive relationship between diagnostic criteria and clinical

[12] Moers, Ellen. *Literary Women*. New York: Oxford University Press, 1977.
[13] I am indebted to Elisha Cohn for helping me to see and unpack some of the reasoning and explanation in this paragraph.

practices within the rest cure on the one hand and literary representations of "hysterical personalities" on the other.

"The Yellow Wallpaper" first appeared in *The New England Magazine* in January of 1892 after a two-year-long struggle to find a willing publisher. Now widely regarded as an important piece of American First Wave feminist history, the story was first met with relatively harsh criticism from Gilman's contemporaries. Among a multitude of overlapping feminist themes depicting the harsh circumstances that often befell young women in the late 19th Century, the narrative depicts the harmful side-effects of certain forms of solitary confinement often imposed on patients being treated with Silas Weir Mitchell's "rest cure."[14] This treatment, as designed and implemented by Mitchell during his time as a surgeon for the Union Army, began as a treatment for war trauma among veterans of the American Civil War. By the late 19th and well into the 20th century the treatment became a widely prescribed and highly regarded method for treating a variety of mental health issues that otherwise had no known cause or cure.

Catherine Golden's 1992 anthology of criticism surrounding "The Yellow Wallpaper" seeks to establish the ways in which the onset of feminist theory within literary studies helped to renew interest in Gilman's writing and academic career, and especially the personal and political motivation behind "The Yellow Wallpaper." Golden includes in her case study an essay Gilman printed in a 1913 issue of her *Forerunner* titled "Why I Wrote The Yellow Wallpaper." In this "brief but forceful" piece of writing Gilman explains the socio-political relevance of her writing and the lasting impact she believes it to have had. In this rationale Gilman

[14] See "The Abuse of Rest" in *The British Medical Journal*, Mar. 24, 1995 vol. 1 No. 4394 (416-417), which credits America as the country of origin for "the rest cure" as a medical practice. For details on Mitchell's role as chief architect of "the rest cure" see Will, Barbara. "The Nervous Origins of the American Western" in *American Literature*, June, 1998. Vol. 70, no. 2. 293-316 and Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. University Park: The Pennsylvania State University Press, 2012.

explains that for a period of three years she "suffered from a severe and continuous nervous breakdown tending to melancholia" before seeking treatment from Silas Weir Mitchell. Of her experience with Mitchell, Gilman writes, "this wise man put me to bed and applied the rest cure, to which a still good physique responded so promptly that he concluded there was nothing much the matter with me, and sent me home with solemn advice to 'live as domestic a life as far as possible,' to 'have but two hours' intellectual life a day,' and 'never to touch pen, brush or pencil again as long as I lived'" (Golden 52). Initially taking this treatment plan in good faith, Gilman describes returning home and obeying the prescribed behavior regimen "for some three months," during which time she "came so near the border line of utter mental ruin that [she] could see over" (52).

Her experience with the rest cure having pushed her to a breaking point, Gilman abandoned Mitchell's advice and consulted instead Mary Putnam Jacobi, one of America's first female physicians. Jacobi prescribed a regimen of physical and mental activity to combat the adverse effects the extremely sedentary lifestyle Mitchell recommended had had on Gilman. Gilman saw rapid improvement following Jacobi's course of treatment and, as a result, wrote "The Yellow Wallpaper" as a means to raise awareness about the inhumane treatment she received under Mitchell's care. In Gilman's own words, the story was written not with the intent "to drive people crazy, but to save people from being driven crazy," the success of which Gilman points out by claiming that Mitchell in fact "altered his treatment of neurasthenia since reading 'The Yellow Wallpaper'" (53). While the truth of this claim is nearly impossible to authenticate, the statement is reflective of the outspokenness with which Gilman articulated the political goals of her writing throughout her lifetime.

Given Gilman's statements about both her inspiration and intensions for "The Yellow Wallpaper," it is important to consider the ways in which the supernatural allegory of the haunted house helps to draw out gender-based aggressions and tensions throughout the narrative. In addition to the isolating experience of haunting, the first-person limited narration that guides the journal entries within "The Yellow Wallpaper" contributes to the narrative's suspense. The initial emphasis on the narrator's speculation that the house might be haunted, viewed alongside and against speculations of the narrator's insanity, tasks readers with the question of whether anything supernatural is taking place. Ultimately, the narrator's failing mental health appears as the cause for the bizarre way in which she relates to and connects with the ghostly presence she senses within the wallpaper. The allegory of the haunted house, situated as it is inside of the realistic representation of the narrator's deteriorating mental health, contributes to the realism of the narrative and the mental break down which it depicts as it occurs gradually and progressively over time. Details about the narrator's marriage and her husband's dual role as spouse and medical care provider are revealed in a similarly gradual way. The narrative effect produces tension between husband and wife while also highlighting the gender-specific imbalances within this relationship due to John's joint role as medical care provider. The narrator explains her relationship with her husband in this opening journal entry, initially unveiling details about their disparate personalities, along with his hybrid role as husband and physician:

> John laughs at me, of course, but one expects that in marriage. John is practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures. John is a physician, and *perhaps*—(I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind--) *perhaps* that is one reason I do not get well faster (1).

In this opening description of the narrator's relationship to her husband, femininity is presented as frivolous and excessively superstitious while masculinity is ridiculing, stern and excessively rational. These gendered attributes culminate in the eventual revelation that John is also a physician. Furthermore, an initial paradox of hysteria as a condition which is simultaneously debilitating and yet fabricated or otherwise nonexistent surfaces with the suggestion that John, as physician, is both the one who has encouraged treatment for the narrator's illness all the while "he does not believe [she is] sick!" John does not believe anything to be seriously wrong with the narrator other than a "slight hysterical tendency," language which reflects clinical discussion of neurasthenia in the 19th century.[15]

The paradoxical nature of hysteria as a diagnosable condition has been widely discussed in connection to "The Yellow Wallpaper" specifically and the history of discriminatory treatment practices within psychology more broadly. Barbara Ehrenreich and Deirdre English trace the source of this paradoxical medical belief directly to Mitchell's publications, which espouse "the popular beliefs that feminine complaints, both physical and emotional, were […] predestined by anatomy, particularly the uterus and the ovaries" (98). In a manner of explaining the normal functions of a healthy female reproductive system such as menstruation and hormonal fluctuation, Mitchell writes, "the man who does not know sick women does not know women" (97). Using reproductive functioning as justification for innate female weakness, Mitchell, throughout both *Wear and Tear* and *Fat and Blood*, uses scientific reasoning to propose a series of "medical theories" that amount to little more than "justifications of women's social role" (97). Given the multitude of connections to be made between "The Yellow

[15] See Barbara Ehrenreich and Deirdre English, "The 'Sick' Women of the Upper Classes" in *The Captive Imagination*. Catherine Golden, ed. New York: The Feminist Press, 1992. 90-109.

Wallpaper" and Mitchell's late 19th Century lectures on the rest cure, it is nearly impossible to conceive of a literary history of the rest cure without also considering the ways in which this discourse has been shaped and influenced by Gilman's semi-autobiographical depiction of the rest cure within the pages of "The Yellow Wallpaper." Gilman's "The Yellow Wallpaper" is perhaps as much of a mainstay in literary representations of the rest cure as a harmful treatment which could and often did exacerbate symptoms as Thomas Mann's *The Magic Mountain* is to consideration of the ways in which the rest cure played out in various overlapping and disparate ways among patient housed in tuberculosis sanatoria in the 20th century.[16] Gilman achieves her critique through a concentrated balance of horrific allegory and medical realism, the lasting impact of which can be observed in its rich and detailed critical history.

Published 30 years prior to Mann's Pulitzer Prize winning exploration of the rest cure, it is important to consider "The Yellow Wallpaper" as the literary origin of the rest cure's rich and varied discursive history. Gilman's short narrative comprised of 10 first-person journal entries invites and encourages readers to question the efficacy of a treatment plan that explicitly requires patients to relinquish autonomous choice and agency to their attending physicians and caretakers. At the same time, the story highlights specifically gendered concerns over the rest cure for female patients, drawing out some important parallels between those diagnosed as nervous hysterics and tubercular or consumptive personalities. In *The Technology of Orgasm: "Hysteria," the Vibrator, and*

[16] Ehrenreich and English make an important connection between the history of tuberculosis and conceptualization of innate female weakness, "The association of TB with innate feminine weakness was strengthened by the fact that TB is accompanied by an erratic emotional pattern in which a person may behave sometimes frenetically, sometimes morbidly. The behavior characteristic for the disease fit expectations about woman's personality, and the look of the disease suited—and perhaps helped to create—the prevailing standards of female beauty. The female consumptive did not lose her feminine identity, she embodied it: the bright eyes, translucent skin, and red lips were only an extreme of traditional female beauty" (95).

Women's Sexual Satisfaction Rachel P. Maines discusses the complex histories of hysteria, the rest cure, and pathologization of female sexuality. Maines discusses hysteria as "a disease paradigm" that "has been variously constructed over time by physicians and their patients" with its focus being "on the intrinsic pathology of the feminine, even (or perhaps especially) when applied to males" (21). Maines' study traces the development of hysteria as a diagnosis and demonstrates the ways in which "assumptions of sexual pathology" both concerning female sexuality and nonheteronormative desire among men lead directly to certain objectifying or otherwise dehumanizing treatment practices common to rest cures, the primary mode of treatment for hysteria. Regardless of various temporal moments and shifting social concerns, Maines explains that the common denominator for these types of diagnoses is "the intrinsic pathology of the feminine." Assumptions surrounding the innate pathology of female sexual reproductive biological functioning presented doctors with the seemingly impossible task of curing a condition for which cure was impossible because the "disease" in question naturally resulted from being born in a female body.

Maines traces a historical trajectory of treatments for hysteria dating back to antiquity and the Middle Ages in which marriage and sexual stimulation to climax were commonly proposed treatments for the condition known as hysteria. In cases in which intercourse with a husband or "suitable male partner" was not possible, the prescribed treatment was genital massage by a physician or midwife until sexual climax was reached (25). In these instances, masturbation by the patient herself was never prescribed and was to be avoided as it was (somewhat ironically) believed to exacerbate symptoms of agitation and overstimulation. Maines's study demonstrates the significance of the conflation, in "The Yellow Wallpaper," of the husband-doctor role in the character of John. Kevin Pontuti's 2021 film adaptation

of Gilman's story makes this connection much more explicit as the film depicts the narrator's husband forcibly administering intercourse to his patient-wife as a form of treatment.[17]

While there is no overt reference to marital rape in Gilman's narrative, these connections are also implicit in the conflation of doctor and husband and are further suggested in the narrator's escalating experience of fear and anger in interactions with John. In the opening journal entry, the narrator confesses that she would never dare speak a word of what she has written about her husband, but states that writing it out on "dead paper" is "a great relief to [her] mind" (1). She goes on to describe the ghostly sensations she feels when alone in the attic bedroom for long stretches of time—and especially her concern that the wallpaper decorating the bedroom might actually be alive. This opening entry concludes as the narrator hears John approach and writes "I must put this away, --he hates to have me write a word" (3). The narrator must remain secretive about her writing throughout the duration of the story even though writing seems to be the only activity that provides her comfort from her anxious thoughts and depressed moods.

That it is "dead paper" which gives the narrator comfort from the living discomfort she cannot escape comes to life in the bold and lively personification of the wallpaper itself, which the narrator also cannot escape. In her initial description of the attic bedroom, both the room and the wallpaper appear eerily haunting, ghostly, and discomforting. While the narrator imagines that the room "was a nursery first and then playroom and gymnasium," the following description of barred windows with rings and chains in the walls gives it more resonance as an asylum space, in which individuals (like the present narrator) have been housed against their will. The contradictory statements about the space feeling, to the

[17] Pontuti, K. *The Yellow Wallpaper*. Hysteria Pictures, 2021.

narrator, as though it had previously been used for childcare continue as she explains in detail:

> The paint and paper look as if a boys' school had used it. It is stripped off—the paper—in great patches all around the head of my bed, about as far as I can reach, and in a great place on the other side of the room low down. I never saw a worse paper in my life (3).

The initial eeriness of the description of the run-down room which seems as though it has housed someone attempting escape, coupled with the narrator's association of this space with children, speaks to the narrator's anxiety around nursing her newborn child, as she writes, "I *cannot* be with him, it makes me so nervous" (4).

The imagery of escape continues as the narrator transitions from describing the space as one someone might want to escape from to describing the wallpaper—both as something she wishes to escape and imagining that there is a person or entity trapped inside the wallpaper itself:

> One of those sprawling flamboyant patterns committing every artistic sin. It is dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study, and when you follow the lame uncertain curves for a little distance they suddenly commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions (3).

The contradictions the narrator ascribes to the wallpaper here mirror the contradictions embedded within the hysteria diagnosis that were often applied to female patients. "Flamboyant" yet "dull," "sprawling" though stationary, "lame" and suicidal—the description of the wallpaper reads like a clinical description of schizophrenia—often theorized to be a progressive disease for which hysteria was the earliest warning sign.[18] Furthermore, the shift to the second person while describing the wallpaper signals both a dissociative break with the self on the part

[18] Ehrenreich and English, 108.

of the narrator and an empathetic engagement with the reader, encouraging readers to imagine themselves similarly situated in a hideous and discomforting room, alone with anxious thoughts about death and disease.

Of the yellow color in particular the narrator writes, "the color is repellant, almost revolting; a smoldering unclean yellow, strangely faded by the slow-turning sunlight. It is a dull yet lurid orange in some places, a sickly sulfur tint in others" (3). Biblical imagery of the underworld contributes to the discomfort of this scene as readers can begin to imagine the narrator trapped in the hell of her own anxious thoughts, made worse by being unable to escape a room that is equally unsettling. Meanwhile, the color yellow as the narrator describes it suggests decomposition and decay while the torn-off patches and faded patterns following the angles of the sun rising and setting on the curtainless room suggest history and the passage of time—offering up once again the possibility that others have felt trapped in the room in the same way the current narrator feels herself confined to the space. This ultimately does the narrative work of foreshadowing the concluding scene of the story in which the narrator herself resorts to ripping off large patches of the paper, imagining that she is aiding the woman trapped inside in her attempt to escape.

In many ways "The Yellow Wallpaper" presents as a narrative of feeling in which the dissociative feelings, emotions, and affects the narrator experiences are achieved in and through Gilman's skillful use of the elements of horror and suspense.[19] Gilman skillfully blends the genre of realism with the newly emerging popular genre of speculative fiction in a way that can be seen as a precursor to the modernist Avant Garde, similar to the absurd pseudo-realities constructed in the

[19] The terminology and critical reasoning here are evident in the writing of Ann Cvetkovich, Lauren Berlant, and Julia Kristeva. See in particular, Berlant, Lauren. *Cruel Optimism*. Durham: Duke University Press, 2011.
Cvetkovich, Ann. *Depression: A Public Feeling*. Durham: Duke University Press, 2012.
Kristeva, Julia. *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press, 1982.

works of Franz Kafka.[20] The narrative's ultimate suggestion is that the attic bedroom is haunted by the spirit of a woman trapped inside the wallpaper, whose coming-to-life has a vitality-draining effect on the narrator. The relationship that develops between the narrator and the woman she encounters in the wallpaper is similar to contemporaneous conceptualizations of vampirism. While the woman within the wallpaper begins as a ghostly presence, she becomes vampiric over the course of the story. The woman is said to hide in the daytime while coming to the surface at night in a way that gradually overtakes the narrator. Ultimately, the narrator grows to see herself in and as the woman in the wallpaper in a final dissociative break with reality. The characterization of the woman in the wallpaper and the accompanying dissociative sensations it lends to the text maps readily onto popular characterizations of hysteric female patients as vampiric.

> In the words of Silas Weir Mitchell,
>
> The multitudes of our young girls are merely pretty to look at, or not that; that their destiny is the shawl and the sofa, neuralgia, weak backs, and the varied forms of hysteria,--that *domestic demon* which has produced untold discomfort in many a household, and, I am almost ready to say, as much unhappiness as the husband's dram (Mitchell, 1891, emphasis added).

Thus the hysterical female comes to rhetorically figure as a vampiric hypochondriac feeding off of her family, "sucking slowly the blood of every healthy, helpful creature within reach of her demands." Within the discursive history of the rest cure, the female invalid is represented as a demonic force acting within and against the domestic space. Gilman's narrative representation of the rest cure within "The Yellow Wallpaper" brings this figure to life and gives her a voice. The narrator's mental state progressively worsens throughout the 10 short journal

[20] See Ranjan, Danish. "Kafka's Prose: Rebellion Against Realism" in *International Journal of English Literature and Social Sciences*. Vol. 6, No. 2. March-April, 2021. 200-202.

entries that make up Gilman's story. Despite John's sense that her health is improving—because she is gaining weight—readers gain insight into her deteriorating mental state which overlaps with a fabricated connection to the wallpaper—and the woman the narrator comes to imagine is trapped inside of it.

In the narrator's second journal entry, which takes place 2 weeks after the first, she describes her sense of isolation and a seemingly worsening depression despite John's belief that her case is not serious and may even be improving. She explains that "John is away all day, and even some nights when his cases are serious" (3). Due to John's absence, "there is nothing to hinder [her] writing" as much as she pleases, though she explains she has not felt like writing since the first day's opening entry. It is worth noting that loss of interest in previously engaging activities is a primary symptom of worsening depression. Despite this subtle suggestion towards her deteriorating mental health, the narrator reiterates that John does not believe her case to be serious and goes on to accept blame for the stress that her condition has caused John as he attempts to juggle work and caring for his sick wife, who is also his patient:

> I am glad my case is not serious! But these nervous troubles are dreadfully depressing. John does not know how much I really suffer. He knows there is no *reason* to suffer, and that satisfies him. Of course it is only nervousness. It does weigh on me so not to do my duty in any way! I meant to be such a help to John, such a real rest and comfort, and here I am a comparative burden already! Nobody would believe what an effort it is to do what little I am able,--to dress and entertain, and order things (3).

The relationship between the narrator and her husband in this moment dramatizes social inequalities and limiting beliefs present in the doctor-patient relationship on the one hand and husband and wife on the other. In this way, the marriage within "The Yellow Wallpaper" becomes representative of a key paradox within hysteria diagnosis and treatment—chiefly, that depression emanates from an anxiety

surrounding female competency and increases with effort in performing these chiefly female "duties". As the narrator emphasizes, it "weighs on her," or produces anxiety, when she feels as though she is not performing her wifely duties. The "duties" to which the narrator refers stem from Victorian marriage standards which view woman as man's "help mate," meant to provide comfort and rest for him as he is meant to provide security and protection for her.

The androcentric model of psychiatry dictates that anxiety and depression are best cured with focus on work, while also emphasizing rest and recreation as needed. Indeed, this is how the rest cure originated in the writings of Silas Weir Mitchell, whose earliest patients were male. For instance, Mitchell's first dissertation-length study of the rest cure, *Wear and Tear*, focuses most closely on treatment practices for overworked men of the professional classes. In doings so, Mitchell notes several key differences which he theorizes as existing between male and female patients. As a precursor to effective treatments for men as opposed to women, Mitchell presents a case for the ways in which biological sex differences translate into differing degrees of efficacy for various treatments for similar conditions as they present themselves in the two differently gendered groups. In particular, Mitchell uses Victorian standards of beauty, and especially physical thinness, to villainize and render demonic a particular form of femininity. Importantly, these two traits have also historically come to be associated with tuberculosis in addition to being early warning signs of hysteria. Notably, a version of Mitchell's rest cure was also used to treat tuberculosis. In fact, the origin of the sanatorium as a rest home for the chronically ill coincides with Silas Weir Mitchell's earliest publications on rest in the treatment of nervous illness.[21]

[21] See Snowden, Frank M. "Tuberculosis in the Unromantic Era of Contagion" in *Epidemics and Society*. Yale University Press, 2019.

Ehrenreich and English connect a Nineteenth Century "cult of female invalidism" directly to the tuberculosis epidemic. They note that "in popular imagery, consumption was always effeminate: novels of the time usually featured as male consumptive only such 'effete' types as poets, artists, and other men 'incompetent' for serious masculine pursuits" (95). Additionally, they draw an important connection between disproportionate representation of women as prone to the tubercular disposition with assumptions surrounding female emotional dysregulation and instability. As they explain, "the association of TB with innate feminine weakness was strengthened by the fact that TB is accompanied by an erratic emotional pattern in which a person may behave sometimes frenetically, sometimes morbidly" (95). This prevailing connection helped to create expectations around both the "hysteric" female personality type and standards of female beauty, especially chronic thinness, flushed facial features, and a paleness that comes from want of muscle or poor nutrition. Imagery of the tubercular and hysteric alike as being predatory, demonic, and vampiric is abundant in American medical discourse of the 19th century.

Particularly in New England, where a cluster of tuberculosis outbreaks claimed two percent of the regional population across Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, "mass hysteria" came to be explicitly connected to the threat of vampirism surrounding individuals showing signs and symptoms of consumption. This period in American history has come to be known colloquially among historians as "The Great New England Vampire Panic" and can be used to trace rhetorical connections between tuberculosis and vampirism not only in popular culture but also in medical journals, especially when outlining diagnostic criteria for tuberculosis and other

related illnesses, such as hysteria and neurasthenia.[22] We see Mitchell rehearse this terminology in his vampiric characterization of the hysteric female. Importantly, when describing male patients, this imagery is absent. In the preface to the 1891 edition of *Wear and Tear* Mitchell states that he intended the document to serve as "a warning to a restless nation possessed of an energy tempted to its largest uses by unsurpassed opportunities."[23] Mitchell explains that the very "industry and energy" that lead to America's industrial and economic expansion also lead to an increases strain on "the nervous systems of its restless and eager people." Mitchell's initial focus in this study is on the male citizen, who Mitchell felt was at an increased risk for over-stimulation of the brain coupled with under-stimulation of the body, due to the increase in bureaucratic office work among the growing American professional class. For male patients, Mitchell recommends balancing out intellectually taxing labor with vacation in the American West to restore physical vitality. Turning to female patients, Mitchell outlines the ways in which he sees mental over-exertion presenting itself differently in women and subsequently how he feels rest should be prescribed in cases involving female patients. In doing so, Mitchell assumes a belief in the innate intellectual and physical inferiority of the female species as he articulates the importance of rest in relation to hysterical illness.

Mitchell's characterization of the hysteric woman as thin, constitutionally weak, and literally "like a vampire, sucking slowly the blood of every healthy, helpful creature within reach of her demands" comes in stark contrast to the over-worked man who experiences his vitality drained by the ordinary pressures of everyday life. For Mitchell, male patients are drained with overwork while female

---

[22] See Milligan, Markus. "The New England Vampire Panic." *Heritage Daily*. 05.11.2022. Heritagedaily.com. retrieved 05.24.2023.
Tucker, Abigail. "The Great New England Vampire Panic." *Smithsonian Magazine*. October 2012. Smithsonianmag.com. Retrieved 05.24.2023.
[23] Mitchell, Silas Weir. *Wear and Tear*. Lippencott, 1891. Projectgutenburg.org. retrieved 05.25.2023.

patients are *draining* in their excessive demands and emotional needs. The connections Mitchell makes between femininity and vampirism directly relate to his suggested treatment of enforced bed rest when patients are female, further highlighting connections to be made between the cult of female invalidism and rhetorical presentations of tuberculosis in the 19th century. For instance, Mitchell notes a fundamental difference between female and male patients when it comes to rest—a difference rooted in the different causes, signs, and symptoms of disease which explicitly depict women as tubercular and men as possessing naturally hearty constitutions. "As to women," Mitchell writes, "for some reason they take more kindly to rest than do men, and will stay in bed, when once there, as long as you wish, and longer sometimes." This in comparison to "a man in bed" who "has his heart-beats brought down in number and also force […] and the blood flows around the muscles and not through them and the skin ceases to be flushed by exercise and becomes pale and shrunken." Women, naturally pale and shrunken, would not have this same adverse effect. Rhetorically, this results in the image of the female invalid as vampiric and demonic, while the healthy male patient is at risk of succumbing to a kind of vampirism if his symptoms are not treated properly.

Another way to conceive of Mitchell's different treatment recommendations for men and women is that they differ in terms of conceptualizing what constitutes work/life balance for men as opposed to women. Importantly, these differences work to uphold certain Victorian standards of masculinity and femininity which ultimately connect back to the institutionalization of marriage as it has come to be defined in and through religious institutions—specifically Western Christianity and the King James Bible. The narrator's emphasis on her "duty" to provide "help," "rest," and "comfort" to John, and her subsequent anxiety surrounding fears of

"burdening" him in her inability to do so directly correlate to the standards of femininity reflected in Victorian attempts to uphold and enforce the Western Christian tradition. Feminist critics have deemed this compulsory and religiously-coded thinking surrounding the gender binary "the cult of domesticity." In the Victorian era women were encouraged to think of themselves as "the Angel in the house"—literally a godsend meant to provide help, comfort, and domestic organization to the male spouse who, as head of the household, becomes a figurehead for God Himself. At the same time, the narrator's emphasis on the clinical way in which her husband relates to her as a doctor interact poorly with her own conception of herself as his wife. Being able to perform her wifely "duties" in the narrator's case translate into adequately performing her duties as patient—following her husband's medical advice and putting her faith in his plan for her recovery.

As John continues to trivialize the severity of the narrator's symptoms, she confides to her journal that he "does not know" how much she suffers. She elaborates, "It is so hard to talk with John about my case, because he is so wise and because he loves me so" (8). This statement encompasses the double-bind in which the narrator finds herself as both John's wife and patient. She describes one instance in particular when she attempts to confide in John about her experience of symptoms. John wakes to find the narrator tracing the pattern the shadows coming in from the moonlight make on the wallpaper.

> I tried it last night. It was moonlight. The moon shines in all around just as the sun does. I hate to see it sometimes. It creeps so slowly, and always comes in by one window or another. John was asleep and I hated to waken him, so I kept still and watched the moonlight on that undulating wallpaper till I felt creepy. The faint figure behind seemed to shake the pattern, just as if she wanted to get out. I got up softly and went to feel and see if the paper *did* move, and when I came back John was awake (8).

In this scene the narrator emphasizes fear over disturbing John's rest even as she is unable to receive the care and attention she needs from him, as both a spouse and a patient. Though the narrator is in the middle of an experience of psychosis which she attempts to convey to her physician husband, his repeated emphasis that she is not in any way sick is both infantilizing and patronizing:

> "What is it, little girl?" he said. "Don't go walking about like that—you'll get cold."
>
> I thought it was a good time to talk, so I told him that I really was not gaining here, and that I wished he would take me away.
>
> "Why, darling!" said he, "our lease will be up in three weeks, and I can't see how to leave before. The repairs are not done at home, and I cannot possibly leave town just now. Of course if you were in any danger, I could and would, but you really are better, dear, whether you can see it or not. I am a doctor, dear, and I know. You are gaining flesh and color, Your appetite is better, I feel really much easier about you." (8-9).

Here, John refers to the narrator as "little girl" and "darling" but never her personal name, in a way that accentuates a childlike, paternalistic relationship between the two. He then emphasizes his position as doctor in an attempt to convince her of the ways in which she is better, even though she does not feel herself to be so. Concluding his assurances with "I feel really much easier about you," John positions his expectations, desires, and beliefs above those of his wife, who his administration of the rest cure has rendered incompetent in making these decisions for herself. Because of John's insistence that there is nothing the matter, the narrator fails to fully discuss her concerns about her condition with John, leaving her to lay awake as she continues to hyper-fixate on the wallpaper and the woman she imagines to be trapped inside.

In the remaining journal entries the wallpaper becomes the narrator's chief focus. Her growing obsession with the ghostly woman requires that she "watch it

always" (10) in order to make note of the ways "that it changes as the light changes" (9). As she explains,

> By daylight, there is a lack of sequence, a defiance of law, that is a constant irritant to a normal mind […] you think you have mastered it, but just as you get well underway in following, it turns a back somersault and there you are. It slaps you in the face, knocks you down, and tramples upon you. It is like a bad dream (9).

The shift into the second person here is significant and augments the violence the narrator experiences when looking at the wallpaper, particularly when made to lie down in the room in the daytime. The narrator reiterates this violent tone in the way she describes the woman trapped within the wallpaper in the daytime, as opposed to night: "By daylight she is subdued, quiet. I fancy it is the pattern that keeps her so still. It is so puzzling. It keeps me quiet by the hour" (10). If it is the violence of the sunlight hitting the bright yellow wallpaper that keeps the woman "quiet" in the daytime, then the muted shades of yellowish gray are what seem to awaken her at night:

> At night in any kind of light, in twilight, candlelight, lamplight, and worst of all by moonlight, it becomes bars! The outside pattern I mean, and the woman behind it is as plain as can be. I didn't realize for a long time what the thing was that showed behind, that dim sub-pattern, but now I am quite sure it is a woman (10).

Given the narrator's increasing psychosis and our prior knowledge of the bars on the windows of the attic bedroom, readers can understand this moment in the text as a nightmarish hallucination of the shadows made by the moonlight on the bedroom wall. However, to the narrator this resonates as evidence of the haunting presence she experiences in the room. Although we can understand this haunting as an hallucinatory encounter with her own shadow-self, the narrator becomes energized by the thought that she can help the woman escape. Near the narrative's conclusion, as the narrator's psychosis reaches its peak, the narrator

imagines that, rather than being subdued by daylight, "that woman gets out in the daytime! […] I've seen her! I can see her out of every one of my windows!" That it is the narrator's own shadow which she is seeing and mistaking for a ghostly presence is implicit in the pattern in which she describes seeing the woman move:

> It is the same woman, I know, for she is always creeping, and most women do not creep by daylight. I see her in that long shaded lane, creeping up and down. I see her in those dark grape arbors, creeping all around the garden. I see her on that long road under the trees, creeping along, and when a carriage comes she hides under the blackberry vines. I don't blame her a bit. It must be very humiliating to be caught creeping by daylight! I always lock the door when I creep by daylight. I can't do it at night, for I know John would suspect something at once (12).

The repetition of the word "creep" is significant here and recalls the first instance in which the narrator notices the woman in the wallpaper. Furthermore, the narrator moves seamlessly from describing the ghostly woman's creeping to her own—translating herself onto the woman in the wallpaper.

Continuing to express fears that John might discover her obsession with the wallpaper, she writes, "John is so queer now, that I don't want to irritate him. I wish he would take another room! Besides, I don't want anybody to get that woman out at night but myself" (12). The suspicious way in which the narrator grows to relate to John reacts with the violence she reads onto the wallpaper to suggest a kind of invasiveness to the treatment she is receiving. While John addresses her affectionately, his unwillingness to take the narrator's concerns seriously cause her condition to worsen. The increasing instances of anger which come to the surface as the narrator reacts to the wallpaper appear as transference of her feelings about John's dismissive treatment of her. This is evident particularly in the final scene of the narrative in which the narrator describes herself ripping off large sections of the wallpaper in an effort to free the woman trapped beneath. With

John away overnight and the room to herself, the narrator describes attacking not only the wallpaper but also the furniture in the room with increasing displays of aggression and anger:

> As soon as it was moonlight and that poor thing began to crawl and shake the pattern, I got up and ran to help her. I pulled and she shook, I shook and she pulled, and before morning we had pulled off yards of that paper. And then when the sun came and that awful pattern began to laugh at me, I declared I would finish it to-day! (13).

Here, the narrator imagines herself to be working together with the woman in the wallpaper towards a space of mutual freedom, a freedom that is importantly only available at night and when John is away. When the sun comes up on the day of John's expected return, the paper begins to "laugh" at her, which recalls the way in earlier scenes John has laughed at the narrator, characterizing her as a "little girl" who could not possibly understand her own physical and mental conditions.

The aggressive frenzy of this moment gives way to anger as the narrator senses John's eventual return. "I want to astonish him," she writes as she explains her plan to secure the woman trapped inside the wallpaper with a rope she has hidden in the room. In a way that suggests this rope is tied around herself, the narrator explains a final scene of "escape" which readers might interpret bleakly as a representation of suicide from the perspective of the narrator's ghost, now haunting the room. Unsuccessful in her efforts to pull off all of the paper, the narrator writes, "I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise, but the bars are too strong even to try. Besides I wouldn't do it. Of course not. I know well enough that a step like that is improper and might be misconstrued" (14). The suicidal impulses explicit in these statements give way to a finalization of the narrator's dissociative break with reality as she comes to see herself as the woman in the wallpaper:

> I don't like to *look* out of the windows even—there are so many of those creeping women, and they creep so fast. I wonder if they all came out of the wallpaper as I did? […] I suppose I shall have to get back behind the pattern when it comes night, and that is hard! It is so pleasant to be out in this great room and creep around as I please! (14).

There is an element of the Avant Garde to this final scene as readers must envision for themselves exactly what it is that occurs in the attic bedroom as John enters in the text's final moments. Upon seeing the narrator John yells in horror, "What is the matter? […] For God's sake, what are you doing?" to which the narrator responds,

> I kept on creeping just the same, but I looked at him over my shoulder. "I've got out at last," I said, "in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!" Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time! (15).

In addition to John's inescapable horror as he realizes the extent to which he has failed his wife, this is the first suggestion in the 15-page narrative of the narrator's name, "Jane." The presentation of the narrator's name in this final unforgiving moment accomplishes two things. First, it finalizes the dissociation the narrator has been building towards as she fully transforms into the woman in the wallpaper, envisioning a space outside of herself from which she can observe John's reaction to the horrific scene she has staged for his return. Second, there is an implicit allusion here to popular Victorian novel *Jane Eyre* in which Charlotte Bronte positions heroine Jane and Rochester's villainous first wife Bertha as one and the same—both trapped in the attic bedroom, anxiously awaiting their husband's return. Kevin Pontuti's 2021 adaptation of *The Yellow Wallpaper* dramatizes this scene in the narrator's suicide as she hangs herself from the ceiling of the room while a ghostly second-self crawls along the floor, brushing up against the wallpaper as she does so. In both interpretations, the first of which emphasizes a

schizophrenic rupture and the second which suggests the finality of suicide, the narrator has effectively lost her life to an illness which has escalated over the course of the story completely overtakes her.

Regardless of how one interprets this final scene, the conclusion of this story resonates as bleak and unforgiving, leaving little room for optimistic interpretation. It is for this reason that the story was met with unfavorable reception by its initial 19th Century audiences. Today, the condition depicted in "The Yellow Wallpaper" is widely diagnosed as post-partum depression and the warning signs and symptoms are shared painstakingly to all pregnant women and anyone close to a pregnant woman. In Gilman's day, the subject of depression in all persons was taboo and in women highly stigmatized, particularly when that depression seemed to interfere with her ability of appropriately and effectively mother a child. To say that "The Yellow Wallpaper" was ahead of its time would be an understatement and would be unnecessarily reductive. In any case, it was highly controversial. William Dean Howells, a close friend and relative of Gilman's, called the story "too terribly good to be printed…terrible and wholly dire" even as he included it in his 1920 edition of *Great Modern American Stories*. (Kessler 24).

Perhaps owing to the heavily politicized way in which Gilman referred to her own writing and intellectual objectives, Gilman faced difficulty circulating her written ideas outside of her usual lecture circuit. Gilman founded *The Forerunner*, a monthly subscription-based magazine for which she was the sole author and contributor, in 1909 as a way to publish and collect the writings from her public lecture series which had earned her more acclaim and financial stability than her fiction writing. It was not until Gilman founded *The Forerunner* that she was able to come into any degree of widespread acclaim or material success as a published author. In her autobiography, *The Living of Charlotte Perkins Gilman*, Gilman

recounts an initial struggle to publish the story first in *The Atlantic Monthly* upon recommendation from prominent American realist William Dean Howells. Horace Scudder, then editor of *The Atlantic Monthly*, wrote to Gilman personally to reject her manuscript. Scudder claimed he "could not forgive" himself for making *The Atlantic*'s readership "as miserable" as he himself had been while reading "The Yellow Wallpaper." In her autobiography Gilman is apparently amused at this early criticism, stating "this was funny. The story was meant to be dreadful, and succeeded. I suppose he [Scudder] would have sent back one of Poe's on the same ground" (Gilman 119).

Gilman recalls that later, once the story appeared in *The New England Magazine*, she never received payment for its publication. Despite the lack of financial compensation, Gilman acknowledges the role "The Yellow Wallpaper" played in establishing her professional reputation. She states that "it made a tremendous impression" despite, or perhaps because of, the overwhelming number of harsh reviews (119). The story's harshest critics questioned if it should be allowed in print, due to the harsh realities and gruesome ending depicted. Even favorable reviews discuss the authenticity of "incipient insanity" Gilman portrays. In 1920 William Dean Howells wrote to Gilman for permission to include "The Yellow Wallpaper" in an anthology of great works of American fiction. Gilman responded, allowing Howells to use the story, but nevertheless claiming that she did not view the piece as literature because it was written "with a purpose" rather than as simply an artistic pursuit. Regardless of its obvious socio-political motivations, the artistic merit of "The Yellow Wallpaper" has been the subject of much feminist literary criticism of the 20th century. Of the overtly feminist tone of the story, Howells writes in his introduction of "The Yellow Wallpaper" for *The Great Modern American Stories* that

> It wanted at least two generations to freeze our young blood with Mrs. Perkins Gilman's story […] which Horace Scudder (then of *The Atlantic*) said of it that it was so terribly good that it ought never to be printed. But terrible and too wholly dire as it was, I could not rest until I had corrupted the editor of *The New England Magazine* into publishing it. Now that I have got it into my collection here, I shiver over it as much as I did when I first read it in manuscript, though I agree with the editor of *The Atlantic* of the time that it was too terribly good to be printed (Golden 55).

Howells had a personal investment in the success of "The Yellow Wallpaper" as both a friend of Gilman and through firsthand experience as caretaker to a patient of Mitchell's. As Catherine Golden explains, "Howells's daughter Winifred was a patient of S. Weir Mitchell," who also happened to be a close personal friend of Howells. "Winifred suffered and died from nervous prostration. Howells's doubts about the severity of Mitchell's rest cure treatment […] suggest a personal investment in his [eventual] support of "The Yellow Wallpaper"" (55). Golden includes this introduction in her 1992 critical companion to "The Yellow Wallpaper," *The Captive Imagination*. This collection showcases the renaissance of interest surrounding "The Yellow Wallpaper" during the feminist turn in critical theory towards the end of the 20th Century. The background material and criticism collected in this volume demonstrates a tension when reading "The Yellow Wallpaper" between a tendency towards biographical interpretation on the one hand and efforts to demonstrate the universal applicability of images depicted within the story on the other. While nearly all works of criticism published on "The Yellow Wallpaper" focus on the biographical details which inspired Gilman's story, the countless testimony from similar cases suggests a more universal appeal than classifying "The Yellow Wallpaper" as autofiction would encourage or allow.

For instance, Golden points out that Dr. Stanley Cobb's psychiatric case history for Isabella Shaw Thackery, wife of William Makepeace Thackery, reveals

the emergence of post-partum depression in the 19th Century. In Shaw's case history Cobb writes,

> The diagnosis is schizophrenia, of a type that often begins with depression and ideas of unworthiness a few weeks after childbirth. Some of these patients get well spontaneously in a few months and the diagnosis of a 'post-puerperal depression' is made. Others seem to drift into a permanent state of apathy and live the rest of their lives in an unreal world of fantasy, with gradual mental deterioration (69).

The initial negative reviews of "The Yellow Wallpaper" alongside the rise of female depression and nervous exhaustion as a widespread public health concern suggest a hesitancy to confront female invalidism, paradoxically manifested in the clinical belief that to be chronically ill was a natural state for women of the upper classes. As Ehrenreich and English explain,

> The medical view of women's health not only acknowledged the specific risks associated with reproductivity, it went much further: it identified *all* female functions as *inherently* sick. Puberty was seen as a 'crisis,' throwing the entire female organism into turmoil. Menstruation—or the lack of it—was regarded as pathological throughout a woman's life […] Similarly, a pregnant woman was 'indisposed,' and doctors campaigned against the practice of midwifery on the grounds that pregnancy was a disease and demanded the care of a doctor. Menopause was the final, incurable ill, the 'death of the woman in the woman'(94).

This overarching pathologization of the feminine interacted with "women's greater susceptibility to TB" in order to justify preventative measures such as enforced rest, overfeeding, and more invasive procedures such as genital massage and hydrotherapy. In short, natural female biological conditions such as menstruation and the hormonal fluctuations accompanying the menstrual cycle "was seen as proof of the inherent defectiveness of female physiology" and used as justification for Mitchell's rest cure and the harmful treatment practices embedded within it.

As Rachel P. Maines explains, neurasthenia, or nervous exhaustion, was "an invention of the second half of the nineteenth century" (35). Nevertheless, its role as an evolution of hysteria is noteworthy. Maines traces a historical evolution of hysteria into neurasthenia, commenting that "as with hysteria and chlorosis, the interpretation of its supposed symptoms in women included many elements consistent with the normal functioning of female sexuality under social conditions that interpreted it as pathological" (35). This included hormonal symptoms associated with a normally-functioning menstrual cycle such as emotional dysregulation, headaches, and abdominal cramping. Neurasthenia was frequently classified alongside hysteria under the umbrella term "hysteroneurasthenic disorders" or, more generally "nervous diseases." While marriage had ceased to be recommended as treatment for neurasthenia by the 19th Century, genital massage was still widely prescribed as was the insistence that patients avoid auto-erotic stimulation or masturbation. Somewhat paradoxically, while genital massage to the point of sexual climax by a physician was often deemed a necessary part of treatment for neurasthenia, masturbation was seen as a warning sign of worsening neuroses (36). We see this referenced in "The Yellow Wallpaper" in the conflation of the doctor-husband figure. Mitchell also discusses recourse to sexual stimulation at length in his medical writings and infamously is known to have threatened many of his patients with rape if their emotional conditions showed no improvement.[24]

In *Fat and Blood*, Mitchell further outlines the ways in which he sees mental over-excursion presenting itself differently in female patients and subsequently how rest should be utilized as a treatment for psychosis for mental illness in female patients. Notably, Mitchell also focuses on genital massage as an important

[24] See Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. University Park: The Pennsylvania State University Press, 2012. p. 112.

component of the treatment plan. “Nervous women,” Mitchell writes, are “as a rule” thin and lacking in blood, traits which he claims make them more susceptible to illness of all kinds, priming them to become lifelong invalids, parasitically living off their more healthful loved ones, existing always as “discomfort to themselves and anxiety to others.” The female hysteric thus directly corresponds to the tuberculosis patient who, like the female hysteric, was often required to participate in rigidly enforced bedrest for months at a time alongside excessive feeding and an “outdoor lifestyle” focused on receiving an abundance of fresh air regardless of outdoor temperature or weather conditions. Treatment for female hysteria and neurasthenia evolved to include practices that were much more invasive than those included in typical treatments for Tuberculosis. In *Fat and Blood*, which was originally published in 1877, Mitchell recommends vigorous full-body massage for all patients prescribed bedrest, both male and female. In instances of “troublesome constipation” and other “special indications” such as “mental agitation” and “nervous excitement” Mitchell recommends deep tissue massage of the entire torso region, encompassing the upper and lower abdomen, breasts, genitals, and colon. Of this procedure, Mitchell writes:

> The last and perhaps most important part of the process of general massage is the rubbing of the abdomen. Particular care is needed to secure complete relaxation, as nervous patients and, still more, hysterical patients are apt to present extreme rigidity of the abdominal muscles. The head is raised by pillows, the knees are slightly flexed and sometimes supported by a folded pillow also. With this position, the rigidity generally yields to gentle persistence, at any rate after a few treatments.
>
> […]
>
> A few precautions are necessary to observe, The grasping hand should carry the skin with it, not slip over the skin, as the drag thus put upon the hairs [of the genital region] will, if daily repeated, cause troublesome boils. The use of lubricant avoids this, and is a favorite device of unskilful manipulators. It also does away with much of the good effected by skin-friction, is uncleanly,

> very annoying to many patients, promotes an unsightly growth of hair, and should be avoided except where it is desired […]

Mitchell goes on to describe various reactions to this treatment in patients, including: sexual excitement, total body relaxation, and in certain instances increased rigidity and nervous excitement. In cases in which manual massage failed to produce desired results, Mitchell recommends using electric stimulation of the region in question using a medical vibrator. When electric stimulation was recommended, patients were strapped to an operating table, the movement of their arms and legs constricted, while the attending physician applied electric massage using a vibrating gun or wand to the abdomen and genital region until he could witness the intended effects of the treatment being produced in and on the body of the female patient. Given the physical liberties practicing physicians were expected and encouraged to take with their female patients when implementing certain components of the rest cure, it is significant that, in the context of "The Yellow Wallpaper," the narrator's attending physician also happens to be her husband. The conflation of the categories of spouse and physician allows Gilman to accomplish two equally important allegorical representations of female treatment at the hands of men in the 19th century without sacrificing any realism within the narrative space. In other words, "The Yellow Wallpaper" exists simultaneously as a realistic piece of autofiction in which Gilman uses her own experience with the rest cure to raise social awareness about the adverse impact it had on female patients and as an allegorical horror story that exaggerates and satirizes the infantilization of femininity through Gilman's skillful manipulation of the trope of the haunted house.

Gilman intended for this story to be read and considered alongside the rest cure, which she sought to expose as discriminatory, cruel and derogatory towards female patients many of whom were new mothers experiencing forms of what we

would today classify as post-partum depression and anxiety. The cultural moment which created the impetus for Gilman to author "The Yellow Wallpaper" is indicative of what Michel Foucault labels "a hysterization of women's bodies." (Maines 46). For Foucault, this rendering hysterical of the feminine is "a threefold process whereby the feminine body was analyzed […] as being thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practice, by reason of a pathology intrinsic to it" (Maines 46). In other words, women become defined in and through their sexuality. By virtue of possessing female sex characteristics, a female body comes to be a pathological subject—a subject whose pathology is hysteria. Paradoxically, hysteria as an imagined or anxious illness is a matter of simultaneously experiencing "nothing seriously the matter" while also experiencing very severe and yet somehow seemingly fabricated symptoms. It is perhaps her ability to render this paradox so completely in the pages of "The Yellow Wallpaper" that has made Gilman's narrative so iconic within the discursive history of the rest cure as a treatment for hysteria and nervous illness.

Gilman's narrative sets a precedent for explorations of patient subjectivity in response to various forms of clinical malpractice and mistreatment embedded in the rest cure. I turn in my next chapter to exploration of two works of fiction by F. Scott Fitzgerald—"Nightmare," a recently uncovered short story and *Tender is the Night*. Both of these works explore of insanity and institutionalization in ways that correspond to intimate domestic relationships. In "Nightmare" protagonist Peter Woods must navigate his own feelings of anxiety alongside threat of permanent institutionalization and while enduring treatments that worsen his feelings of agitation and unrest. Ultimately, it is his ability to win the affections of his female physician that determines his sanity. *Tender is the Night* likewise depicts an erotic

relationship between patient and physician this time with the female character in the role of patient. The relationships Fitzgerald draws out in both texts highlight similar tensions to the ones apparent in Gilman's "The Yellow Wallpaper." The different experiences surrounding supposed psychosis within Fitzgerald's protagonists shift with gender in a way that further highlights discrepancies surrounding diagnosis and treatment for male as opposed to female patients. Similarly, the intimate relationships depicted in each text continue to place pressure on claims within the rest cure surrounding marriage, sexual gratification, and release—undeniably the most damaging and horrific component of the treatment practice.

Chapter 2: Gender and the Asylum: "Nightmare" and *Tender is the Night* by F. Scott Fitzgerald

Bound up with the history of the rest cure is the history of institutionalization for terminal illnesses—both physiological and psychological. In particular, sanitariums and asylums, both euphemistically known as rest homes, became a popular remedy for tuberculosis and mental illness throughout the Transatlantic Modern world.[25] In *The Magic Mountain* (1924) Thomas Mann presents the narrative of Hans Castorp's descent into treatment-resistant tuberculosis after what was initially intended to be a three week visit with his cousin Joachim at the Berghof asylum in the Swiss Alps. Despite his initial assertion that he is in perfect health, the staff's protestations otherwise eventually lead to Castorp passing seven years of his life at the Berghof undergoing treatment for his worsening condition.

---

[25] In *Institutionalizing Gender* Jessie Hewitt investigates the abusive origins of psychiatric power within the space of the French asylum. While Hewitt's study is localized to France, it has implications for the origins of mental health treatment throughout Western Europe and America, given that the entire transatlantic world was influenced and impacted by Silas Weir Mitchell's initial establishment of the rest cure and the series of ailments that he felt could benefit from it. Hewitt explores several instances of "unjust internment" of individuals in 19th Century France in which "family members cruelly acting in their own self-interest" and "with the complicity and encouragement of the psychiatric community" had otherwise innocent individuals committed—often for the duration of their lives (141). Hewitt's study is particularly interested in the ways in which institutionalization for psychiatric concerns was often attached to efforts to uphold bourgeoisie gender norms such as heterosexuality, domesticity, the ability or inability to raise children, and other related behavior patterns or deviations (142-143). It is perhaps for this reason that the asylum has similar socio-historical resonances with the prison, with the focus being "on controlling patients' actions rather than truly integrating them [back] into the community" (148).

Hewitt's study belongs within the Post-Structualist investigation of the biopolitical origins of medicine most noteworthy in the scholarship of Michel Foucault. In *Madness and Civilization* and *The Birth of the Clinic* Foucault traces a trajectory of institutionalization of individuals deemed unfit for society due to a mix of physical and psychological attributes deemed undesirable or deviant.

Hewitt, Jessie. *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France*. Ithaca: Cornell University Press, 2020.
Foucault, Michel. *Madness & Civilization: A History of Insanity in the Age of Reason*. Richard Howard, trans. New York: Vintage, 1988.
Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. A. M. Sheridan Smith, trans. New York: Vintage, 1994.

The most striking detail of Mann's Pulitzer Prize-winning novel is the way in which Castorp's initial compliant participation in the rest cure becomes the apparent cause of his failing health. The doctors and nursing staff assure Castorp that this is by design, claiming that the atmosphere of the region often draws out symptoms within patients but eventually leads to cure. Complete cure, with zero remaining symptoms, is consequently the only way patients may be released from the asylum. Aside from over-abundant caloric intake, a detail laid out in Silas Weir Mitchell's initial establishment of the rest cure, patients in *The Magic Mountain* are encouraged and instructed to sit outside on their balconies for a minimum of one hour following each meal. This is to be done regardless of outdoor temperature or weather conditions and with patients wearing no coats and only using a camel-hair blanket for warmth.

Throughout Castorp's treatment this absurdly horrifying detail—along with the undeniable ill affects it has on his health[26]—shape the backdrop of the novel as one in which readers come to understand the lives of the chronically ill as similar to the lives of the imprisoned—suspended in time and with limited hope for meaningful futures. *The Magic Mountain*'s strength and impact as a novel about public health in the twentieth century relies in part on its ability to help document the ways in which the rest cure gained momentum and influence concurrently with the rise of the asylum in the Western world. While Mann focuses on treatment for tuberculosis in *The Magic Mountain*, the insidious treatment practices depicted in his novel are also emblematic of the ways in which mental health patients were often treated (and mistreated) as they sought treatment for a variety of overlapping

[26] See Mann, Thomas. *The Magic Mountain*. John E. Woods, trans. New York: Vintage, 1995. Early in his stay, Director Behrens discusses Castrop's condition in relation to the asylum setting: "First and foremost: there's the air up here. It's good for fighting off illness, wouldn't you say? And you'd be right. But it is also good *for* illness, you see, because it first enhances it, creates a revolution in the body, causes latent illness to erupt, and your [illness]… is just such an eruption" (179, emphasis in original).

symptoms of mental distress. F. Scott Fitzgerald's short story "Nightmare" presents a similar scenario to the one Hans Castorp faces with respect to involuntary institutionalization. Rather than tuberculosis, Fitzgerald's narrative focuses on nervous exhaustion (neurasthenia) specific to the crisis that befell American masculinity[27] in the period immediately following the fall of the American Stock Exchange on 24 October, 1929. In a way similar to the plot of *The Magic Mountain*, Fitzgerald's "Nightmare" (1932) demonstrates the ways in which asylums can lead patients towards a complete loss of autonomy and overall well-being while encouraging treatment plans that seemingly exacerbate the conditions for which they have been institutionalized. Set in an unnamed New England asylum, the atmosphere of "Nightmare" vaguely resembles the Phipps clinic in Baltimore, where Zelda Fitzgerald had been institutionalized at the time Fitzgerald began working on the manuscript in 1931.[28]

I. "Nightmare," Masculine Anxiety, and Heteronormativity

"Nightmare" opens with a narrative framing device that distances the events of the story from the supposedly objective re-telling of the events that take place. The narrator states in the opening sentence that they "don't believe this ever

---

[27] This fraught term, along with the origins of a supposed American "crisis of masculinity" is subject to much scholarly debate. In *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era* E. Anthony Rotundo provides a trajectory for three succeeding paradigms of American masculinity: "communal manhood" of colonial America, "self-made manhood" of the mid-Nineteenth Century, and "passionate manhood" the late Nineteenth and early Twentieth Century. The later two types develop alongside American political and economic liberalism in such a way that emphasizes masculine competitiveness, combativeness, and emotional detachment. For more on this subject and further discussion of the pathologization of male deviation from these standard modes of masculinity see:

Will, Barbara. "The Nervous Origins of the American Western" in *American Literature*. June, 1998. Vol. 70, No. 2. pp. 293-316.
Jirousek, Lori. "Haunting Hysteria: Wharton, Freeman, and the Ghosts of Masculinity" in *American Literary Realism*. Fall, 1999. Vol. 32, No. 1. pp. 51-68.
Rotundo, E. Anthony. *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*. New York: Hachette Book Group, 1993.

[28] See Daniel, Anne Margaret, ed. *I'd Die for You and Other Lost Stories* by F. Scott Fitzgerald. New York: Scribner, 2018. p. 17.

happened" because the events are "all too grotesque," the location is uncertain, and they have not been able to accurately locate the individuals implicated. And so the narrative begins with an assurance that relies on gossip and hearsay: "here is the story as I heard it" (19). This initial narrative distancing contributes to uncertainty and unreliability within the narration. The proceeding narrative follows protagonist Peter Woods as he seeks medical guidance for concerns about threat of hereditary mental illness. Woods is one of four brothers in a prominent New England family known for their success in the American Stock Exchange prior to the crash in 1929. The youngest of the four, Peter Woods has watched his three older brothers collapse into various states of exhaustion after facing financial devastation and personal failure. While visiting his brothers in the asylum, Peter Woods finds himself trapped within its walls after addressing similar concerns about his own health with their practicing physician, Dr. Vincintelli.

As the events of "Nightmare" unfold, the authority of the narrator and authenticity of their narrative is bolstered by historic events and real-world details that humanize the characters and give to the New England asylum setting an air of believability even as the characters find themselves in situations it might otherwise be difficult to envision having taken place. The opening paragraph creates a wholesome portrait of "a pleasant section of New Hampshire, on a hill that is white in the winter and green in the summer." The "four or five houses [that] stand near each other" remind one of a resort or summer home of a kind of West Egg fashion and notoriety. There is an element of upper-crust luxury for which Fitzgerald's Jazz Age fiction was revered as "on a spring afternoon all the doors and windows of the largest and most elaborate house are thrown open towards the tennis courts" (19). This Gatsby-esque opening quickly fades into horror as, zooming in closer on the characters and events, we learn that the picturesque houses and tennis courts atop

this pleasant New Hampshire hillside provide the setting for a mental asylum and rest home for individuals suffering from nervous exhaustion and other forms of mental derangement.

The unreliability of Fitzgerald's narrator, coupled with the imitation West Bank New England setting situates this story within Fitzgerald's project in *The Great Gatsby*. Both texts work to tell a story about the rise and decline of The American Dream, which readers quickly come to recognize as having been a "nightmare" all along. As the narrator introduces the patients housed in the asylum the affect of the story turns to panic and anxiety as we realize the Jazz Age has ended and, in its aftermath, individuals are left with nothing but the failed aspirations and financial ruin that, in the era of the American Great Depression, led to mass institutionalization for mental health concerns.

Fitzgerald, who was himself institutionalized for tuberculosis treatment twice in his lifetime, likely drew inspiration for this setting from his own time spent in New England sanitariums as a student at Princeton University.[29] Likewise, his experience with Zelda Fitzgerald's chronic and lifelong institutionalization for paranoid schizophrenia no doubt contributes to the haunting realism embedded in Fitzgerald's description of the daily lives of patients even as a marriage plot develops between Peter Woods and Doctor Kay Schafer which renders certain elements absurdly satirical in a distinctly gendered way. The *nightmare* referenced in the story's title is therefore a double-sided one. The initial emphasis is on the haunting nature of hereditary illness—the anxiety produced in individuals when they do not know when, if, and to what extent an illness will affect them the way it

[29] See Cross, K. G. W. *F. Scott Fitzgerald*. New York: Evergreen Pilot Books, 1964.
Cross notes that Fitzgerald's various diagnoses were for malaria and tuberculosis. 9.

has done a family member.[30] Once inside the asylum walls, the nightmaric emphasis of Fitzgerald's story shifts to the space of the asylum itself—with patients being denied access to health due to participation in treatments that overtly contribute to severe worsening of their conditions. As Jessie Hewitt remarks in *Institutionalizing Gender*, it was common practice to isolate patients from their home and professional environments, so as to reduce emotional disturbance. The consequence of this standard treatment practice within the rest cure was widespread involuntary institutionalization of the mentally ill throughout the Western world.[31] Indeed, readers quickly learn that integration back into the community is never the aim of Dr. Vincintelli, whose self-serving attitude towards patients is based on his ability to utilize them as subjects in long-term experimental treatment practices.

When we first meet Dr. Vincintelli he surveys a courtyard looking out on a group of patients whose symptomatic personalities he explains to Peter Woods. The two are soon joined by a younger female physician, Kay Shafer. As Shafer joins the scene, the narrator describes a shift in Vincintelli's focus. Vincintelli envisions Shafer's affect as "centrifugal rather than centripetal" because she appears to have ambitions and hopes outside of the space of the asylum, which is currently owned by her father, Professor Shafer. While Vincintellli aims to marry

[30] Here, it is worth noting the similarities between understandings of Tuberculosis in the Modern period and the establishment of diagnostic criteria and treatment for mental illness. In *Illness as Metaphor* Susan Sontag explains that "TB was blamed on poverty and insalubrious surroundings" but paramount to contracting the disease was thought to be an "inner disposition" causing one to be "both passionate and repressed" (38-39). Sontag goes on to explain that "TB is the disease that makes manifest intense desire; that discloses, in spite of the reluctance of the individual, what the individual does not want to reveal" (45). TB, in other words, was an anxious disease thought to affect the anxious personality type. It was only fitting then that treatments established for anxious mental states came to mirror treatments established for Tuberculosis. Present in both cases also is the emphasis on the hereditary nature of the disease.

Sontag, Susan. *Illness as Metaphor*. New York: Picador, 1977.

[31] Hewitt, 148.

Kay Shafer and secure transfer of the asylum to himself, Shafer "was drawn toward the June afternoon, the down-rolling, out-rolling land, adventurous as an ocean without horizons" (20).

Having romantic aspirations towards Shafer, Vincintelli views her outward-facing persona as threatening to his personal objectives. "Something stabbed at his heart for his own mood was opposite—for him she made this place the stable center of the world" (20). Though Shafer herself is a physician of familial legacy and personal renown, Vincintelli is unable to view her as anything other than a romantic object, marriage to whom would grant him complete control over the asylum. The romantic tensions between Shafer and Vincintelli ultimately result in competing views over Peter Woods's prognosis. Shafer initially accepts Dr. Vincintelli as a physician of significant renown with "several textbooks of his on diagnosis and prognosis" providing industry standards after having been "translated into many languages" (33). In this way, Vincintelli is analogous to Silas Weir Mitchell, the first physician to define nervous illness and outline the practices intended to cure or treat individual symptoms, known historically as "the rest cure." Despite his high professional standing, Shafer repeatedly calls Vincintelli's sanity and rationality into question. Initially, Shafer speaks to Vincintelli in a manner that suggests she disagrees with the way he is running the asylum's psychiatric wing. She accuses him of a form of mania in which his professional aspirations cause him to experiment on patients, controlling their behavior and hindering growth. She tells him "I think…and have thought for some time, that you yourself are in the early stages of manic-depressive psychosis…and I think that I will soon develop symptoms myself if I don't get out of here" (23).

In this exchange Shafer reminds Vincintelli of his romantic feelings for her, which she suggests cloud his judgment and impede their ability to work together.

Vincintelli then uses stereotypic understandings of gender and empathy as a basis for a critique of her character as a doctor. He responds: "That's because you haven't been able to view your work professionally," he suggested in a don't-worry-little-girl tone. "If you see someone badly afflicted it depresses you—a natural feeling in a layman but not suitable to a nerve specialist" (23). Shafer and Vincintelli are both critical of each other for a seeming lack of emotional and professional integrity. Shafer ascribes a manic-like delusional thinking to Vincintelli's image of himself as a doctor while Vincintelli uses Shafer's gender and physical attractiveness to suggest that she may be overly empathetic and therefore unsuited to the practice of psychiatric medicine. The repeated suggestion of madness among the licensed practitioners within the asylum degrades the integrity of the asylum itself as it calls attention to the gendered nature of diagnostic language. Schafer points out that Vincintelli exercises an authoritarian-like dominion over his patients which readers can observe as detrimental to protagonist Peter Woods whose legitimate mental health concerns become overshadowed by the horrific treatment practices to which he is subjected. This is a version of combative masculinity which E. Anthony Rotundo attributes to this period within American history.[32] At the same time, Vincintelli accuses Schafer of not being able to safeguard her emotions in order to remain objective, a remark which emphasizes her femininity. This romantic sub-plot structures the events as the story in increasingly insidious ways as Peter Woods begins to interact with Kay Schafer, triggering jealousy in Vincintelli.

The plot then turns into one of escape from false imprisonment as Woods attempts to prove his own sanity while being made to endure treatments that contribute to a worsening of his psychological well-being. Importantly, it is Woods'

[32] Rotundo, 222-246.

own romantic inclinations towards Schafer which work to highlight and augment perceptions of sanity and insanity from both Vincintelli and Schafer. The initial questions of sanity and insanity raised as Woods enters the asylum use the historic fact of the American stock market crash and subsequent economic depression to question diagnostic criteria for hereditary mental illness. Fitzgerald invites readers to question if anxiety and depression are indeed personality defects that befall certain inadequate or imbalanced individuals or if they are rather natural responses to financial ruin and other forms of devastation common when the so-called "American Dream" is exposed as an impossible fantasy.[33]

The asylum setting quickly exposes the nightmarish reality of the so-called the American Dream as readers learn that nearly all patients seeking treatment do so after devastating personal failures and financial ruin similar to those experience by the Woods family. As there is no true treatment or cure for personal failure and financial loss the experimental treatments depicted in subsequent scenes appear as little more than self-serving devices on Vincintelli's own quest for individual, financial, and professional success. Alongside the professional competitiveness at the root of Dr. Vincintelli's mistreatment of Peter Woods, his desire for Kay Shafer interacts with his professional decision making in obvious ways. For instance, Vincintelli grows jealous of Peter Woods over dinner as he begins to suspect a romantic attraction may be developing between Woods and Shafer. Shortly after

[33] This line of thinking is common in criticism of *The Great Gatsby* and is also present in American Realism and post-modernism. See Corrigan, Maureen. *So We Read On: How The Great Gatsby Came to be and Why It Endures*. New York: Little, Brown, and Company, 2014.
Berlant, Lauren. *Cruel Optimism*. Durham: Duke University Press, 2011.
Callahan, John F. "F. Scott Fitzgerald's Evolving American Dream: The "Pursuit of Happiness" in Gatsby, Tender is the Night, and The Last Tycoon" in *Twentieth Century Literature*, Autumn, 1996, Vol. 42. No 3 (Autumn, 1996) pp. 374-395. Accessed online 11.23.22
Kennedy, J. Gerald. "Poe, Fitzgerald, and the American Nightmare" in *The Edgar Allan Poe Review*, Fall 2004, vol. 5, no. 2 (Fall 2004) pp. 4-14. Accessed online 11.23.22
Kerr, Frances. "Feeling 'Half Feminine': Modernism and the Politics of Emotion in The Great Gatsby" in *American Literature*, June 1996, vol. 68, no. 2 (June 1996) pp. 405-431. Accessed online 11.23.22

having this suspicion Vincintelli determines that Woods is "a pretty sick man" despite the absence of any true diagnostic criteria other than a suspicion that the illness his three older brothers share might be hereditary. Peter begins to suspect that his case might not be as severe as Vincintelli has presented it over the same dinner conversation as he speaks to Dr. Hughes, a former-doctor-turned-patient.

Hughes reveals himself to have formerly been a physician and head of a psychiatric clinic, much like the one he is now admitted to. After his practice failed, he was institutionalized for anxieties related to his personal failure. Hughes's narrative bolsters the commentary within "Nightmare" on American ideals surrounding success and failure. Particularly for American men of the professional classes, professional failure has often been accompanied by allegations about personality defects believed to be incurable—and that therefore require permanent institutionalization and treatment.[34] Additionally, Hughes serves to enhance the dramatic irony and satire behind Vincintelli's true motivation for admitting Peter Woods into the asylum—an act which would allow him authority over the Woods family estate and might finalize the transfer of ownership of the asylum from Professor Shafer to himself.

After meeting with Peter Woods, Kay Shafer does not reach the same prognosis as Dr. Vincintelli. Rather, she concludes that "she liked him" and "hoped that his brothers' fate was not going to overtake him" (27). While Shafer feels Woods has a chance of success with outpatient treatment, Vincintelli emphasizes the need for institutionalization, claiming "already he has certain delusions. He will

[34] This line of thinking is present in Mitchell's initial presentation of diagnostic criteria for men of the professional class as well as other critical investigations into the history of madness and its treatment. See Mitchell, S. Weir. *Wear and Tear or Hints for the Overworked*. Philadelphia: JB Lippencott, 1891.
Foucault, Michel. *Madness & Civilization: A History of Insanity in the Age of Reason*. Richard Howard, trans. New York: Vintage Books, 1965.
Berlant, Lauren. *Cruel Optimism*. Durham: Duke University Press, 2011.

follow the same course toward paranoid dementia that his brothers followed. He's already receding from reality" (28). Shafer and Woods both subsequently begin to doubt Vincintelli's accuracy and professional integrity with respect to Peter Woods's mental health treatment. These events and Vincintelli's emphasis on a diagnosis that does not appear to be present cause Peter to flee the clinic against Vincintelli's medical advice.

He explains his decision to Shafer, stating that "the atmosphere doesn't seem to me very restful" (29). This statement gestures to Silas Weir Mitchell's rest cure as the foundation of the modern asylum in the Western world and highlights certain hypocrisies and contradictions embedded within the treatment practice. Mitchell had passed away by the time the Fitzgeralds were treated with various treatment practices established within his body of research. Nevertheless, his influence no doubt continued to shape and define the progress of Western psychology and psychiatry. In his earliest publications on the efficacy of the rest cure Mitchell attributes an increase in nervous symptoms such as anxiety and depression among male patients to increased population and growing class inequality.[35] Similar trends with respect to increases in neurasthenia, social, and psychological distress occur following the First World War and increase rapidly following the American Stock Market crash of 1929.[36] Indeed, increased experience of individual, personal trauma tend to coincide historically with the collective experience of national

[35] See Mitchell, S. Weir. *Wear and Tear or Hints for the Overworked*. Philadelphia: JB Lippencott, 1891. "Taking the years 1852 to 1868, inclusive, it will be found that the population of Chicago has increased 5.1 times and the deaths from all causes 3.7 times; while the nerve deaths, including the doubtful class labeled in the reports as dropsy of the brain and convulsions, have risen to 2.4 times what they were in 1852 […] from 1864 to 1868, inclusive—the proportion was 1 nerve death to every 9.9 of all deaths."

[36] Balto, Simon. "You Can't Shoot All of Us: Radical Politics, Machine Politics, and Law and Order in the Great Depression" in *Occupied Territory: Policing Black Chicago from Red Summer to Black Power*. Durham: The University of North Carolina Press, 2019. Accessed Online 11.21.22.
Linneman, William R. "Will Rogers and the Great Depression" in *Studies in American Humor*, Summer, Fall 1984, New Series 2, Vol. 3, No. 2/3 (Summer, Fall 1984), pp. 173-186. American Humor Studies Association. Accessed Online. 11.21.22.

trauma.[37] Fitzgerald's "Nightmare" exemplifies on a macrocosmic scale the ways in which increased risk of financial ruin during the Great Depression also lead to increased warning signs for hysteria, mania, and other forms of psychosis. In doing so, it also places critical pressure on concerns surrounding medical ethics at a time when human psychology was in its infancy as a field of medicine.

Moving into the period following WWI, research in psychological medicine continued to be localized within treatment of wounded and otherwise traumatized soldiers. Initial treatment of "shell-shock" among soldiers returning from war helped to establish diagnostic criteria for civilians experiencing a variety of symptoms concerning mental distress and its physiological effects.[38] Fitzgerald himself experienced these treatment and diagnostic practices from a young age as he was treated for tuberculosis while a student at Princeton and subsequently institutionalized for alcoholism and other nervous illnesses throughout the duration of his life. While it would no doubt be a mistake to classify "Nightmare" as autobiographical fiction, understanding the ways in which the critique of medicine that emerges within the plot is autobiographically informed can be helpful to analysis.[39]

In *Illness as Metaphor* Susan Sontag examines the history of stigma surrounding illnesses such as tuberculosis, cancer, and AIDS as after-effects of

---

[37] Blum, Edward J. "The Crucible of Disease: Trauma, Memory, and National Reconciliation During the Yellow Fever Epidemic of 1978" in *The Journal of Southern History*, Nov. 2003, Vol. 69, No. 4 (Nov. 2003) pp. 791-820. Southern Historical Association. Accessed Online. 11.21.22.
Cameron-Smith, Alexander. "Blueprint for the Health of a Nation: Cultivating the mind and body of the race, 1929-1945" in *A Doctor Across Borders: Raphael Cilento and Public Health from Empire to the United States*. Canberra: ANU Press, 2019. Accessed Online. 11.21.22.

[38] See *The Times, London*. "War Office Report into Shell Shock" 08.10.1922. Accessed online 09.20.2022.

[39] Several biographies and works of criticism emphasize Fitzgerald's lifelong struggles with depression, anxiety, and addiction. See Cross, K.G.W. *F. Scott Fitzgerald*. New York: Grove Press, inc.,1964.
Mitford, Nancy. *Zelda*. New York: Avon Book, 1970.
Taylor, Kendall. *Sometimes Madness is Wisdom: Zelda and Scott Fitzgerald: A Marriage*. New York: Ballantine Books, 2001.

personal choices which may lead to negative health ramifications. Vices such as smoking, excessive alcohol use, and sexual promiscuity reinforce a taboo around these illnesses that often serves to dehumanize individuals seeking and receiving treatment.[40] In terms of psychological medicine and especially the role of the asylum in the treatment of psychological distress, the effect is that institutionalization for matters of mental health often reinforces as kind of prison guard-inmate dynamic onto the doctor-patient relationship.[41] In *Madness & Civilization* Michel Foucault traces the diagnosis and treatment of insanity in the modern age alongside the establishment of asylums intended to house the criminally insane and other individuals deemed unfit for society due to madness. According to Foucault, "The madman's body [came to be] regarded as the visible and solid presence of his disease" and therefore required "physical cures whose meaning was borrowed from a moral perception and a moral therapeutics of the body" (159). Under this logic, the asylum becomes an alternative to the prison as a housing facility for anti-social individuals whose behavior, beliefs, and practices might be seen as disruptive to the social order. It therefore becomes imperative that individuals suffering from psychological unrest be isolated from normal social and professional engagement, including the limitation of mentally strenuous labor. Indeed, this is the organizing principle of the rest cure around which modern

---

[40] Sontag, Susan. *Illness as Metaphor* and *AIDS and Its Metaphors*. New York: Picador, 1977.
"Illness expands by means of two hypotheses. The first is that every form of social deviation can be considered an illness […] The second is that every illness can be considered psychologically. Illness is interpreted as, basically, a psychological event, and people are encouraged to believe that they get sick because they (unconsciously) want to, and that they can cure themselves by mobilization of will […] Psychological theories of illness are a powerful means of placing the blame on the ll. Patients who are instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it" (56-57).

[41] See Foucault, Michel. *Discipline & Punish: The Birth of the Prison*. Alan Sheridan, trans. New York: Vintage, 1977.
Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Alan Sheridan, trans. New York: Vintage, 1973.
Foucault, Michel. *Madness & Civilization: A History of Insanity in the Age of Reason*. Alan Seridan, trans. New York: Vintage, 1965.

psychology and psychiatry has been organized. We see this play out with an exaggerated and satirical horror in "Nightmare."

When Kay Shafer encourages Peter Woods to remain at the asylum despite her own reservations about the state of his mental health, Woods explains his reservations about the treatment he would be required to submit to: "Up to four o'clock yesterday I was responsible for my actions—I came here voluntarily for treatment, but if I'd stayed a few more hours I wouldn't have been responsible for anything" (30). Here, Woods comments on the importance of autonomy, freedom of choice, and free will to the integrity of mental health care and practice. Vincintelli's clinical practice denies these essential human characteristics to all patients. In the space of the asylum, patients become subjects, relinquishing all autonomy to the doctors under the rest cure's premise that psychiatric patients require total rest and relaxation in order for their condition to improve.

In his short time spent in the asylum, Peter Woods witnesses the ways in which loss of autonomy, coupled with the imposition of the rest cure, contributes to the exacerbation of mental unrest. Patients exhibit this unease in various ways despite continuous treatment. For instance, Peter's three older brothers exhibit increasing symptoms of psychosis, despite being housed in the facility. This contributes to a complete transfer of power from the patient to the doctor. Being the only brother not institutionalized and heir to the Woods family fortune, Peter's institutionalization within the asylum would transfer control of the Woods estate to Dr. Vincintelli. Vincintelli plans to use the Woods fortune to secure his ownership of the asylum and win the affections of Kay Schafer, whose father is the current owner.

The sinuous plot which frames Vincintelli as a villainous and self-serving physician allows "Nightmare" to place critical pressure on the asylum and its use

of the rest cure as a de facto treatment for mental illness of all kinds. The overlapping questions surrounding patient autonomy and medical ethics embedded in the plot details question the validity of the rest cure as a treatment practice. In particular, Fitzgerald's narrative encourages readers to ask whether the proposed and so-called "cure" does not in practice lead to noticeable improvement in patients—and in fact often leads to decline in mental health—why does it continue to be implemented with such widespread acclaim? One answer seems to be that patients, once admitted, cease to be autonomous individuals and become subjects for experimentation, observation, and treatment.[42] Peter Woods exposes this model and, in doing so, reveals the insidious motives Vincintelli has with respect to his medical practice. At the same time, there is an emphasis on marriage and heterosexual obligations between men and women that augments both Vincintelli's self-serving motives and establishes Peter Woods' need to prove his own sanity through a competing attempt to seduce Doctor Schafer.

Initially, Vincintelli appears to be modeled after Silas Weir Mitchell, the famed physician and author, known as the founder of the rest cure and the father of American Psychology, among other accolades.[43] Despite his professional success and acclaim, "Kay could not like the man, and whenever he was drawn toward her she shrank back with repulsion" (33). When Kay Shafer, against her own reservations about Peter's symptoms, convinces him to return to the asylum, Dr. Vincintelli orders a "hydro-therapatical treatment" that requires Peter Woods to be

[42] This is indeed also Foucault's philosophical premise in *Discipline and Punish*, *The Birth of the Clinic*, and *Madness & Civilization*, especially when the three works are read together as a trilogy on the institutionalization of difference and the implementation of social normalcy.

[43] See Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. University Park: The Pennsylvania State University Press, 2012. Readers can compare Fitzgerald's description of Vincintelli to Cervetti's biographical interpretation of Mitchell: "Urbane, handsome, and smartly dressed, Silas Weir Mitchell attracted attention whenever he walked into a room. Tall and slender with a Van Dyke beard and blue eyes, he was impossible to ignore. With perfect assurance, it was his way to size up and immediately take command of a situation. He was a risk taker and experimenter, and apart from his father, he looked up to no living person" (1).

"buckled securely in a sort of hammock which in turn was submerged in a warm medical bath" for the span of 8 hours.[44] This was a common treatment within Mitchell's rest cure and, despite often being used "to good effect in cases of extreme nervous agitation" (36), for Woods it noticeably exacerbates his symptoms.

The next time Kay Schafer speaks to Peter Woods after he has been forced to receive this treatment he is agitated and angry with her for having encouraged him to return to the asylum where this inhumane and psychologically damaging treatment practice has been carried out on him: "So its you," he shouted. "This is what you got me back here for! What are you, a stool pigeon? Well, they've got me crazy now, damn them, raving crazy—if I ever get my hands on that Vincintelli I'll choke him to death…" (34). It is obvious in this scene that the treatment Vincintelli has prescribed has been traumatic for Peter Woods rather than therapeutic and now that he is exhibiting symptoms of extreme agitation, there is cause for him to be admitted involuntarily—and potentially permanently. The lack of autonomy and free will imposed on Peter Woods despite his belief in his own sanity and rationality leave him in a seemingly helplessly agitated state. Therefore, the supposed cure has effectively produced seemingly incurable symptoms. The only option left for Peter Woods at this pivotal moment in the story is to comply, despite his withdrawal of consent to the proposed treatment plan.

After witnessing the adverse effect Vincintelli's treatment plan has on Peter Woods, Kay Shafer helps him to escape and "Nightmare" concludes abruptly, with Peter's proposal of marriage to Dr. Kay Shafer. Shafer accepts Woods's proposal and the two also assist the older three Woods brothers as the group make their

[44] This was a commonly prescribed treatment within the rest cure, the efficacy of which Mitchell describes in his 1882 textbook *Fat and Blood*.

escape together. This abruptly romantic conclusion brings up questions about clinical concepts of sanity and insanity as well as ethical concerns regarding clinical motives behind the mass institutionalization of psychiatric patients common in Modern western countries. Upon accepting Woods' proposal, Kay Schafer concludes that she knew from first meeting him that he was sane because "no girl could believe that a man who proposed to her could be entirely crazy" (38). This statement emphasizes and exaggerates diagnostic criteria around mental illness in the early twentieth century that attached heavy stigmatization to deviation from heteronormative domestic and erotic impulses. Desire for marriage is ultimately what proves Woods' sanity and allows him to escape the asylum just as inclinations towards homosexuality and lesbianism were a leading symptom in a nervous illnesses such as paranoid schizophrenia and other manic depressive disorders.[45]

II. *Tender is the Night* and Paternalistic Regulation of the Feminine

After "Nightmare" was rejected by all of Fitzgerald's usual publishers, he determined that it would "never, never sell for money, in *any* times." He then "stripped" it and "used almost all of the best lines from it in *Tender is the Night*" (Daniel 18). In this later novel, Dick and Nicole Diver's marriage rehearses the doctor-patient dynamic that emerges within "Nightmare" with increased tension surrounding gender and sexuality given than doctor and patient are also a married couple. However, where Peter Woods is able to use his romantic attraction towards his female doctor to prove his sanity, Nicole's position as patient to her husband and attending physician decreases her autonomy and exacerbates her symptoms of emotional dysregulation and distress. Tensions are further enhanced when Nicole's

[45] Zelda Fitzgerald's most noteworthy symptom upon being admitted to the Les Rives de Prangins sanitarium in Switzerland was her engagement in a love affair with a fellow ballet dancer. See Taylor, Kendall. *Sometimes Madness is Wisdom: Zelda and Scott Fitzgerald: A Marriage*. New York: Ballantine Books, 2001. 238.

doctor-husband begins having an affair with a younger actress. A plot reminiscent of Charlotte Perkins Gilman's "The Yellow Wallpaper" develops within and around Dick Diver's marital infidelity and increasing dependence on addictive substances such as alcohol. As in "Nightmare," there is an emphasis on the complicated relationship between doctor and patient when the doctor's own sanity is called into question. However, the different gender dynamics when the patient is female rather than male create an even greater reduction of autonomy. Where Peter Woods is able to use marriage as a vehicle to demonstrate his own sanity, for instance, Nicole's marriage to Dick more concretely establishes her role as permanent invalid, needing constant care from her doctor-spouse who is repeatedly dishonest with her, causing an exacerbation of her symptoms. Marriage for Nicole is a vehicle towards increased insanity where for Woods it is the impetus towards establishing health, vitality, and psychological stability.

In her forward to the 2019 Scribner paperback edition of *Tender is the Night* Fitzgerald's great-granddaughter Blake Hazard writes that "Dick and Nicole Diver were mean to be a kind of composite of Scott and Zelda, along with their close friends Gerald and Sara Murphy" (VII). Hazard explains that "the novel takes place at a time resembling the moment in Scott and Zelda's own lives when they had reached a certain crescendo, when Zelda's mental health had unraveled and Scott's problems with alcohol were undeniable" (VII-VIII). While it is true that certain details within the plot of *Tender is the Night* are no doubt autobiographically informed, to focus most exclusively on these details overshadows the nuanced critique of psychiatry and psychological medicine that develops as Dick Diver attempts to treat Nicole's nervous hysteria while he himself is mentally unstable and engaged in a love affair with another woman.

The key components of protagonist Peter Woods' experience at the New England asylum in which he finds himself captive are gendered in such a way that highlights horrors to the experience of American masculinity immediately following the stock market crash of 1929. Specifically, Woods faces extreme anxiety over loss of autonomy and sense of self when his family business is financially impacted by the stock market crash and subsequent depression. His three older brothers have already succumbed to nervous depression at the story's opening, a circumstance that initially brings Woods to the asylum. The threat of hereditary mental illness, coupled with anxieties surrounding personal failure, make Peter Woods vulnerable to the manipulative tactics of Dr. Vincintelli. It is then Peter Woods' ability to present himself as an eligible bachelor and suitable marriage prospect to doctor Kay Schaffer that ultimately helps to demonstrate his sanity in the story's concluding pages.

The doctor-patient relationship that structures "Nightmare" also shapes Nicole's experience of her failing health and subsequent failing marriage. The relationship that emerges in *Tender is the Night* is different to the extent that male patients were observed as naturally more autonomous than female patients, making female patients more docile and submissive recipients of the rest cure.[46] Unlike Peter Woods, Nicole Diver somewhat willingly accepts her position as an invalid and consents to Dick Diver's treatment of her. This detail is demonstrative of stereotypes surrounding gender and the susceptibility towards mental illness as well as the efficacy of care.[47] It is no coincidence that the doctor in Gilman's "The

[46] See Mitchell, *Wear and Tear*. 1891.

[47] Recent criticism from feminist and queer scholars unpacks and seeks to better understand the gendered nature of mental health treatment, especially the ways in which treatment practices often stigmatize or overtly discriminate against femininity and the experience of queer desire. See Cvetkovich, Ann. *Depression: A Public Feeling*. Durham: Duke University Press, 2012.
Berlant, Lauren. *The Female Complaint*. Durham: Duke University Press, 2008.

Yellow Wallpaper" is also the main character's husband. Conflation of the doctor-spouse relationship in both texts demonstrates the ways in which women in the modern period were often infantilized and assumed to be unable to make decisions about their own health care and treatments, especially in times of emotional distress. The infantilization of the feminine and subsequent stigmatization of deep emotional response to stimuli has had and continues to have an influential effect on psychological medicine and psychiatric care. Similarly, the emphasis on male instability masked with a variety of surface-level attempts to appear sane structures the unreliability of diagnosis that occurs in both texts.

On a visit to the Dohlmer's asylum in Zurich, Dick tells Nicole's attending physician, Doctor Gregory, of his initial experience meeting Nicole—and the sudden onset of her infatuation with him. As he explains, he "didn't think the girl was a patient […] the girl was about the prettiest thing [he] ever saw" (153). Here, Dick refers to Nicole as "the girl" and "the prettiest thing," emphasizing a twofold objectification as mental health patient on the one hand and affectionate interest on the other. Dick goes on to describe his initial attachment towards Nicole as one of doctor and patient: "I'm not as hard-boiled as you are yet; when I see a beautiful shell like that I can't help feeling a regret about what's inside it. That was absolutely all—till the letters began to come" (153).

Doctor Gregory recounts of a remarkable change in Nicole's disposition and case immediately following the start of her correspondence with Dick: "Naturally I saw all the first letters […] when the change began, delicacy prevented me from opening any more. Really it had become your case […] It was the best thing that could have happened to her […] a transference of the most fortuitous kind" (153). Doctor Gregory attributes the transference of emotion from Nicole to Dick as the cause of her stabilization. He suggests that, because of Nicole's attachment to him,

it is only natural for Dick to take over the case. This emphasizes the level of docility expected and seen as desirable, especially in female patients. Having a doctor whom she admires greatly makes Nicole a more willing and susceptible patient. There is an obvious connection to be made here to the paternalistic techniques Mitchell saw as necessary for female patients craving validation from male practitioners.[48]

Dick sees Nicole as a "shell" of a person whose emotional dysregulation defines her very being. His attachment to her is purely physical and clinical. Unlike Peter Woods in "Nightmare" for whom formation of a loving attachment to an attending physician secures perceptions of sanity, Nicole's infatuation with Dick Diver increases her objectification at the hands of her doctors, making her more susceptible to treatment and therefore less in control of her own life and medical decision-making. This is evident in the way Nicole refers to herself and her supposed reliance on Dick in her initial correspondence. Nicole's letters present her as desperate for Dick's affection and desirous of the guidance and stability that he represents for her. Nicole recognizes her case as chronic and hopeless, asking Dick to "come back to me some day, for I will always be here on this green hill" (156). In her following letter, Nicole implores Dick to accept her love. She sees him, unlike her previous suitors, as someone fit to uphold the "duty" of understanding her condition. She states, "the blind must be led" in a way that suggests solicitation of a marriage proposal (156).

Dick agrees to take over as Nicole's physician and shortly after they are married. A few years into their marriage, after the two have had children and Dick continues to oversee Nicole's psychiatric care, Dick receives a letter accusing him of seducing the daughter of an elderly patient. Dick had, in fact, engaged in playful

[48] See Cervetti, 109-120.

banter and erotic play with the woman, though he denies this when Nicole confronts him about the letter, discrediting it by virtue of the girl having been "a mental patient" (243). Nicole reminds him, "I was a mental patient," a remark which Dick dismisses, instead standing above her, speaking authoritatively: "suppose we don't have any nonsense, Nicole. Go and round up the children…" (243). Dick's various marital indiscretions leading up to his eventual affair with Rosemary Hoyt demonstrate a propensity toward infatuation similar to the one he initially sparks with Nicole. Throughout the novel, Nicole's condition variously falters and improves alongside Dick's connections to other women—jealousy being her predominant symptom. Although Nicole's jealousy is based on factual allegations, Dick nevertheless uses her diagnostic history to demonstrate her susceptibility to suspicion, emphasizing his own innocence. It is thus guilt over his insincerity towards Nicole that produces the conditions for his own degrading emotional stability—in particular, alcohol abuse and occasional fits of rage.

Together "Nightmare" and *Tender is the Night* demonstrate differing conceptions of sanity and insanity for men and women in the early development of psychiatric medicine as pertaining to the diagnosis of mental illness. While sexual attraction and loving attachment present as markers of sanity and stability in male characters Peter Woods and Dick Diver, in female characters Nicole Diver and Kay Schafer they present as symptoms of mania—obsession, jealousy, and over-attachment. This difference is most noteworthy in that marriage plot throughout "Nightmare" as a vehicle to demonstrate Peter Woods' sanity and in the ways in which infatuation with Dick contributes to Nicole's overall loss of sense of self in *Tender is the Night*.

While I caution against fully autobiographical interpretations of "Nightmare" and *Tender is the Night*, some attention to the biographical details of

F. Scott and Zelda's married life is necessary to fully explore the ways in which the history of the rest cure impacts and influences Fitzgerald's fictional narratives in each. Zelda Fitzgerald's chronic struggles with emotional distress and instability play a crucial role in F. Scott Fitzgerald scholarship, as does the tumultuous relationship the two shared leading up to her eventual permanent institutionalization for paranoid schizophrenia.[49] Aside from the wealth of biographies showcasing the marriage between F. Scott and Zelda Fitzgerald with varying degrees of scandal, the details of Zelda's of emotional dysregulation—and the way these details appear in Scott's fiction—influence interpretations of Fitzgerald's writing. In particular, critical history surrounding Fitzgerald's canonical works focuses on the creative way in which Fitzgerald manipulated autobiography in order to depict insightfully universal and mimetic social commentary on 20th century American obsession with class status, domesticity, and recreational substance use. Biographers debate the extent to which Zelda directly influenced and helped with the writing of *The Beautiful and the Damned* and *The Great Gatsby*, for example.[50] There is some discussion of whether we can credit Daisy's iconic "beautiful little fool" remark and other noteworthy quips from Fitzgerald's heroines directly to her. Regardless of the extent to which Zelda directly or indirectly influenced and impacted Scott's career, the ubiquitousness of the discussion demonstrates the importance of biography—and not just Scott's but also Zelda's—to continued Fitzgerald scholarship.

[49] There is substantial scholarly debate around the accuracy of this diagnosis and whether and to what extent the traumatic nature of married life to F. Scott Fitzgerald contributed to Zelda's eventual mental collapse. See Milford, Nancy. *Zelda*. New York: Avon Books, 1970.
Taylor, Kendall. *Sometimes Madness is Wisdom: Zelda and Scott Fitzgerald: A Marriage*. New York: Ballantine Books, 2001.
Corrigan, Maureen. *So We Read On: How The Great Gatsby Came to be and Why It Endures*. New York: Little, Brown and Company. 2013.
[50] See Corrigan, 71-72.

III. Zelda's Story: Marriage, Madness, and Fitzgerald's Textual History

Virtually all Fitzgerald biographies tell of the same sad story. As Maureen Corrigan remarks in *So We Read On: How The Great Gatsby Came to Be and Why It Endures*, "It is a literal downer to read through some of the thirty-some-odd biographies of F. Scott Fitzgerald" (33). Corrigan recounts how, after a tumultuous first decade of marriage to Zelda, the 1930s for Scott were clouded by a mix of negative reviews, suicidal ideation and behavior, and hospitalizations for Tuberculosis and Alcohol Withdrawal Syndrome. Corrigan suggests a connection between Fitzgerald's failing health and his personal insecurities. In a 1933 letter to John O'Hara Fitzgerald attributes his lifelong struggle with substance abuse to "a two-cylinder inferiority complex" (48). This statement subtly conveys the ways in which 20th Century contraction of Tuberculosis was believed to be a mental and psychological condition as much as it was a physiological one.[51]

F. Scott Fitzgerald and Zelda both spent the better portion of the 1930s in and out of health asylums. This unfortunate circumstance did undeniably influence the subject matter of Fitzgerald's later fiction. *Tender is the Night*, "Babylon Revisited," and *The Crack-Up* in particular are known to contain recognizable biographical details from his and Zelda's marriage. As Corrigan explains, "During that first decade with Zelda, Scott wrote three of his five novels and the bulk of his 160 or so short stories" (69). A group of critics who Corrigan refers to as "impassioned and Knowledgeable Zelda partisans" attribute Fitzgerald's commercial success as an author to his mining of her "diaries and conversations for use in his own books," and especially *The Beautiful and the Damned* and *Tender is the Night*. These allegations are unfortunately true and in fact, Scott requested

[51] See Sontag 39, 45, 48.

Zelda alter a piece of writing she composed for *Save Me the Waltz* because he had already utilized a version of her prose for his *Tender is the Night*.[52]

Regardless of which side of the debate one falls on in determining whether and to what extent Scott contributed to Zelda's mental collapse it is undeniable that Zelda's personality, life, and writing had a verifiable impact on Fitzgerald's writing—and, by extension, his commercial success during the happier period of their marriage. It is therefore impossible to fully discuss the subject of institutionalization and mental illness as the subjects occur in F. Scott Fitzgerald's writing without at least anecdotally referencing his first-hand experience with sanatoriums and mental health asylums. The specific details around Zelda's initial onset of illness are hazy at best. It is commonly referenced that she was dissatisfied in her career and felt creatively stifled living under F. Scott Fitzgerald's shadow. She was also struggling with ovarian cysts, a condition made worse by anorexia nervosa and alcohol abuse. Kendall Taylor gives what is perhaps the most detailed and unbiased account of F. Scott and Zelda Fitzgerald's mutual struggles with addiction and emotional dysregulation in *Sometimes Madness is Wisdom: Zelda and Scott Fitzgerald: A Marriage*.

Zelda was admitted to hospitals first in Paris and then in Switzerland before relocating in 1932 to the Phipps clinic in Baltimore, the facility on which numerous details of "Nightmare" are based.[53] Zelda's experience with various institutions demonstrates the widespread transatlantic implementation of the rest cure as a treatment for various forms of madness, particularly with respect to female patients. The specific details around Zelda's paranoid schizophrenia diagnosis begin with "a depressed but calm attitude during which there was hope

[52] See Corrigan, 72.
[53] See Daniel, 14.

for recovery; wild hysteria during which others were blamed for everything; and a state of lesser hysteria during which her difficulties seemed insoluble and she wanted to die" (Taylor 227). This initial prognosis of clinical depression progressed into escalating periods of nervous hysteria in which Zelda regularly accused Scott of homosexual infidelities with Earnest Hemingway and herself engaged in confirmed homoerotic love affairs with a series of close female friends. Zelda's "propensity toward homosexuality" is one of the primary symptoms French doctor Oscar Florel noted in Zelda's history at the Les Rives de Prangins sanitarium in Switzerland to confirm her schizophrenia diagnosis. Dr. Florel remarked in notes that "homosexuality is a symptom of the disease—just as Madame Egorova was the first lesbian passion after the onset of the disease" (238).

Taylor remarks that "in 1930 the standard treatment for schizophrenics included seclusion, sedatives, wet packs, and hydrotherapy" (238). At best, these treatments all had "temporary therapeutic effects." At the worst extreme, they contributed to patients feeling "restless, lethargic, and alternately agitated and depressed" –all symptoms of the schizophrenia they aimed to treat. It is important to note that these treatments, along with the associated worsening symptoms they have been known to cause, are all detailed throughout F. Scott Fitzgerald's "Nightmare." Indeed, there is little room to doubt that Fitzgerald's short story about the horrors of involuntary treatment for the sudden onset of mental illness was directly influenced by his guardianship over Zelda Fitzgerald throughout her various hospital stays as she was in the process of receiving treatment for paranoid schizophrenia. The decision to make the protagonist male rather than female, importantly, is crucial to the narrative framework of the story. The horror of "Nightmare" is effective to the extent that it suggests someone healthy might visit an asylum to find that their everyday stressors and anxieties are, in fact, warning

signs of larger mental dysregulation. E. Anthony Rotundo's examination of "passionate masculinity" in the 20th Century is crucial to understanding the ways in which Peter Woods is able to prove his sanity through highly gendered scenarios which, when engaging in similar exchanges, his female counterparts present as being in the throes of madness. As Rotundo notes, in this period male aggression and competitiveness came to be normalized in and through active participation in the American free market economy and workplace. [54] When focusing on the experiences of Nicole Diver, for instance, infatuation and loving attachment contribute to an initial improvement, but long-term worsening, of her condition as her marriage to her overseeing physician places her in an extremely vulnerable position as both a patient and a romantic partner.

Attention to biographical details about the Fitzgeralds which gave Scott a first-hand experience with institutionalization for mental illness can help us to draw out the universal themes embedded in his fiction about the asylum. Allowing biography to overtake analysis can downplay the significance of these works and the contribution that they provide for scholarship around the rest cure specifically and the field of criticism known as Literature and Medicine more broadly. It is my hope that I have demonstrated the ways in which the narrative framework of each text connects to the rhetorical discriminations embedded in the rest cure and other forms of early Twentieth Century mental health diagnosis and treatment plans. Biography is important to this discussion to the extent that it helps to authenticate some of the details present in the fiction, highlighting the relevance of the social commentary embedded in the gendered details of the different experiences possible for male protagonists as opposed to female characters.

[54] See Rotundo, 230.

Zelda Fitzgerald's biography is also demonstrative of this in ways I have detailed above and that I do not have the space to expand on here. Therese Anne Fowler's 2013 *Z: A Novel of Zelda Fitzgerald* is incredibly well-researched and does an incredible job conveying the inner workings of Zelda's ambitious and talented mind, as well as the anxieties brought about by failing reproductive health and professional failure. Importantly, Fowler reshapes Zelda's experience of her own failing health away from a natural propensity towards insanity and towards anxiety around personal failure, the same cause for Fitzgerald's own failing emotional and physical health. Fowler's account places a similar kind of pressure on the discriminatory treatment women received within psychiatric facilities as does *Tender is the Night*. Reading these two texts alongside Fitzgerald's "Nightmare" a critique of the rest cure emerges that highlights gender disparity within treatment practices standard to modern psychological medicine. In my next chapter I shift focus to the overlapping impact gender dynamics within treatment for mental health issues had on Virginia Woolf's life and writing career. Woolf's biography is similar to Fitzgerald's in that details about the author's personal life tend to overshadow and inform critical exploration of her body of work. Woolf's history confounds biographers who attempt to make sense of her emotional struggles in connection with her frantic periods of creative output. At the same time, critics tend to focus on formal analysis of Woolf's fiction while downplaying the ways in which her personal experience with madness contributes to her presentation of these themes in writing. In the following chapter I focus first on *Mrs. Dalloway* to explore the only existing social critique of the rest cure within Woolf's fiction. I then turn to Woolf's exploration of empathy and collective affect in *The Waves* to examine her attempt to offer alternative pathways towards understanding human emotion than those offered in clinical observations. I end with a few key observations about biographical scholarship surrounding Woolf's

life and work to demonstrate the rhetorical impact the rest cure has had on Modernist literature.

Chapter 3: "Nothing Whatever Seriously the Matter": The Rest Cure and Virginia Woolf's Exploration of "Deep Feeling" in *Mrs. Dalloway* and *The Waves*

I. *Mrs. Dalloway*'s Critique of the Rest Cure and Woolf's Alternative Understandings of Emotion

Early in *Mrs. Dalloway* Virginia Woolf introduces Septimus Warren Smith in a scene which readers are positioned to experience, alongside Septimus, as a traumatic memory of his time spent as a soldier in the first World War. Prior to Septimus' initial introduction, as Mrs. Dalloway steps onto Bond Street to run errands for the party that is to take place later, she takes comfort in the present moment: "For it was the middle of June. The war was over…" These comforting thoughts are interrupted and offset by the fact of the war's resonating trauma—the ways in which the war continues to haunt life in the present. Dalloway thinks of Mrs. Foxcroft, "eating her heart out because that nice boy was killed" and Lady Bexborough, whose society duties are also interrupted by a telegram bringing news of a loved one's passing. In these opening remembrances, readers become aware of the haunting presence of war even as the narrator reassures that it is over and that this is reason enough to rejoice. Arriving in Bond Street Clarissa encounters Hugh Whitbread who she learns has been taking his wife to the doctor. Hugh describes his wife Evelyn's condition as "a good deal out of sorts" with "some internal ailment, nothing serious" in a manner that trivializes the internal emotional concerns of individuals, particularly women (198). Walking in Bond Street on her own after this encounter, Clarissa thinks to herself how "this late age of the world's experience had bred in them all, all men and women, a well of tears. Tears and sorrows; courage and endurance; a perfectly upright and stoical bearing" (201). Her thoughts then return to Lady Bexborough, hosting a bazar while still recovering from the news of the casualties of war.

These initial interactions set the scene for our first encounter with Septimus Warren Smith, the only character in *Mrs. Dalloway* who has directly experienced the war as a combat soldier and now veteran. Readers meet Septimus for the first time as Clarissa Dalloway's internal musings about her own and other's experiences of the war are interrupted by the "violent explosion" of a car engine misfiring which she imagines to be "a pistol shot in the street outside" (205). The narrative moves outward from here, eventually landing on Septimus' interior experience of memories of the war. Passersby invent a series of rumors to explain for themselves what has occurred. Septimus is one of these individuals, whose experience comes to provide the contextual apex of this early movement in the novel. For Septimus, the sound of the engine backfiring creates an internal sensation that takes him back, in memory, to war. Later in this scene we learn that Septimus, like Evelyn Whitbread, is in London to visit doctors. Like Evelyn, Septimus' condition is described as "nothing whatever seriously the matter" other than being in a "funk" which could be best resolved by participating in pleasurable experiences and hobbies.

The overlapping specificities and universalities within this opening segment encapsulate the historic moment of the first World War, known in 1921 as The Great War. This event was and continues to be a nationally and globally traumatic one that informed and influenced life, literature, medical technology and culture on a global scale. In particular, the increased presence of war trauma in soldiers returning from the war became a catalyst towards the emergence of the rest cure as the leading treatment for nervous depression, anxiety, and exhaustion throughout the transatlantic world. Virginia Woolf's presentation of Septimus Warren Smith's traumatic understanding of the post-war world and especially his dissociation from reality has been understood by critics as an attempt to understand the war's impact

on collective memory and developing understandings of trauma as it relates to depression and anxiety.[55] This now standardized reading suggests that readers should also take seriously the role the rest cure plays in Septimus's worsening condition over the course of the novel. Doing so, we are able to view *Mrs. Dalloway* within Virginia Woolf's larger creative project of understanding the impact of psychology—and especially the interior experience of emotion and memory—on modern developments within medicine and society and the ways in which these advancements were also necessarily inflected by the war's impact. For Woolf, these developments are also heavily influenced by gender in ways that highlight the institutionalization of discrimination based around sex, gender identity, and conceptions of mental and physical ability. This is evident early on in the overlapping experiences surrounding treatment of Evelyn Whitbread and Septimus Warren Smith, despite their contrasting social statuses and experiences of the war.

In "Trauma and Recovery in Virginia Woolf's *Mrs. Dalloway*" Karen DeMeester explains that "Virginia Woolf's characterization of Septimus Smith […] illustrates not only the psychological injuries suffered by victims of severe trauma such as war but also the need for them to give meaning to their suffering in order to recover from the trauma" (649). Indeed, the search for meaning in mundanity and isolation is one of the central themes that links Peter Walsh, Clarissa Dalloway, and Septimus Warren Smith in their individual existential quests interwoven throughout the novel's various motifs. The effect produced in the overlapping and competing narratives is a patchwork blanket of human emotion, experience, and suffering that could be classified as an early exploration of the problem of suicide and the quest

[55] Demeester, Karen. "Trauma and Recovery in Virginia Woolf's *Mrs. Dalloway*" in *Modern Fiction Studies*, Fall 1998, Vol. 44 No. 3. Pp. 649-673.

to make meaning out of life's seemingly meaningless and relentless suffering.[56] In her reading, DeMeester categorizes modernist literature as "a literature of trauma" which, in the 1920s, "gave form and representation to a psychological condition that psychiatrists would not understand for another fifty years" (649). DeMeester is referring here to Woolf's depiction of Septimus Warren Smith's experience of war trauma, a condition that had been classified by physicians somewhat callously as "shell-shock."[57] The ways in which Septimus' experience resonates outward with other major and minor characters within the novel demonstrates a universality of suffering offset by invasive thoughts about mortality and contrasted by varying degrees of proximity to the war itself.

Today, Smith's condition would fall into diagnostic criteria for the spectrum of Post-Traumatic Stress Disorders, otherwise known as trauma-induced anxiety and depression. Historically, this condition has been falsely aligned with manic-depression, diagnosed today as Bipolar Spectrum Disorder. Importantly, these are conditions which, in 1927, were treated exclusively with rest cures inspired and influenced by the reports delivered in Silas Weir Mitchell's textbooks and lectures. Virginia Woolf depicts the connections between war trauma and the rest cure in *Mrs. Dalloway* as Septimus first visits Dr. Holmes and then Sir William Bradshaw for his primary symptoms—anxiety and nervous depression. In structuring *Mrs. Dalloway* around Septimus's struggles with trauma-induced psychosis and suicidal ideation at the apex of Peter Walsh and Clarissa Dalloway's memory-flooded

[56] It is worth noting that this is also a recurring theme in the writings of existentialist philosophers Jean Paul Sartre and Albert Camus, who wrote and came to prominence later than Woolf's composition of *Mrs. Dalloway*. Like Sartre and Camus, Woolf's thinking and writing were impacted significantly by the philosophical writings of Henri Bergson as well as Russian novelist Fyodor Dostoevsky.

[57] See "War Office Report Into Shell Shock" in *The Times* (London). August 10, 1922. Accessed electronically, 10.6.2022: https://www.thetimes.co.uk/article/war-office-report-into-shell-shock-lkr9sbfhk. Virginia Woolf read this report when it was first published in August of 1922 and then began working on her characterization of Septimus in October of 1922, using this report as a basis for her understanding of the war's impact on sanity and insanity with respect to veteran soldiers.

reunion Virginia Woolf sets up a framework of connections between gender, war, and ability. The intersectional connections between the experience of these three elements of human life recur as themes in *Mrs. Dalloway* in a way that produces uncanny connections between and across characters who otherwise do not interact with one another and who otherwise might not be seen as relating to one another in any significant capacity.

In particular, a connection is forged between Clarissa Dalloway and Septimus Warren Smith as Clarissa learns of Septimus's suicide in passing while hosting a dinner party in the novel's concluding scene. In DeMeester's interpretation, "Septimus's death is the result of his inability to communicate his experiences to others and thereby give those experiences meaning and purpose" (649). This is indeed true and provides insight into the way Woolf structures her mid-career novels (*Mrs. Dalloway*, *To the Lighthouse*, and *The Waves*) around subconscious shifts in mood, or what she derives from her reading of Dostoyevsky as an investigation into "deep feeling."[58] When readers first meet Septimus he is experiencing a flashback to the war that was likely brought on by witnessing an airplane writing a message in the sky and after hearing a car engine misfiring, making a sound like a pistol:

> Everything had come to a standstill. The throb of the motor engines sounded like a pulse irregularly drumming through an entire body. The sun became

[58] See Bell, Quentin. *Virginia Woolf: A Biography*. London: Harcourt, 1972. While in the process of writing *Mrs. Dalloway* (*The Hours,* as it was conceived in its earliest stages), Woolf wrote that her aim was to "criticize the social system, and to show it at work, at its most intense… One must write from deep feeling, said Dostoyevsky. And do I? or do I fabricate with words, loving them as I do? No, I think not. In this book I have almost too many ideas. I want to give life and death, sanity and insanity; […] Have I the power of conveying the true reality? Or do I write essays about myself? Answer these questions as I may, in the uncomplimentary sense, and still there remains this excitement. To get to the bones, now I'm writing fiction again I feel my force glow straight from me at its fullest" (Bell 331).

> extremely hot because the motorcar had stopped outside Mulberry's shop window; old ladies on the tops of omnibuses spread their black parasols; here a green, here a red parasol opened with a little pop. Mrs. Dalloway, coming to the window with her arms full of sweet peas, looked out with her little pink face pursed in enquiry. Everyone looked at the motorcar. Septimus looked. Boys on bicycles sprang off. Traffic accumulated. And there the motorcar stood, with drawn blinds, and upon them a curious pattern like a tree, Septimus thought, and this gradual drawing together of everything to one centre before his eyes, as if some horror had burst into flames. It is I who am blocking the way he thought. Was he not being looked at and pointed at; was he not weighted there, rooted to the pavement, for a purpose? But for what purpose? (Dalloway 206).

There is much to unpack in this pivotal moment to the plot of *Mrs. Dalloway*. Famously, this scene marks the first and only instance in which Clarissa and Septimus are actually connected in the same experience of sensory overwhelm, albeit experienced through vastly different subjectivities which Woolf masterfully demonstrates. Everyone on Bond Street notices the same sensations and sounds simultaneously. However, as the middle-class individuals (of whom Dalloway is included) are excited for the prospect of encountering the Queen or the Prime Minister, Septimus cannot see past the reemergence of war trauma the sights and sounds of this scene have brought up for him.

Woolf structures this paragraph around parallelism and truncated sentences that, read aloud, mimic the sounds of war Septimus relives as he experiences the sight of the airplane and the sound of the motorcar at the same time as everyone else in Bond Street, but in a way that is completely his own. From the sound of the motorcar engine "like a pulse irregularly drumming through an entire body" to the "pop" of the red and green parasols, mimicking a blood-splattered battlefield, one can imagine how these sounds and sights might echo the scene of battle for a soldier recently home from war and readjusting to domestic life. By the end of the paragraph Woolf invites readers fully into Septimus's interiority as he experiences

a freeze-response, or temporary paralysis due to mental overwhelm. While frozen in shock, Septimus simultaneously experiences shame and existential dread—two sensations that follow him in various ways throughout his day as he remembers the loss of his close friend Evans, visits Dr. Holmes and Sir William Bradshaw, and fails to appropriately communicate with his wife. Importantly, the freeze response Septimus experiences throughout his day leading up to and including his eventual suicide operates through a process of dissociation, giving to Septimus an appearance of a higher level of consciousness akin to what might be found in an omnipotent narrator. As a result, Septimus is able to bring together the components of his trauma to derive meaning out of his current inability to participate fully in life.

Virginia Woolf relies on competing images first of Eastern religion and philosophy and second of Western Medicine's rigid classification of human life and behavior to draw out the particularities surrounding Septimius's trauma and the ways in which his experiences isolate him from the world in which he lives. Shortly after his initial dissociative episode, Septimus notices a pattern of a tree on the side of the motorcar which has backfired, initiating his traumatic memory. The shadow that Septimus sees as a tree on the side of the motorcar is likely his own, which readers can notice as he feels himself to be, like a tree, "rooted to the pavement." The Tree of Life figures prominently in Eastern philosophy and religion, which Woolf drew inspiration from in her writing of both *Mrs. Dalloway* and *The Waves*. The image, and the proximity to nature it offers to Septimus, signal a curiosity about the interconnectedness of all things and a search for meaning or purpose beyond mere existence, a guiding principle of Buddhism and Hindu

philosophy.[59] Taken together with the iconography this image holds for Eastern tradition, this moment signals a moment of proximity to death for Septimus. In other words, a return to nature. Importantly, for these religious philosophies, to return to nature is also to embrace the divine and destructive feminine force of the natural world.

André Viola explores the recurrent image of the Tree of Life in *Mrs. Dalloway* in "Buds on the Tree of Life: A Recurrent Mythological image in Virginia Woolf's *Mrs. Dalloway*." Viola offers valuable insight into a spiritual attachment to the natural world that connects Peter Walsh, Clarissa Dalloway, and Septimus Warren Smith throughout the novel. Viola presents Peter Walsh as an entry-point into Woolf's spiritual imagery in *Mrs. Dalloway*, particularly his vision of himself as a "solitary traveler" as he encounters an old woman after his initial meeting with Clarissa. Viola explains that "Peter's vision of the solitary traveler reaches him through the meditation of the elderly grey nurse. An ambivalent figure, she introduces him to another dimension—facilitating the transition between a waking and dreaming state" (241). Woolf achieves this effect in her writing in much the same way that Septimus Warren Smith's flashback creates an entry-point into his own subliminal dreamlike state. "First, [the woman] wears grey—a mostly negative color in the book," which importantly is also associated with Dr. Holmes. Second, "her knitting cannot but evoke the fatal sisters and the inexorable flow of time" (241).

In this moment, we see Peter Walsh confronted with his own insignificance through an encounter with his opposite counterpart—an aging spinster. His empathetic connection to her forces him momentarily outside of himself, where he

[5959] See for instance *The Bagavad Gita*. Eknath Easwaran, ed. Blue Mountain Center: Nilgiri Press, 1985 and *The Upanishads*. Eknath Easwaran, ed. Blue Mountain Center: Nilgiri Press, 1987.

becomes witness to universal truths about the human condition as a solitary traveler—namely, the unalterable process of aging, isolation, and human loneliness. We see these themes recur in the similarly inexplicably sensed connection between Clarissa Dalloway and Septimus Warren Smith in the party scene at the novel's end. It is important that Peter Walsh bears witness to Clarissa's ecstatic frenzy upon learning of Septimus's suicide. Clarissa stands in, in this moment, as a representative figure for the Tree of Life in human form—a female conduit to nature that connects her simultaneously to both Peter Walsh and Septimus Warren Smith.

It is likewise important that Septimus sees himself, in his initial flashback, as a representation of the Tree of Life. This moment foreshadows Septimus's suicide and signals a certain queerness to his character—in both his reactions to external stimuli and his internal experiences. By connecting Septimus closely to an image of the goddess and giving him a name that draws archetypical associations from the divine feminine (through association with the number seven),[60] Woolf adds an androgynous component to Septimus that is further highlighted in his close intimate friendship with Evans and in his experience of deep feeling and emotional dysregulation, symptoms for which his masculinity is called into question by both Dr. Holmes and his wife Lucrezia. As the crowd accumulates to witness the airplane writing in the sky the group, including Lucrezia Warren Smith, is drawn to the scene over speculation on what it could mean—and how the event could be connected to politics and war. Clarissa imagines a chance to encounter the Queen while Lucrezia uses the scene as an opportunity to encourage Septimus to take an interest in the world outside of his own nervous internal thoughts:

[60] See Viola, André. "Buds on the Tree of Life." 246.

> "Look, Look, Septimus!" She cried. For Dr. Holmes had told her to make her husband (who had nothing whatever seriously the matter with him but was a little out of sorts) take an interest in things outside of himself (Dalloway 212).

Lucrezia's plan does not go as she hopes in part because, narratively, Septimus has experienced a dissociative break—meaning that he is effectively already outside of his interior thoughts. And so, instead, Lucrezia's gesture towards the plane increases his paranoia, which seems to be connected to memories of war and an experience of survivor's guilt:

> So, thought Septimus, looking up, they are signaling to me. Not indeed in actual words; that is, he could not read the language yet; but it was plain enough, this beauty, this exquisite beauty, and tears filled his eyes as he looked at the smoke words languishing and melting in the sky and bestowing upon him in their inexhaustible charity and laughing goodness one shape after another of unimaginable beauty and signaling their intention to provide him, for nothing, for ever, for looking merely, with beauty, more beauty! Tears ran down his cheeks (Dalloway 212).

Septimus's response to this scene frustrates Lucrezia, causing her to storm off from him, thinking as she does:

> For she could stand it no longer. Dr. Holmes might say there was nothing the matter. Far rather would she that he were dead! She could not sit beside him when he stared so and did not see her and made everything terrible… (Dalloway 213).

The tension that develops in this scene is the result of Septimus's inability to communicate his experience of deep feeling—here connected to war trauma—with his wife and physician. Lucrezia is torn between resenting Septimus for his suicidal ideation and feeling as though he is a burden and wishing he were dead. Her interior monologue continues:

> And it was cowardly for a man to say he would kill himself, but Septimus had fought; he was brave; he was not Septimus now" (Dalloway 213).

Lucrezia acknowledges that the experience of fighting in the war has altered Septimus on a mental and emotional level, alterations which call his masculinity into question. This is contrasted to her reference to Dr. Holmes' use of the rest cure to state that there is nothing the matter with Septimus and that rest and relaxation are all that is needed to recover from his severe moods.

It is Septimus's inability to adequately articulate the beauty and splendor that he senses in the images that recall to him his time at war that leads to his feeling that he is a burden to the world and that his own life is a burden to himself and to Lucrezia. These feelings intensify as the two visit Sir William Bradshaw later in the day. Indeed, he seems to absorb this sentiment from Lucrezia, whose idle wish for Septimus's death perpetuates him acting out his suicidal ideation:

> Kill yourself, kill yourself, for our sakes. But why should he kill himself for their sakes? Food was pleasant; the sun hot; and this killing oneself, how does one set about it, with a table knife, uglily, with floods of blood,--by sucking a gaspipe? He was too weak; he could scarcely raise his hand. Besides, now that he was quite alone, condemned, deserted, as those who are about to die are alone, there was a luxury in it, an isolation full of sublimity; a freedom which the attached can never know. Holmes has won of course; the brute with the red nostrils had won. But even Holmes himself could not touch this last relic straying on the edge of the world, this outcast, who gazed back at the inhabited regions, who lay, like a drowned sailor, on the shore of the world (Dalloway 277-278).

In this moment in Bradshaw's office we see Septimus seriously contemplating suicide with intention because he senses the ways in which he has become a burden to his wife and because he is unable to break out of the "funk" he is in, as Dr. Holmes carelessly frames Septimus's suicidal impulses. It is significant that Septimus presents Holmes and Bradshaw as villains here, who "win" upon the execution of Septimus's suicide. The religious imagery, coupled with the clinical coldness of the scene in Bradshaw's office brings Woolf's narrative into a

philosophical dialogue with the nature of life and death and the ethical ramifications behind the choice to end one's life.

Later in the modernist era Albert Camus would popularize this line of philosophical inquiry in his *The Myth of Sisyphus* (1942). In this text, Camus classifies suicide as the foundational ethical problem for life in the 20th Century. The basic premise of *The Myth of Sisyphus* is fairly simple—the meaning of life is to make meaning out of life despite the inevitability of life's suffering. This is the meaning behind the iconic phrase "one must imagine Sisyphus happy" with which Camus concludes. Nearly two full decades prior to the publication of *The Myth of Sisyphus*, in *Mrs. Dalloway* Woolf invites readers to consider the same questions and places critical pressure on the oppressive forces of life which can make happiness—and therefore the experience of meaningfulness and purposefulness—seemingly impossible for those oppressed by their own thoughts and bad feelings. Importantly, Septimus also experiences a metaphysical phenomenon of the out-of-body experience which Jean-Paul Sartre would later explore in *The Transcendence of the Ego* (1936) in which an individual senses their own impermanence and makes peace with the ultimate instability of being in reality.[61] For Lucrezia and Dr. Holmes, Septimus's being at peace with death is both a symptom and a triviality. Suicidal ideation is at once framed as a triviality (being in a "funk") and an attribute which questions his masculinity ("Septimus *was* brave…he was not Septimus now…"). For Septimus, however, thoughts about the natural world and the return to nature in death frees him from "attachment" and offers him peace from anxiety and guilt related to his participation in the war.

[61] See Sartre, Jean-Paul. *The Transcendence of the Ego: An Existentialist Theory of Consciousness*. Forest Williams and Robert Kirkpatrick, trans. New York: Hill and Wang, 1960.

Nonattachment is a central principle of Buddhist philosophy and serves an acknowledgment and embrace of the impermanence of life. Woolf's existentialism is influenced by these principles along with the philosophy of Henri Bergson,[62] who was also an influential figure in the work of Jean-Paul Sartre and Albert Camus. It is very interesting that Woolf arrived at principles that would come to guide modern existentialism decades in advance of the two leading figures within French Existentialism. This ought to be taken seriously as part of Woolf's project in *Mrs. Dalloway*—importantly, a project which she expanded on and perfected in *The Waves*. The Tree of Life imagery which connects Peter Walsh, Septimus Warren Smith, and Clarissa Dalloway counterbalances the narrative of Septimus's experience with Holmes's failed implementation of the rest cure and Bradshaw's subsequent threat to have him institutionalized for his symptoms. Doing so, a more productive space out of which to derive meaning from the nuanced examination of human suffering within *Mrs. Dalloway*. In particular, empathy and emotional exchange operate in the conclusion of the text in a way that produces ecstatic exuberance in both Clarissa Dalloway and Peter Walsh in a way that exemplifies what Dan Schwarz has called an epiphanic moment.[63]

In the final moments of *Mrs. Dalloway* Clarissa senses an emotional connection to Septimus Warren Smith which Peter Walsh affectionately observes from afar. Here, these three characters form an epiphanic triangle which connects the threads of spiritual imagery surrounding their overlapping subjectivities and internal narratives leading up to this moment in the text. The uncanny experience of empathy between Clarissa and Septimus encourages readers to see the two as

[62] See Bergson, Henri. *Matter and Memory*. Nancy Margaret Paul and W. Scott Palmer, trans. New York: The MacMillion Co., 1911.
[63] Schwarz, Daniel R. "A Critical History of "The Dead" in *The Dead* ed. Daniel Schwarz. New York: Bedford Books, 1994.

foils, or doubles, for one another. Despite their vastly different social positionings, the two experience emotion and memory in remarkably similar ways. This is what allows Clarissa to ultimately understand Septimus' suicide not as a tragedy but as an act of defiance—an ironic celebration of his own life. In particular, Septimus and Clarissa are connected through shared narcissistic-seeming interior monologues that focus predominantly on the ways in which their emotions and interior landscapes are shaped and affected by their memories. For instance, both Septimus and Clarissa appear to be deeply affected by their memories in such a way that their surroundings and the people and situations they encounter trigger certain emotions and memories. In this way, we can say that *Mrs. Dalloway* is structured around a series of trauma responses that surround the experience of the day in June on which the events of the novel take place. By structuring her narrative in this way, Woolf attempts to encapsulate the roles empathy and affect play on memory and the ways in which memory, and particularly traumatic memory, can shape and frame one's experiences. This framework is most prominent in Septimus' experience of flashbacks to the war. Throughout these moments in the text, Septimus attempts to make sense of himself and his surroundings as his mind and accompanying interior monologue is presented as being quite disjointed and out of sorts.

Perhaps the most pivotal scene in *Mrs. Dalloway* occurs as Clarissa learns of Septimus' suicide and empathizes so fully with him that the news sends her into a manic state in which emotion and memory seem to collide in a kind of ecstatic frenzy. When she first learns of his suicide, Clarissa thinks first of the inappropriateness of Lady Bradshaw's having shared this news at her party and then reaches a place of understanding and empathy with Septimus, to a point of over-identifying with him. This leads her to rapidly revisit the emotion-driven

flashbacks of her youth which she has experienced throughout the day leading up to this moment. In this moment Clarissa and Septimus are united not only through Clarissa's identification with Septimus but also through the ways in which their emotions each shift abruptly, like waves, as the omniscient though detached narrator describes them.

Clarissa's frenzied emotional reaction to the news of Septimus' suicide likewise parallels Peter Walsh's terror and excitement when witnessing Clarissa's response in the final moment of the text. The transitions between Peter and Clarissa's interior perspectives in the final pages of the novel convey the ways in which empathy can create a kind of bridge between and across individuals and presents emotion and affect as something which can be shared and transmitted even though separate individuals cannot know the specific interior details that one another experiences at any given moment. Additionally, the shared connection to the Bradshaws, and especially Lady Bradshaw's lack of empathy towards Septimus, enhances the critique of the rest cure which Woolf establishes in Septimus' earlier scenes in the novel. While Septimus is unable to feel supported in the treatment options he receives through psychology, it is in an uncanny space of familiarity with Clarissa Dalloway that human understanding and empathy render Septimus' trauma universal, removing the stigma attached to his suicidal ideations and instead presenting his struggle as human and more commonplace than presented in the otherwise detached clinical setting of Bradshaw's office.

II. *The Waves*, Deep Feeling, and Collective Understandings of Empathy and Affect

In opposition to the clinical detachment of the rest cure which dehumanizes patients, Woolf constructs her narrative around deep feeling and the empathetic connection that can form between individuals in order to demonstrate the strengths

of emotional attachment and empathy and contrast to the weaknesses of diagnostic medicine in its early stages. In *The Waves* Woolf is similarly invested in explorations of deep feeling in contrast to clinical attempts to understand and diagnose difference and bad feelings. In this text Woolf relies on Romantic and natural imagery to draw out deep feelings associated with isolation and emotional discomfort felt in response to socially constructed forms of discrimination and inequality—especially unequal educational opportunities and facilities for women.[64] Particularly through Rhoda and Susan, *The Waves* depicts negative emotions brought about by the experience of socially-imposed female difference and unequal access to opportunity, autonomy, and social advancement. In contrast to Bernard in particular, whose optimism and enthusiasm around self-discovery and aging helps to balance Rhoda's self-isolating misanthropy and Susan's self-effacing and self-negating melancholy, these two characters guide the negative emotional valences within the text to showcase the various ways in which experience shapes reality through one's interior landscape.

In the opening movement of the novel we first encounter the characters through their overlapping perspectives and competing perceptions of the natural world. The protagonists here are children, observing the world as children do—through their senses. It is initially apparent that Rhoda experiences the world and her sensations differently than the other characters. Where the others observe concrete details to which they affix permanent or material attributes, Rhoda's senses are shrouded in impermanence and her sensual descriptions rely on abstract concepts and metaphors. Where the others observe clouds and place them into

[64] For more insight into Woolf's use of Romantic and natural imagery in *The Waves* see McGravran, James Holt, jr. "Shelley, Virginia Woolf, and *The Waves*: A Balcony of One's Own" in *South Atlantic Review*, Nov. 1983, vol. 48, no. 4. pp. 58-73.
Rantavaara, Irma. "On Romantic Imagery in Virginia Woolf's *The Waves* with Special Reference to Antithesis" in *Neuphilologische Mitteilungen*, vol. 60, no. 1 (1959) pp. 72-89.

shapes with which they are familiar, Rhoda describes sound and attempts to capture its quality without assigning to it any permanent or fixed origin. For instance, Bernard opens the novel with "I see a ring," to which Susan responds "I see a slab of yellow." In contrast, Rhoda observes that she hears "a sound…going up and down" (9). When moving into the realm of the visual, Rhoda describes "islands of light…swimming on the grass" and falling through the trees.

Later in this section Louis observes himself as being apart from the group, witnessing his friends "brushing the surface of the world" (12). Importantly, he excludes Rhoda from this group, positioning her alongside himself as an outsider in relation to the dominant social group of the novel, and with a different way of relating to and experiencing both the social and the natural world. As his friends call to him, Louis thinks "But let me be unseen. I am green as a yew tree in the shade of the hedge. My hair is made of leaves. I am rooted to the middle of the earth. My body is a stalk" (12). This imagery recalls the imagery of the Tree of Life in *Mrs. Dalloway* and further demonstrates the way in which Woolf utilizes natural imagery and Romantic themes to convey the experience of solitude and especially the emotional isolation of an introverted personality type.[65] Louis' thoughts are interrupted when Jinny kisses him in a display of the way in which her material and bodily desires contrast with his own interior perspective and Romantic disposition. Viewing this kiss produces sadness and jealousy in Susan, who does not know that it was unwanted. Susan then describes her unhappiness in melodramatic tones to Bernard. She positions a display of suicidal ideation alongside a felt connection to the insects she sees in the grass: "I shall eat grass and die in the ditch…I see insects in the grass…I love and I hate" (15-16).

[65] See McGravaran, 59, 62.

In this early moment in the novel Woolf demonstrates interior and collective affect through a series of internal observations offset by external interruptions which create upsetting feelings—for Susan these feelings overwhelm in a way that seems too much to bear. Importantly, for both Louis and Susan it is natural imagery and a connection to the natural world which helps to express the negative affects of discomfort, isolation, loneliness, and longing. Equally important to this scene is Bernard's ability to understand and empathize with Susan's hurt feelings. It is this that helps her to recover from her momentarily overwhelming rush of emotion. Demonstrating to her that he understands the dissolution she feels in the moment, Bernard is able to engage Susan in imaginative play which distracts her and allows her to overcome her negative emotional outburst (16-18).

Similarly to Louis, in her initial self-description, Rhoda uses natural imagery to highlight introspection and a desire for isolation. Where Louis sees himself as the earth, Rhoda sees herself as a large body of water and imagines having ownership and control of all that passes on and underneath her waves (18). In her descriptions, she becomes both a ship and the waves simultaneously, able to both produce the ocean's waves and balance on top of them. Rhoda's internal imaginative play in this moment forms the basis of the structuring metaphor that guides the intercalary sections that come between each temporal movement that forms the novel's chapters. She experiences her ability to see and experience herself in this way as "moments of freedom" from the social obligations and interruptions of her friend group. In this way, Rhoda becomes a key figure within Woolf's archetypal depiction of emotion within the novel where Bernard comes to figure as the primary storyteller and observer of the social order of the characters within the novel. Later in the novel, as the group prepares to attend Percival's going away party, Bernard experiences jealousy over and admiration for Rhoda's

isolation, which he views as independence. Where he sees himself as needing other people around him to fully experience his own self, he admires Louis and Rhoda for their ability to be wholly themselves, apart from necessities and interruptions that guide social interaction (116). This contrast positions Rhoda and Bernard as the key figures within the novel in terms of both the collective experience of emotion and identity, and the violent ways in which individuals can experience the incoherence of the self in response to the demands of the collective.

In the second movement of the novel, the group goes away to school. The boys go to a school for young men and the girls attend a boarding school for young women. While Bernard narrates the male perspective of optimism, exuberance, and hunger for knowledge, both Susan and Rhoda offer contrasting perspectives of sadness—with Rhoda placing a particular emphasis on a sensed lack of identity and opportunity that brushes up against and contrasts with Bernard's newfound independence and autonomy. She thinks to herself, "here I am nobody. I have no face. This great company, all dressed in brown serge, has robbed me of my identity" (33). There are parallels to be made here to Woolf's depiction of unequal educational and professional opportunities for women in both *A Room of One's Own* and *Three Guineas*. Taken together, the depictions of education in these three texts work to suggest a feminist understanding of emotion that is based around circumstance, opportunity, and resources and that works in opposition to clinical understandings of psychology that, especially at the time Woolf was writing, tended to pathologize female emotional response to their own social inferiority.[66]

Writing about the depression that can form around the experience of social inequality in 2012, critic Ann Cvetkovich establishes the basis for an exploration of situational, political depression in *Depression: a Public Feeling*. For Cvetkovich,

[66] See Mitchell, Silas Wear. *Fat and Blood* (1878) and *Wear and Tear* (1871).

depression ought not to be seen and diagnosed as purely a clinical phenomenon, particularly when bad feeling results from oftentimes unalterable social injustices and seemingly insurmountable sociopolitical barriers. This way of reading depression through a sociohistorical lens is useful in unpacking Woolf's representations of social and emotional difference in *The Waves* and can help readers to understand the ways in which Woolf's writing can function in opposition to modern psychological diagnosis of female melancholy. Offering a deeper understanding of the ways in which the experience of inequality and injustice can naturally lead to depression, rather than pathologizing depression outright, Woolf explores deep feeling through the lens of overlapping external and interior experience that emphasizes humanism over and above clinical psychology.

At school, Rhoda experiences the rigidity of instruction as a form of training to behave as others expect her to behave. Ultimately, this works as a confirmation of her own abnormality as she is unable to be satisfied with her surroundings. She thinks to herself, "their world is the real world…they say yes, they say no; whereas I shift and change and am seen through in a second…They know what to say if spoken to. They laugh really; they get angry really; while I have to look first and do what other people do when they have done it" (43). Ultimately, Rhoda expresses the sensation of her own emotional difference as being "rocked from side to side by the violence of [her] emotion," keeping with the metaphor of a ship lost at sea with which she initially describes herself in opposition to her friends. Later in this section, Rhoda presents memory, and especially unhappy or discomforting memories as "the emerging monster to whom we are attached" (65). This description makes space for psychoanalytic understandings of emotion that account for the trauma of experience in understanding human emotion. While Woolf was interested in psychoanalysis, the treatments she experienced for her own lifelong

emotional illnesses were predominantly rest cures which focused on therapeutic bedrest, overfeeding, and medication. While there is none of these types of treatment depicted in *The Waves*, this passage suggests that Woolf might have seen psychoanalytical understandings of emotion as potentially beneficial or productive in response to the treatments she received and often took issue with.[67]

Like Rhoda, Susan similarly reflects on the experience within the Swiss boarding school as isolating, violent, and emotionally overwhelming. She thinks,

> I cannot be divided, or kept apart. I was sent to school; I was sent to Switzerland to finish my education. I hate linoleum; I hate fir trees and mountains. Let me now fling myself on this flat ground under a pale sky where the clouds pace slowly…who am I, who lean on this gate and watch my setter nose in a circle? I think sometimes (I am not twenty yet) I am not a woman, but the light that falls on this gate, on this ground. I am the seasons…I cannot be tossed about, or float gently, or mix with other people. Yet now leaning here, till the gate prints my arm, I feel the weight that has formed itself in my side. Something has formed, at school, in Switzerland, some hard thing (97-98).

Where the male perspective, offered primarily through Bernard's narration, is active and autonomous and emphasizes community, companionship, and independence, Susan and Rhoda both depict themselves as passive and in their moments of narration represent their interior perspectives as isolated and dissociative. In response to the isolation and hardness Susan feels at school, she imagines finding a lover who can understand and relate to her and help to provide for her a successful life filled with friendships and peers. These hopeful daydreams highlight both female passivity and her present despair at not having access to a sense of welcoming community. The overlapping male and female perspectives which make up the earlier sections of the novel focus on masculine optimism and

[676767] See Spitzer, Jennifer. "The Soul Under Psychoanalysis: Virginia Woolf and the Ethics of Intimacy" in *Secret Shareres: The Intimate Rivalries of Modernism and Psychoanalysis*. New York: Fordham University Press, 2023.

creativity in contrast to a feminine melancholy and violently isolating emotion. Importantly, these emotional differences resonate in the different experience of formative social opportunities with respect to access to education and professional opportunity. By focusing on interior emotional response to external stimuli in this way, Woolf offers an alternative framework for understanding human emotion that is steeped in experience and empathy rather than pathologization, institutionalization, and rehabilitation. In both *The Waves* and *Mrs. Dalloway* institutions designed to cure and regulate human behavior (such as the mental asylum and the boarding school) are depicted as catalysts for worsening depression and mania rather than pathways towards health and well-being. Nuanced understanding of the depth of human feeling and human experience, along with a foundational level of empathy, is instead presented as necessary to understanding isolation, loneliness, and despair.

III. Woolf's Nonfiction and the Impact of Biography

Importantly, social and professional inequality is also the subject matter of *A Room of One's Own* and *Three Guineas*. Together, these works form an opus in Virginia Woolf's career. These connections, and the important ways in which they recur throughout the majority of Virginia Woolf's major works of fiction and criticism highlight the importance of Woolf's biographical details to a full understanding of the ways in which developments in modern psychology, and especially the rest cure, informed and impacted her body of work. In *Virginia Woolf: a Biography* Quinten Bell characterizes Woolf's artistic skill and creative genius as the inexplicable product of a deeply troubled mind. However, Woolf's journal entries while writing this novel reflect her nuanced attempt to capture deep feeling, especially the depths of human despair. Importantly, this is another key element in modern existentialism. In her journals, Woolf documents her own shifts

in mood during this period using imagery that would eventually guide the intercalary chapters of *The Waves*—that of a wave crashing and falling:

> Oh its beginning, it's coming—the horror—physically like a painful wave swelling about the heart—tossing me up. I'm unhappy, unhappy! Down—God, I wish I were dead. Pause. But why am I feeling this? Let me watch the wave rise. I watch. Vanessa. Children. Failure. Yes; I detect that. Failure, failure (The wave rises)…Wave crashes. I wish I were dead! I've only a few years to live, I hope (Bell 341).

Read as evidence of Woolf's worsening depression, Bell comments on the failure Woolf felt over not having any children of her own and fails to notice the ways in which her syntax and attention to unpacking the meaning behind her emotions works to guide her to the effects she wants to depict in fiction in *The Waves*. This journal entry can be seen as Woolf's creative attempt to make sense of her own moments of suffering in writing, so that she may move past them and document them in true form through her fiction, achieving an artistic vision that was truly revolutionary in 1931. While Woolf no doubt did struggle with depression and severe moods that did eventually lead to her suicide, she also used her writing to make sense of her life and to accumulate purpose through her fiction, making her own life into a kind of existential quest of Sisyphean proportions. Without acknowledging Woolf's personal history and mental health struggles it is difficult to understand the full impact of her work and the implications it holds for how she can be remembered not just as a novelist, but also as a political theorist and philosophical thinker—two fields of inquiry very important to her own conception of her life's work and from which she was denied entry during her lifetime as a result of discrimination based around her gender, sexuality, and socially constructed misconceptions about her mental, emotional, and intellectual ability.

Quinten Bell's *Virginia Woolf: A Biography* first appeared in 1972. As the first extensive biography of her life and writing career, the text helped to create a

narrative of Woolf as a beautiful girl whose social standing came into constant conflict with her brilliance, leading to what he frames as perpetual malcontent and depressive moods from an early age. While later biographers connect Woolf's experience of depression at an early age with her experience of sexual molestation and incest from her older half-brother George Duckworth,[68] Bell's biography only briefly addresses this and presents the behavior Woolf was subjected to during her early childhood development as little more than youthful transgression. Rather than the result of trauma, as certain later biographers have claimed, Bell presents Woolf's mental health struggles as innate and unconnected to her experience of sexual abuse.

The potential correlation between Woolf's early mental health struggles and the ways in which she was exploited and objectified by her older half-brother are relevant to her life and posthumous reception in that by de-emphasizing Woolf's experience of abuse and emphasizing the innate quality of Woolf's struggles to maintain a positive outlook on life connect directly to the rest cure's presentation of women's health and intellectual capacity and can be used to better understand the ways in which Woolf herself grew to understand and write about matters of identity, gender, and sexuality—particularly discrimination based on gender and sexuality and how these categories connect to perceptions of mental ability.

Bell writes: "From the outset, Virginia's life was threatened by madness, death, and disaster. Whether there was in those early years, any seed of madness within her, if those 'purple rages' were the symptom of some psychic malady, we do not know; neither probably did she; but madness walked the streets" (36). Bell goes on to compare Woolf's experience of mental illness to terminal cancer, intimating that

[68] See for instance, Poole, Roger. *The Unknown Virginia Woolf*. Cambridge: University of Cambridge Press, 1978 and DeSalvo, Louise. *Virginia Woolf: The Impact of Childhood Sexual Abuse on Her Life and Work*. Boston: Beacon Press, 1989.

her suicide was a justified last resort in her lifelong struggle for mental health (47). While Bell presents Woolf's mental health struggles as being innate, he also highlights biological and situational details which seemingly worsened her condition, such as the experience of gender-based discrimination and sexual exploitation. For instance, Bell notes that Woolf's older brothers treated her as intellectually inferior to them by virtue of her sex. Because of this, she came of age seeing herself as "ill-educated…by reason of her sex" (74). Today the term for this feeling of inferiority is "imposter syndrome" and it is something Woolf herself addresses in *A Room of One's Own* as she gestures towards her own and other female authors' tendency towards negative affects such as anxiety, anger, resentment, and isolation.[69]

Just as Bell presents Woolf's mental health struggles as innate and biological, he likewise presents her high level of intellect as a symptom of her illness in that it contributed to what he and her family classified as a chronic social ineptitude. To give an example, Bell describes a scene in which Woolf upsets the dowager countess of Carnarvon over dinner conversation by asking her if she has read Plato: "Here Virginia said something awful, something appalling. We shall never know what it was, and perhaps she was simply talking too much; but she always had a terrifying way of forgetting her audience and […] Plato could easily lead to topics which might appall Lady Carnarvon […] topics which are entirely unsuitable for a young woman" (81). Here, Bell is critiquing Woolf's core personality traits, her outspoken feminism, and her intellectualism as he states that because of her high level of intelligence and comfortability discussing subjects deemed fit only for

[69] See Woolf, Virginia. *A Room of One's Own*. London: Harcourt, 1929. "Anger, I called it. But it was anger that had gone underground and mixed itself with all kinds of other emotions. To judge from its odd effects, it was anger disguised and complex, not anger simple and open […] [all these books by women] had been written in the red light of emotion and not in the white light of truth" (32-33).

masculine audiences she herself was "chronically disturbed" and "unfit for polite society" (81-84). In Bell's presentation of the events of Woolf's early life, the origins of her mental health diagnosis correspond to her intelligence and hunger for education. It is no coincidence that women's education was also heavily warned against among practitioners of the rest cure.[70]Interestingly, Bell's depiction of Woolf's emotional difference as innate in some ways mirror's Bernard's characterization of Rhoda and his initial presentation of her suicide as a passive and inevitable detail of the social framework within his own life, "evoked to serve as opposite to myself the figure of Rhoda always so furtive, always with fear in her eyes, always seeking some pillar in the desert, to find which she had gone; she had killed herself…" (281). The passive and objectifying way in which Rhoda's death presents itself in the novel is a final figural representation of female creativity and emotional difference as ultimately misunderstood and pathologized. That this detail presents also in the ways in which biographers have tended to discuss Woolf's life and work posthumously is worth exploring in full.

Woolf regularly experienced periods of extreme fatigue upon the completion of her major works of fiction and critical theory. Throughout her life, she was compliant with the use of the rest cure to treat her periods of depression, usually following intense concentrated periods of creative output. While Woolf's experience with the rest cure, according to her biographers, was largely positive, her writing around the subject of rest and recovery, as well as female education which the rest cure calls for a limitation of, suggests a subversive element to

[70] See for instance Mitchell, Silas Weir. *Rest in the Treatment of Nervous Disease*. New York: Putnam and Sons, 1875 and Mitchell, Silas Weir. *Wear and Tear; or, Hints for the Overworked*. Philadelphia: J.P. Lippencott and Company, 1891.

Woolf's writing that allows us to critically engage with the ways in which her fiction and polemic writing allowed her to confront her own negative emotions surrounding the mental health treatment plan which she did not choose for herself and did not have the power to alter. It is important to explore the ways in which Woolf's own experience with the rest cure influenced her subject matter surrounding her own life, the experience of gender-based discrimination, sexual deviance, and trauma to fully comprehend the ways in which the rest cure as a practice that impacted Woolf's life also impacted her writing and her relationship to her work. In doing so, we can begin to see the ways in which Woolf responds stylistically to the rigidly individualized and gendered model of Self enforced in and by the rest cure.

Virginia Woolf's experience with the rest cure, and especially the discriminatory treatment practices imbedded within the treatment policies and procedures, shaped her life in undeniable ways that led her to the questions she would go on to explore in her fiction and political writings. Specifically, Woolf explores the impact of war, gender, and personal identity through competing and overlapping representations of subjective experience. This is a career-long project for Woolf that cannot be isolated to one work or group of writings. In her career-long exploration of these topics, Woolf offers us a lens through which to view the experience of discrimination based around gender, sexual orientation, and perceptions of (dis)ability. For the sake of coherence, this chapter focuses on *Mrs. Dalloway* and *The Waves* while also relying on Woolf's personal and political writings for interpretive assistance. However, I do want to emphasize that these questions and points of exploration recur throughout Woolf's body of work, including but not limited to *Orlando*, *To the Lighthouse*, and *The Years*.

Throughout her life, Virginia Woolf experienced discrimination based around her gender identity, sexual orientation, and perceptions of her cognitive ability. Some of this discrimination was based solely on gender and sexuality, while some was due to her lifelong struggle with mental illness. In her fiction, Woolf interacts with the rest cure and other forms of institutionalized domination and control, including education and participation in global warfare to explore the depths of human emotion and human consciousness. *Mrs. Dalloway* is the text in which Woolf begins this exploration, which she expounds on most fully in *The Waves*. *Three Guineas* can be taken as a Novel-Essay (Woolf's term) that critically examines and unpacks this issue in detail, offering an interpretive key to some of what takes place in her earlier novels.

In "The Uses of Biography" George B. Hutchinson explores the ways in which authorial subjectivity has recently entered renewed importance in the field of literary studies. "Virtually all criticism, including criticism about post-structuralist critics, has a crucial biographical component that helps frame interpretation. We routinely situate authors in space and time before any interpretation begins, and read [authors] in relation to other[s] to whom they may be responding" (1). Indeed, this is the framework of all meaningfully intersectional discourse and it is essential to considerations of texts authored by individuals who "straddle the thresholds of social difference." Hutchison is thinking with and against post-structuralist critics who believe that the personal identity and experience of an author ought not be considered when making discursive connections between and across text because those experiences are not integral to interpretation and in fact only cloud interpretive judgement.[71]

[71] See Barthes, Roland. "The Death of the Author" in *Image/Music/Text*. Stephen Heath, trans. New York: Hill and Wang, 1977.

Knowing what we know now about intersectional identity categories (such as gender, race, class, and ability) and the ways in which they inform and impact the subjects under discussion, we begin to understand that the intersectional nuances of experience and subjectivity are in fact of supreme importance to a truly meaningful understanding of literary output.[72] Virginia Woolf's gender identity and experience of sexuality greatly informed the literature that she produced as well as the treatments she underwent for her mental health. The subject matter of the former becomes increasingly difficult to separate from the latter the more one learns about Virginia Woolf's life and the struggles she faced related to her education and subsequent writing career.

There is an inappropriateness to Bell's representation of Woolf as a prototypical hysteric that has posthumously followed her in popular conception and opinion, tarnishing her reputation not just as a novelist but also as a political theorist and philosophical thinker. Bell's early characterization of Woolf as unfit for polite society due to her outspoken feminism is one instance of this. Another can be found in his presentation of the events of her later career, particularly her project surrounding *The Years* and *Three Guineas*—both texts Bell criticizes as professional failures despite their undeniable commercial success. Of *The Years* Bell writes that it "was something different, a step back, or at least a step in another direction" which disappointed those closest to her. Bell claims that Leonard Woolf lied about his high opinion of both texts, claiming that to tell her the truth would have certainly expedited her suicide. It is true that Virginia Woolf was unhappy with the way *The Years* changed as she was writing it away from the Novel-Essay she envisioned and towards a more conventional realist novel. However, *Three*

Foucault, Michel. "What is an Author?" in *Aesthetics, Method, and Epistemology*. James D. Faubion, ed. New York: The New Press, 1998 (vol. 2).

[72] See Crenshaw, Kimberlé. *On Intersectionality: Essential Writings*. New York: The New Press, 2017.

Guineas exists as a counterpart to the text, achieving the experiment she was attempting in the novel-essay as a new form of creative expression. In this way, both *The Years* and *Three Guineas* can be read as continuations of the project Woolf began in *A Room of One's Own*. When Virginia Woolf asks readers, in *A Room of One's Own*, "Why are women poor?" and introduces the concept of the androgynous artist, she is asking us to consider the ways in which female education has historically been limited in some ways and outright prohibited in others (*A Room* 25). Woolf wrote *A Room of One's Own* alongside *To the Lighthouse* and *Orlando*. According to Julia Briggs, these three works form a triptych in Woolf's writing career and mark a noteworthy period in which she was at her most productive. Briggs explains:

> Each was written at high speed, as if from some great inner pressure, and the writing of all three was completed in less than four years, from the summer of 1925 to that of 1929 […] The speed of their composition reflected the urgency of their subject matter for Woolf. *To the Lighthouse* explores the problems confronted by the woman artist in a patriarchal society; *Orlando* sets them in their historical perspective; *A Room of One's Own* analyzes their source and nature […] How far, all three books demand, do women's arts differ from those of men? Why is it harder for a woman to become an artist than for a man and in what ways does gender hold her back? (Briggs 216).

Absent from all three texts and from the questions explored in them is the subject of chronic illness, which Woolf experienced off and on throughout their composition. Briggs connects this period of impressive creative output, and the urgency with which Woolf wrote, to the chronic periods of unspecified illness she experienced off and on throughout the writing process. Briggs continues her reading of this highly creative period in Woolf's professional life by describing the role chronic illness played in the development of Woolf's writing:

> The process of being ill itself anticipated several of the central themes of *A Room of One's Own*, though they are played out in a different key […] Her illness put Leonard in charge, giving him the only excuse he ever used to control her activities. When ill, she was confined to a room of her own yet, paradoxically, she was 'not allowed to write books or even see the human race – except for a moment.' There, as if in silent defiance of such orders, a process of conception took place, a process dramatized in the final chapter of *A Room* (with a touch of irony?) as a mystic marriage, as the curtains are drawn, and the artist lies back, letting her 'mind celebrate its nuptials in darkness.' (Briggs 220).

Briggs is alluding here to the fact that Woolf wrote some of the most significant and substantial works of her career largely in secret as she was being treated for hysteria with the rest cure. As Briggs mentions, Leonard was Woolf's primary caregiver during her periods of mental duress. The restrictions he issued to her writing were treatments he was administering in response to advice from Woolf's doctors. As a partner and a fellow writer, Leonard was sympathetic to the urgency with which Woolf wrote and reacted patiently with her and was lenient in the ways in which he adhered to components of the rest cure which advocate for complete restriction from mental labor or intellectually stimulating work of any kind.

In his introduction to *The Pargiters: the Novel-Essay portion of The Years* Mitchell A. Leaska explains that Woolf initially conceived of the project which eventually became both *The Years* and *Three Guineas*, taken together, as "a new and profoundly challenging experiment in form, calling into action both the creative and the analytical faculties simultaneously" (vii). He goes on to explain that "the essays themselves unequivocally represent and express the view that both in the nineteenth century and in the twentieth the social arrangement of the sexes was one which effectively smothered the aspirations of women, corrupted authentic humane values, and eroded human relationships […] it was also, we are asked to see, the world in which Virginia Woolf grew up" (vii).

Indeed, Woolf was uniquely situated to critique this world—particularly for the ways in which it limited and denied educational opportunities for women—as she herself was regularly exposed to restrictions on what she could read, how often, and with what degree of frequency she ought to take breaks from intellectually strenuous labor. Julia Bell's description of Leonard's strictly-enforced regimens surrounding rest and recovery from periods of intense creative output demonstrate some of the restrictions Woolf's more polemic writing is reacting to. Likewise, Quintin Bell's Biography of Woolf's life makes note of several instances throughout Woolf's adolescence, young adult, and adult life in which she was forbidden from engaging in intellectually stimulating behavior and society. Importantly, these instances are also attached to behavior patterns and personality traits that Woolf exhibited that, while considered 'unfeminine' or 'impolite' might have been perfectly acceptable if and when they occurred in men and especially male artists.

In particular, Bell's characterization of Woolf's gender nonconformity as a symptom of mental illness is adapted directly out of recommendations of the Steven family physicians, all of whom were practitioners of the rest cure and followers of Silas Weir Mitchell. The medical authority of this treatment rested on the belief that the over-education of women was the primary cause of hysteria and nervous depression. The Steven family, encouraged by physician George Savage, felt that Virginia Woolf's supreme intellect was an abnormality and one that was to blame for Woolf's chronic health struggles, both physical and mental. Recall from the introduction to this dissertation that "overuse or even a very steady use of the brain" was believed to be the leading cause for hysteria in women and that a high level of intellect was seen as a danger both "to health and to every probability of

future womanly usefulness."[73] As there was no way to control the force of her mind, the family believed there to be likewise no cure for the madness which marked Woolf as an outcast, the undeniable black sheep of the Steven family. While it is an important fact that Woolf experienced extreme moods while writing, this fact often supersedes thoughtful and nuanced interpretation of her work. Bell characterizes Woolf's fiction as an anomaly to emerge from the dark recesses of a troubled mind (340). Her political writings he classifies as both juvenile and incomprehensible (441). However, in Woolf's political writing—particularly *A Room of One's Own* and *Three Guineas*—we see elements of autobiography, autofiction, and the experimental novel-essay genre that provide an interpretive lens through which to view Woolf's representation of anxiety and mental illness in her fiction—particularly *Mrs. Dalloway* and *The Waves*.

In her "Speech Before the London National Society for Women's Service" delivered on January 21, 1931, Virginia Woolf satirically encourages her audience of young women to "put [themselves] in the shoes of a man" who has been faced with the threat of sharing professional, intellectual, and financial space with women previously under his employ as domestic servants:

> Imagine what it is like to be a man. Put yourselves into his shoes for a moment. Now directly that you try to put yourselves into the shoes of a man, I think you will find […] they become very large. A delicious sense of size, weight, and importance pervades you […] Let us imagine how it appears to him. He has been out all day in the city earning his living, and he comes home at night expecting repose and comfort to find his servants—the women servants—have taken possession of the house. He goes into the library […] and finds the kitchen maid curled up in the arm chair reading Plato […] He goes into the bedroom and there is the housemaid working out a mathematical problem. What is he to do? He has been accustomed for centuries to have that sumptuous mansion all to himself, to be master in his own house. Well of course his

[73] See Mitchell, Silas Weir. *Wear and Tear; or, Hints of the Overworked*. Philadelphia: J. P. Lippencot and Company, 1891.

> instinct is to dismiss the whole crew, but he reflects that then he would have to do the work of the house himself, and he has not been trained to do it […] he therefore says that these women servants may practice their silly little amusements in their spare time, but that if he finds them neglecting the sacred duties which nature has imposed upon them he will do something dreadful indeed. But what can he do? (Pargiters xli-xlii).

In posing this rhetorical scenario Woolf reflects on the supposed foundational differences between the sexes. She demonstrates these differences to be socially constructed as we learn the female servants are capable of reading Plato and solving difficult mathematical equations. At the same time, she emphasizes man's continued fixation on female nature as one of domestic servitude to highlight the pervasiveness of socially constructed gender stereotypes. This goes along with Woolf's self-professed project earlier in this speech of "murder[ing] the angel in the house" and encouraging other women to do the same. The rhetorical work that Woolf is doing in this speech is subversive and relies on a mixture of sarcasm and pastiche to demonstrate the ways in which the male invention of female intellectual inferiority has infiltrated British social hierarchy to a detrimental effect. This humorous, anecdotal moment provides the basis for Woolf's Marxist Feminist approach to the political and personal concerns of women, which she then sought to expand on in *The Years* and *Three Guineas*.[74] The subversive rhetorical modes she utilizes in this moment offer Woolf an entry-point into what she saw to be a new genre of fiction—the Novel-Essay—in which she could blend personal experience, fiction, and analytical rhetoric to provide a feminist critique of hierarchical British social structures—particularly where the education of women and the working classes were concerned. The Novel-Essay as Virginia Woolf conceived of the genre and for which we can take *A Room of One's*

[74] See Jane Marcus's introduction to *Three Guineas* for more on Woolf as a Marxist Feminist. "Introduction" in *Three Guineas*, Jane Marcus ed. London: Harcourt, 2006.

Own and *Three Guineas* as examples, consists of the following generic components: A fictional audience, speaker, and setting, an extended dramatic monologue in the form of the polemic lecture, a larger social concern with women's education and the political rights of women, and autobiographical details from Woolf's own life disguised and presented as universal truths about the condition of women and woman's social position in polite/educated society. In each text Woolf provides a lens through which to view her own novels as well as a framework for studying feminist history and literature more generally.

As Jane Marcus explains in her introduction to *Three Guineas,* this text is best read as an extension of the Marxist feminist critique Woolf offers in *A Room of One's Own*. Woolf begins *Three Guineas* in a similar stylistic mode to the one she began *A Room of One's Own*—with the invention of a fictional audience to whom she may address her theories on the social and political inequality of women. Where *A Room of One's Own* is addressed to an audience of young women hoping to receive an education, *Three Guineas* is addressed to an audience of monied, educated men. As opposed to forming an investigation into unequal opportunities for women, as she begins *A Room of One's Own*, Woolf begins *Three Guineas* with a fictional letter to which she poses a response, in answer to the question "How are we to prevent war?" The answer to this question lies, for Woolf, in a more nuanced approach to questions of equality and social position, beginning with the education of wealthy women and carrying implications for more obvious forms of social inequality among the working classes.

Taken together, *A Room of One's Own* and *Three Guineas* are groundbreaking for the ways that they encourage an acknowledgement of intersectional differences that dictate who is allowed to be considered an intellectual genius and how genius is able to be acknowledged in the social world.

Anxiety, anger, and depression, Woolf claims in *A Room of One's Own*, occur as the unfortunate consequence of being unable to actualize one's creative potential due to social constraints and sex-based discrimination. The central thesis here is that mental anguish, depression, and anxiety are natural responses to social inequality and it is these negative affects that block the creative potential of marginalized individuals by creating scenarios in which egotistical emotions interfere with the production of unbiased representation of human life. The overlapping and competing subjectivities that emerge in Woolf's fiction reflect on and respond to the systems of inequality and injustice Woolf explored in her political writings—especially *Three Guineas* and *A Room of One's Own*.

Returning to *Mrs. Dalloway* and by way of conclusion, Woolf's fictional rendering of the rest cure through Septimus' experience of war trauma offers a lens through which to view a different form of emotional anguish and failed assimilation. Rather than understanding emotional difference and gender discrimination through femininity as she does in her other major literary works, here Woolf highlights discriminatory and emasculating understandings of war veterans. That Clarissa Dalloway seems to be the only character who is able to understand and empathize with Septimus highlights a need for alternative pathways to understanding cognitive and emotional difference—pathways based in affective engagement and empathy rather than pathologization and treatment practices based around assimilation, treatment, and cure.

Conclusion: Critical Methodology and Looking Forward to 21st Century Depictions of the Rest Cure

The preceding chapters of this dissertation attempt to identify two overlapping discourses that emerge in the 20th century, which I believe scholars in the fields of literature and medicine ought to pay close attention to in communication with one another. The first is a discourse of rest as a treatment within the emergent fields of psychology and psychiatry as they came to prominence in the Western world in the late 19th and early 20th centuries. Importantly for my project this discourse is attached to significantly gendered assumptions concerning the connection between biological sex and gender expression and expectation. Outside of but brushing up against this medical discourse is a literary movement within Modernism that aims to encapsulate the experience of unjust or isolating treatment within the early decades of psychology—in ways that come into interesting and fruitful conversation with the history of the rest cure as it was established and popularized in the theory and practice of American physician Silas Weir Mitchell.

Considering these two overlapping discourses in conversation with one another, the concerns and implications of my dissertation are threefold. The first concern, or task, is that of building a literary history of the rest cure as it was popularized and revolutionized in the writings and practices of Silas Weir Mitchell. Mitchell's application of the rest cure was singular in its influence and impact on the fields of neurology, psychology, and psychiatry in not only America but all of Western Europe.[75] In the introduction I looked closely at Nancy Cervetti's 2012

[75] See Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician*. University Part: The Pennsylvania State University Press, 2012. Cervetti offers a detailed exploration of the expansive influence and impact of Silas Weir Mitchell's writings and practices in the fields of neurology, neuropathy, and psychology throughout the transatlantic world in the 20th century. Other sources that explore the expansive reach of Silas Weir Mitchell's practices surrounding the rest cure on Western medicine include:

biography of Mitchell alongside Mitchell's early writings on the efficacy of the rest cure as a treatment for nervous illness and depression to explore in detail the ways in which this specific application of the rest cure sets a precedent for harmful gender dynamics and the pathologization of specific gendered personality traits that have proven harmful to male and female patients alike. Cervetti takes issue with literary analysis of narratives critiquing the rest cure, stating that they have led to a lack of appreciation for the positive impact Mitchell has had on medicine. However, Cervetti's biography also demonstrates in detail the harmful and dehumanizing practices used on a high percentage of female patients. In this section I assert that it is no longer beneficial to forgive egregious humanitarian injustices of the past in favor of a narrative of progress, when those harmful ideas are still implemented in insidious ways—explicitly because we still value the theories and practices of the perpetrators.

Out of this assertion emerges the central thesis of this dissertation. That is, scholars ought to take literary narratives critiquing the rest cure seriously for the ways in which they articulate patient experience in such a way that pushes back on the dominant narrative of patient identity offered in clinical and diagnostic discourse. Out of the embroiled textual histories of medical and literary discourse a complex discursive history emerges that contains the two competing perspectives of doctor and that of patient. The effort to explain the overlapping discursive perspectives of doctor and patient requires intentional application of the theoretical vocabulary established in the writings of Michel Foucault. Of particular

---

Hewitt, Jessie. *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France*. Ithaca: Cornell University Press, 2020.
Jirousek, Lori. "Haunting Hysteria: Wharton, Freeman, and the Ghosts of Masculinity" in *American Realism*, Fall 1999. Vol. 32, no. 1. pp. 51-68.
Will, Barbara. "The Nervous Origins of the American Western" in *American Literature*, June 1998. Vol. 70, no. 2. pp. 293-316.

importance to this portion of the project are *The Birth of the Clinic*, *Madness and Civilization*, and *Discipline and Punish*.

Beginning in *The Order of Things* Foucault establishes some important precedents for increasingly pathologizing classification methods and systems that emerged in the 19th century and came to hold insidious levels of authority in the 20th century. In *The Birth of the Clinic*, Foucault emphasizes the importance of the medical gaze in the transition into and establishment of modern medicine as a regulating force within the classification structures established in *The Order of Things*. As Foucault demonstrates, this gaze is also a regulatory and punitive one, particularly in regards to the establishment of psychology and the rise of the asylum or madhouse. The diagnosis and treatment of mental pathology leads to a criminalization of insanity whereby treatment of the mentally ill comes to supplement the prison system's punishment of criminals and other socially undesirable individuals. In *Discipline and Punish* Foucault explores the restrictive, performative and regulatory aspects of the prison system which have come to shape the modern world in terms of desirable and undesirable individuals. In *Madness and Civilization* Foucault demonstrates the ways in which the asylum, in its regulatory capacity surrounding mental health diagnosis and notions of sanity and insanity, operates in largely the same vein.

I would add to this biopolitical discussion of the histories of regulation, punishment, diagnosis and psychology, a gendered detail that Foucault pointedly leaves out—that the medical gaze is also importantly a masculine one. Gender is foundational to my own thinking about the history of medicine and psychology. It is my hope that my dissertation project might help to fill in some of the gaps in Foucault's historical thinking here. My project seeks to advance scholarship surrounding the biopolitical implications of medical care and ethical treatment of

the mentally ill. Taking Silas Weir Mitchell's rest cure as an example of gender dynamics in modern medicine, my dissertation examines some of the ways in which the enforcement of gendered social expectation was paramount to diagnosis and treatment. Among other diagnostic criteria, deviation from gender norms most often determined socially deviant status and marked patients as requiring treatment. Behavior such as inclinations towards homosexuality, ambivalence towards domesticity and maternity, and intense dissatisfaction with lack of professional prospects or success were qualities a number of Mitchell's female patients shared. Treatment of these traits was often proscriptive, physically invasive, and punitive in nature. Common practices included not just bed rest and over-feeding, which many patients found demoralizing, but also mind and mood altering medications, genital massage, and electroshock therapy. While male patients also received these treatments in extreme cases, the majority of individuals on whom these techniques were applied were biologically female.[76]

Of primary concern for this dissertation are the ways in which prejudicial language around gendered expectations and biological sex have come to shape and inform clinical language, particularly within psychology, psychiatry and gynecological/obstetric care. As I demonstrate in my introduction and first chapter, the language Mitchell applied in his initial descriptions of the rest cure fits into a discourse which predates Mitchell's writings by centuries and which has become insidiously ingrained in clinical diagnostic vocabulary within psychology, psychiatry, and women's health.[77] While women's health is the medical field most

[76] See Cervetti, 104-155.

[77] Maines, Rachel P. *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*. Baltimore: The Johns Hopkins University Press, 1999.
Maines' study has been instrumental in tracing the history of hysteria as a diagnosis and making some key connections about the expansiveness and pervasiveness of the harmful diagnostic and treatment practices written into the earliest explications of the rest cure.

obviously impacted by modern medicine's gendered imbalances, men's health is also influenced and impacted in ways that have become harmful and dehumanizing over time. Contemporary conversations around so-called "toxic masculinity," for instance, ultimately stem from a belief that men are aggressive and closed off from their emotions while women are often seen or represented as being emotional to a point of "hysteria" or extreme emotional dysregulation. This stereotypical belief system, which guides many cultural prejudices and social interactions, does not begin in medical discourse but is certainly informed and influenced by it.

In *Depression: A Public Feeling* Ann Cvetkovich advocates for a need to view depression and anxiety as social and cultural phenomena, rather than purely biological or medical (90). Doing so, Cvetkovich asserts that "the category of depression changes over time and is constructed in relation to shifting social and ideological demands" such as gender expectations, sexual exploitation and objectification, the experience of racism, financial ruin and other forms of social and political inequality. Cvetkovich takes issue with purely medical models of depression and anxiety that ignore the institutionalized injustices that led to many groups feeling badly or experiencing heightened emotional states such as intense sadness, anger, or worry. Instead of treating the causes of bad feelings (as in correcting systemic inequalities or injustices) medical models advocate for the use of medication and other forms of treatment intended to re-route patient thinking, encouraging them to be happy with where they are and not hope for more. While Cvetkovich writes from a contemporary perspective, this line of thinking is evident in Mitchell's treatment of women in the early stages of psychological care and presents one specific way in which his theories continue to be insidiously pervasive in psychiatric care, particularly as it connects to women and other persons marked as Queer for the ways in which they deviate from social norms

attached to gender—specifically anxious or overly emotional male patient, and any patients that experience same-sex desire and the markings of gender dysphoria.

I reference these contemporary examples in attempt to establish the pervasiveness of the theories Weir Mitchell instantiated in his specific application of the rest cure and to demonstrate the need for critical analysis of overlapping discourses of literary and medical texts, which I offer in my dissertation. Ultimately, this project fits in with other projects within literary studies and critical theory that explore the ways in which literary analysis can aid in critical explorations of history and medicine, especially when it comes to examining closely the inequalities and injustices of history.[78] In this way, this dissertation considers literature not just as an artform but as an important avenue towards insightful social criticism and cultural commentary. In my construction and application of this way of reading, I owe a significant debt in my thinking to queer theory and, by extension, affect theory, especially the writings of Lauren Berlant. Along with Cvetkovich's study on the political nature of depression, Berlant's career-long exploration of the "juxtapolitical" insecurities brought about by attachment to the American Dream and notions of a "better good life" have no doubt influenced my perspective on the ways in which psychiatric medicine has led to pathologization of bad feelings—especially when those bad feelings are the result of a fundamental difference within the intimate feelings and personal lives of individuals.[79] For instance, Silas Weir Mitchell's rest cure pathologizes female-ness

[78] See Berlant, Lauren *The Queen of America Goes to Washington City: Essays on Sex and Citizenship*. Durham: Duke University Press, 1997.
Berlant, Lauren. *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*. Durham: Duke University Press, 2008.
Jameson, Fredric. *The Political Unconscious: Narrative as a Socially Symbolic Act*. Ithaca: Cornell University Press, 1981.
Tobin, Robert D. "The Semiotics of Medicine and Literature" in *Mosaic: An Interdisciplinary Critical Journal*. December, 2000. Vol. 33, no. 4. pp. 179-191.
[79] See Berlant, Lauren. *Cruel Optimism*. Durham: Duke University Press, 2011.

that articulates itself outside of and against maternal femininity and domestic responsibility. Additionally, male experience of trauma, dysregulation, and other forms of emotional distress are marked as feminine, emasculating, hysterical, and otherwise "queer." This results in a cultural predisposition towards assumptions of female malady and masculine health, strength, and wellness that can be traced directly back to Mitchell's establishment of the rest cure and which continue to permeate and influence the psychiatric field today.

The authors covered in this study set a precedent for explorations of humanity and humanism within the too often dehumanizing experience of psychiatric treatment which imposes lack of autonomy, restricts personal freedoms, and places patients at the mercy of their care providers. At the same time, the authors under investigation each depict some of the ways in which affect and especially emotional expression becomes a component of pathologization justifying these dehumanizing treatment practices. Woolf, Gilman, and Fitzgerald all explore in detail the experience of intense emotion in patients offset by clinical attempts to control a patient's experience of emotion, whether through restriction of personal circumstances, the use of mood-altering medication, or other physically invasive treatment practices such as water baths and force-feeding. Iterations of this project expansive enough to include late-20th century modernist works might include readings of Sylvia Plath's *The Bell Jar* and the lesser read short story "Johnny Panic and the Bible of Dreams" which offers a gruesome depiction of electroshock therapy, psychosis, and patient experience. Anthony Burgess's *A Clockwork Orange* also fits into this framework for the ways in which it explores sociopathic deviance among young men classified as being criminally insane and the ethical implications of corrective treatment practices in both prison and asylum settings.

Another commonality that the authors in this study share is their personal experience with specific applications of Silas Weir Mitchell's rest cure, often called "the Weir Mitchell treatment."[80] The authors' varied and overlapping experiences with this treatment practice all coincide with their written narratives in ways that blur the line between fiction and biography in ways that have confused interpretation and forced a hard line between biography on the one hand and literary analysis on the other. This dissertation attempts to bring these two subfields within literary studies into conversation in meaningful and necessary ways in order to further highlight the overlapping tensions within medical and literary discourse surrounding the rest cure. By making a claim that biography is important to historical literary analysis and literary historicism within the subfield of literature and medicine I do not intend to advocate for autobiographical interpretation of the texts under discussion. Asserting that biography is important within the subfields of literary historicism and literature and medicine attempts to highlight the realism and humanism of narratives that critique the dominant clinical discourse of the rest cure as it exists within modern psychology and psychiatry. While the narratives under discussion might contain certain parallels to the authors lives, they also each contain hyperbolic representations that aim to depict human experience as universal through a series of archetypes and allegorical representations. On the other hand, assertive autobiographical interpretation risks marginalizing the authors and the experiences depicted in their narratives as outliers whose experiences are outside of the norm, or extraordinary. This particular method of reading autobiographically is harmful to the potential social critique embedded in the narratives under discussion. For instance, Nancy Cervetti advocates for autobiographical understandings of Woolf and Gilman in particular as a way to

[80] See Cervetti, 114.

claim that these narratives have been misapplied as large scale critiques of the rest cure because the experiences they depict are singular, and not representative of larger trends within the practice leading to its wide ranging success throughout the western world in the modern era.[81] My dissertation works in part to correct this assumption and the imbalance it has caused in explorations of the efficacy of literature as a necessary critique of medical ethics within human psychology and the clinical practice of psychiatry in particular.

I turn now, by way of conclusion, to exploration of the continued relevance and resonance of the rest cure in contemporary art and culture. Gore Verbinski's 2017 film *A Cure for Wellness* is a loose adaptation of Thomas Mann's 1924 Pulitzer Prize winning novel *The Magic Mountain*. Like the prior text, Verbinski's film invites viewers to engage with personal struggle and the horrors that can arise from long term treatment of unspecified duration for an illness becomes more socially isolating and personally damaging than the very illness for which patients initially sought a cure. *A Cure for Wellness* serves as a fictional, allegorical account of the horrific consequences of questionable medical ethics. Verbinski's film exemplifies and exaggerates horrors that are only implied in the existing histories of the treatment practices encased in the rest cure in a way that achieve the rhetorical maneuverings Julia Kristeva outlines and unpacks in her foundational essay *Powers of Horror*. Doing so, writer Justin Haythe and director Gore Verbinski showcase the continued relevance of the lasting impact of the rest cure in Wester cultural imaginary landscapes of medicine. I turn to this film to conclude this dissertation and to tie together the two primary threads that are woven together in this topic: first, the broader spectrum of rest cures outside of and parallel to those encompassed within the Weir Mitchell Treatment and second, the

[81] See Cervetti, 149.

implications of this study for history, authenticity, and the cultural capacity of literature to bring the personal and political components of medicine into sharper relief.

The Sanitorium as Purgatory: *The Magic Mountain* (1924) and *A Cure for Wellness* (2017)

Early in *The Magic Mountain*, when Hans Castorp first arrives at the Berghof Sanitorium for what he assumes will be a short two week stay he remarks that the climate and conditions of care do not seem immediately conducive to supporting and sustaining good health. As his cousin Joachim, who Castorp has come to Berghof to visit, explains the components and restrictions of the rest cure, Castorp finds himself laughing at what he sees as the irony embedded in the practice:

> "What? You lie out on your balcony rain or shine, night or day?" he asked, his voice wavering on the edge.
>
> "Yes, it's in the rules. From eight till ten. But come on, let's have a look at your room, and you can wash up."
>
> […]
>
> "I'm exhausted, I've laughed so hard," he said, catching his breath through his mouth. It's all these crazy things you've been telling me. The psychic dissection ways just too much, I could have done without that. Besides, I'm a little weary from the trip, I suppose. Do your feet get cold so easily, too? And at the same time your face flushes—it's an unpleasant feeling. I assume we'll be eating soon? I think I'm getting hungry? Do they feed you properly up here?" (10).

It is thus immediately apparent upon Castorp's arrival that the climate of the sanitorium has produced ill effects on his health. Later on during this first day Castorp meets fellow patient Ludovico Settembrini, who is to become one of two competing mentors to Castorp throughout the novel. Settembrini, who is poor and

more accustomed to the Swiss climate and life in the sanitorium, comments on the adverse effect Berghof has immediately had on Castorp. Settembrini suggests Castorp end his stay early and depart that evening, to which Castorp replies, "You mean I should leave? When I've only just arrived? But no, how can I possibly decide after only one day?" (84). This is an instance of foreshadowing that suggests Settembrini is aware that upon not immediately ending his stay at Berghof, Castorp is effectively consenting to a much longer stay at the sanitorium of unspecified duration.

Later in this scene Settembrini likens illness to "a painful debasement of humanity, injurious to the very concept itself," suggesting that even the slightest presence of illness ought to be cordoned off, the ill body being isolated until a complete cure can be achieved (Mann 97). Settembrini here rehearses a sentiment we later see in the sanitorium staff. Such a conception of illness renders patients vulnerable and necessitates a degradation of patient autonomy. As it is the doctor who determines what perfect health looks like, so too the doctors are the ones who determine the timeline to cure. This becomes the chief horror of *The Magic Mountain* and it is one that gives to the Berghof a purgatory-like quality. When Castorp's illness first begins to present itself Director Behrens and the other staff repeatedly assure him that the climate and regulations are intended to draw out illness so that a long-term cure can eventually be achieved. As Behrens explains when Castorp first spikes a fever that necessitates prolonging his stay,

> First and foremost: there's the air up here. It's good for fighting off illness, wouldn't you say? And you'd be right. But it is also good *for* illness, you see, because it first enhances it, creates a revolution in the body, causes latent illness to erupt, and your catarrh—no offense intended—is just such an eruption (179).

Once Hans Castorp has acclimated to the sanitorium and resigned himself to a long term stay his life becomes a monotonous one—with his pleasures and hopeful expectations attached solely to mealtimes, with days monotonously bleeding into one another. Shortly after his above meeting with Behrens determines that his stay will be much longer than initially anticipated, Castorp begins to ruminate on the temporality of the sanitorium. He thinks to himself,

> It is always the same day—it just keeps repeating itself. Although since it is always the same day, it is surely not correct to speak of "repetition." One should speak of monotony, of an abiding now, of eternalness. Someone brings you your midday soup, the same soup they brought you yesterday and will bring again tomorrow. And in that moment it comes over you—you don't know why or how, but you fee dizzy watching them bring in the soup. The tenses of verbs become confused, they blend and what is now revealed to you as the true tense of all existence is the "inelastic present," the tense in which they bring you soup for all eternity. But one can't speak of boredom, because boredom comes with the passing of time—and that would be a paradox in relation to eternity (180-181).

This passage offers the earliest depiction of the Berghof as a version of purgatory in which time is at a standstill, life becomes monotonous, and patients experience themselves as having been "ruined" by the climate and the doctors (193).

Much later, near the conclusion of the novel, Hans Castorp makes an ill-conceived trek out into a snow storm to go skiing. Finding himself trapped in the snow, but nevertheless feeling more free and autonomous than he has while under the care of the Berghof staff, Castorp here ruminates over concepts of life and death, illness and health. During this particularly harsh winter late in Castorp's stay at the Berghof, the overwhelming presence of snow seems to augment they already present purgatorial feelings among the patients. Newer patients, promised abundant sunshine throughout the seasons, grew disenchanted upon learning that

> "instead of sun, there was snow, great, colossal masses of snow, more snow than Hans Castorp had ever seen in his life. The previous winter had truly not lacked for snow, but its output had been puny in comparison with this year, which produced it in monstrous, reckless quantities, reminding you of just how bizarre and outlandish these regions were. It snowed day after day, and on through the nights, in light flurries, in heavy squalls—but it snowed" (461).

The over-abundance of snow in this late winter scene renders the allegorical purgatory of the Berghof sanitorium explicit. This becomes all the more apparent as the narrative voice elaborates that, "outside was gloomy nothing, a world packed in grayish-white cotton, in foggy vapors and whirling snow that pushed up against the windowpanes" (462). At various other points the snow is described as a "cottony nothing" and a "ghostly pantomime," among other purgatorial descriptions (463). Despite the ghostly presence of the thick white powdery snow, Castorp feels a strong desire to be "alone with his thoughts" in the winter weather and takes the season's abundant snow as an opportunity to learn to ski. While out by himself, Castorp finds himself trapped in a hidden snowbank and what began as a pleasant ski expedition to take in the winter air turns harrowing. The narrator offers insight into Castorp's experience:

> There was certainly no pleasure in this, however. All he could see were dancing flakes, which seemed not to fall but simply to fill the air in a throng of dense eddies; the icy blasts singed his ears with sharp pain, took the strength from his legs, and numbed his hands, until he no longer knew if he was holding his poles or not. The snow blew into his collar and right side; he felt as if he were turning into a snowman, a pole held stiff by comparison, for when he turned around things only got worse. And yet the return home had now become a task he could probably put off no longer (473).

While Castorp does eventually make it back to the sanitorium safely, this scene renders explicit the ironic contrast between the Berghof's proposed intension of using the atmosphere to cure patients and the more often present effect of patients being made sicker after taking in the air. The 2017 film *A Cure for Wellness* utilizes

a similar trope, though it is the water and not the air which contributes to prolonged sickness despite medical staff's encouragement of abundant taking in of the sanitorium's water supply.

Introducing mid-level business executive Lockhart, who has been tasked with traveling to Switzerland to retrieve his boss and mentor from a Wellness Spa, the film opens on a voiceover offering a universal depiction of disease: "There is a sickness inside us, rising like bile that leaves a bitter taste at the back of our throats. We deny its existence until one day the body revels against the mind and screams out, 'I am not a well man!'" This film is loosely adapted from *The Magic Mountain*. The first half of the film in particular offers various quotations from and 21st century re-imaginings of its depiction of insidiously harmful wellness practices. Of the connections between the film and the prior text, Gore Verbinski has stated that "the book deals with people in a sanitarium in the Alps, clutching onto their sickness like a badge before the outbreak of World War I. We wanted to explore this sense of denial and say, well, what if that was a genre? What if we…made it contemporary, made it gothic, and explored this idea of sickness as a form of absolution" in which patients come to see themselves as unwell and find themselves in an endless loop of experiences, in which the cure is perpetually prolonged in a way that renders patients akin to the lotus eaters of Homer's Odyssey.[82] Ultimately the purgatory of the film deviates from that of the novel as Lockhart discovers that sanitorium staff have been intentionally contaminating the water supply with parasites that cause dehydration and other chronic illnesses. The plot then turns on depicting Lockhart's escape from the asylum by setting it on fire, killing some patients and rescuing others.

[82] See Han, Angie. "Gore Verbinsk on Returning to Horror with 'A Cure for Wellness.' Dec. 12, 2016. Slashfilm.com. Accessed online 09.27.2023.

In its presentation of historically accurate elements of the rest cure such as hydrotherapy, inflected as it is with hyperbolic and grotesque horrific overtones, Verbinski's film depicts anxiety surrounding chronic illness as it brushes up against medical ethics. In *A Cure for Wellness* this connection is much more explicit than Mann's novel as the supposed cure is shown to exacerbate illness in a way that is intentional on the part of the doctors—through the contamination of the water supply. In *The Magic Mountain*, it is the atmosphere that Director Behrens claims to both draw out and cure illness—a situation that is more subtle and insidious than the blatantly harmful practices of the doctors in the film. Of his directorial decision to hyperbolically render the insidious practices of the rest cure in gothic horror, Verbinski explains that "as a society, we live in a time where we are perhaps in denial. We understand history, we understand how the world works, and yet we're [in denial]…when the genre is elevated, it usually taps into some palpable feeling…you take it home. Three days later you're still affected by that feeling in a subconscious way." In order to capture the affect of Mann's purgatorial display of never-ending illness and the inelastic temporality of the asylum, Verbinski constructs a plot around the anxiety of imprisonment and the need to escape to preserve one's health and livelihood. Doing so, the film rehearses a cathartic exchange with the viewer. According to Julia Kristeva, catharsis in horror "allows one to regress back to the affects that can be heard in the breaks in discourse," the ways in which film that depicts history breaks from the realities of history and delves into the supernatural or the allegorical (30).

Cathartic strength aside, what can historic accounts that blend realism and sensationalism accomplish? I use this concluding space to question the efficacy of representations of the horrors of history that exaggerate and prolong suffering. Are these accounts helpful to continued study or ultimately harmful in their hyperbolic

sensationalism? In other words, what is the ethics of reading and engaging with these materials?[83] These questions connect to Nancy Cervetti's attempts to deny credibility and authenticity to narratives critiquing the Silas Weir Mitchell's rest cure, such as those offered in the fictional and personal writings of Charlotte Perkins Gilman and Virginia Woolf. In close reading these materials throughout my dissertation I claim that it is important to give space to a version of history that allows for dramatic reenactment of scenes which were undeniably traumatic for many. Doing so addresses the ways in which regulatory institutions have historically discriminated against individuals belonging to historically marginalized groups in ways that have been culturally and collectively traumatic throughout history.

At the same time, film and literature often hyperbolically and allegorically depicts worst case scenarios that stand in for the universal traumas of everyday life, offering a form of empathetic engagement that says "what I experienced might not have been this extreme, but felt as extreme for me." This is an almost, but not quite, form of empathetic engagement in line with Lauren Berlant's formulation of the juxtapolitical perspectives within feminism and queer studies.[84] *A Cure for Wellness*, as a cinematic re-imagining of Thomas Mann's historic novel for 21st century audiences renders visually horrific the implicit horrors of isolation, confinement, and infantilization encased within the techniques described in rest cures prescribed to treat various ailments throughout recent history. Effectively, the filmmakers accomplish this by highlighting important tensions between patients and doctors that arise particularly when patients do not see themselves as being ill and doctors go to great lengths to convince them and their loved ones otherwise.

[83] Dan Schwarz asks this question of readers of Holocaust literature in the introduction to *Imagining the Holocaust*.
[84] See Berlant, Lauren. *The Female Complaint*. Durham: Duke University Press, 2008. x.

Together, they demonstrate the fine line between the "nothing seriously the matter" diagnosis which needs but a short duration of bed rest before patients can return to the demands of social life and the premise that patients are very seriously ill and need to be institutionalized long term with chronic bedrest, which all too often resulted from initially seeking out treatment with rest cures. Ultimately this rhetorical slippage highlights an ethical problem for medicine when it is the doctor and not the patient who sets the standards for appropriate behaviors, mood, and activity level. Is it any wonder, then, that patients under the guidance of the rest cure do not get well sooner? This is indeed the very question the narrator of Gilman's *The Yellow Wallpaper* begins this study by asking and it is one that recurs in the writings of Fitzgerald, Woolf, Mann, and much later in cinematic re-imaginings of the rest cure and the asylum.

Bibliography

Balto, Simon. “You Can’t Shoot All of Us: Radical Politics, Machine Politics, and Law and Order in the Great Depression” in *Occupied Territory: Policing Black Chicago from Red Summer to Black Power*. Durham: The University of North Carolina Press, 2019. Accessed Online 11.21.22.

Barthes, Roland. “The Death of the Author.” 1977. Accessed online.

Bergson, Henri. *Matter and Memory*. Nancy Margaret Paul and W. Scott Palmer, trans. New York: The MacMillion Co., 1911.

Bell, Quinten. *Virginia Woolf: a Biography*. London: Harcourt, 1972.

Berlant, Lauren. *Cruel Optimism*. Durham: Duke University Press, 2011.

Berlant, Lauren. *The Female Complaint: The Unfinished Business of Sentimentality in American Culture*. Durham: Duke University Press, 2008.

Bhabha, Homi K. *The Location of Culture*. New York: Routledge, 1994.

Blum, Edward J. “The Crucible of Disease: Trauma, Memory, and National Reconciliation During the Yellow Fever Epidemic of 1978” in *The Journal of Southern History*, Nov. 2003, Vol. 69, No. 4 (Nov. 2003) pp. 791-820. Southern Historical Association. Accessed Online. 11.21.22.

Briggs, Julia. *Virginia Woolf: An Inner Life*. London: Harcourt, 2018.

Callahan, John F. "F. Scott Fitzgerald's Evolving American Dream: The "Pursuit of Happiness" in Gatsby, Tender is the Night, and The Last Tycoon" in *Twentieth Century Literature*, Autumn, 1996, Vol. 42. No 3 (Autumn, 1996) pp. 374-395. Accessed online 11.23.22.

Camus, Albert. *The Myth of Sisyphus*. Justin O'Brien, trans. New York: Vintage, 1955.

Cervetti, Nancy. *S. Weir Mitchell, 1829-1914: Philadelphia's Literary Physician. University Park: The Pennsylvania State University Press, 2012.*

Corrigan, Maureen. *So We Read On: How The Great Gatsby Came to be and Why It Endures*. New York: Little, Brown and Company. 2013.

Crary, Jonathan. *24/7: Late Capitalism and the Ends of Sleep*. London: Verso, 2013.

Crenshaw, Kimberlé. *On Intersectionality: Essential Writings*. New York: The New Press, 2017.

Cross, K. G. W. *F. Scott Fitzgerald*. New York: Evergreen Pilot Books, 1964.

Cvetkovich, Ann. *Depression: A Public Feeling*. Durham: Duke University Press, 2012.

Daniel, Anne Margaret, ed. *I'd Die for You and Other Lost Stories* by F. Scott Fitzgerald. New York: Scribner, 2018.

DeMeester, Karen. "Trauma and Recovery in Virginia Woolf's *Mrs. Dalloway*" in *Modern Fiction Studies*, Fall 1998, vol. 44 no. 3: MODERNISMS AND MODERN WARS SPECIAL ISSUE (fall 1998) pp. 649-673.

DeSalvo, Louise. *Virginia Woolf: The Impact of Childhood Sexual Abuse on Her Life and Work*. Boston: Beacon Press, 1989.

Easwaran, Eknath. *The Upanishads*. Blue Mountain Center: Nilgiri Press, 1987.

Easwaran, Eknath. *The Bagavad Gita*. Blue Mountain Center: Nilgiri Press, 1985.

Ehrenreich, Barbara and English, Deirdre. "The 'Sick' Women of the Upper Classes" in *The Captive Imagination*, Catherine Golden, ed. New York: The Feminist Press, 1992. 90-109.

Foucault, Michel. *Madness & Civiliation: A History of Insanity in the Age of Reason*. Richard Howard, trans. New York: Vintage, 1965.

Foucault, Michel. "What is an Author?" 1969. Accessed online.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. A. M. Sheridan Smith, trans. New York: Vintage, 1977.

Gibbons, Serenity. “How to Defeat Busy Culture” in *Harvard Business Review*, September 2020. Accessed Online 9.18.23.

Gilman, Charlotte Perkins. *“The Yellow Wallpaper” and Other Stories*. Mineola: Dover Publications, inc., 1997.

Gilman, Charlotte Perkins. *Women and Economics*. Boston: Small, Maynard & Co., 1900. Projectgutenburg.org. Retrieved 05.25.2023.

Gilman, Charlotte Perkins. *The Living of Charlotte Perkins Gilman*. New York: Harper Colophon Books, 1935.

Golden, Catherine, ed. *The Captive Imagination*. New York: The Feminist Press, 1992.

Gould, Stephen Jay. *The Mismeasure of Man*. New York: Norton, 1981.

Hansen, Krogh. “Autofiction and Unreliable Narration” in *Emerging Vectors of Narratology*. John Pier, Philippe Roussin, and Wolf Schmid, eds. 2017.

Hewitt, Jessie. *Institutionalizing Gender: Madness, the Family, and Psychiatric Power in Nineteenth-Century France.* Ithaca: Cornell University Press, 2020.

Hutchinson, George B. “The Uses of Biography.” MS.

Jameson, Fredric. *The Political Unconscious: Narrative as a Socially Symbolic Act*. Ithaca: Cornell University Press, 1981.

Jirousek, Lori. "Haunting Hysteria: Wharton, Freeman, and the Ghosts of Masculinity" in *American Literary Realism*. Fall, 1999. Vol. 32, No. 1. pp. 51-68.

Kaplan, Amy. *The Social Construction of American Realism*. Chicago: The University of Chicago Press, 1988.

Kennedy, J. Gerald. "Poe, Fitzgerald, and the American Nightmare" in *The Edgar Allan Poe Review*, Fall 2004, vol. 5, no. 2 (Fall 2004) pp. 4-14. Accessed online 11.23.22.

Kerr, Frances. "Feeling 'Half Feminine': Modernism and the Politics of Emotion in The Great Gatsby" in *American Literature*, June 1996, vol. 68, no. 2 (June 1996) pp. 405-431. Accessed online 11.23.22.

Kessler, Carol Farley. *Charlotte Perkins Gilman: Her Progress toward Utopia, with Selected Writings*. Syracuse: Syracuse University Press, 1995.

Kristeva, Julia. *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press, 1982.

Liggins, Emma. *The Haunted House in Women's Ghost Stories: Gender, Space and Modernity, 1850-1945*. New York: Palgrave Macmillan, 2020.

Linneman, William R. “Will Rogers and the Great Depression” in *Studies in American Humor*, Summer, Fall 1984, New Series 2, Vol. 3, No. 2/3 (Summer, Fall 1984), pp. 173-186. American Humor Studies Association. Accessed Online. 11.21.22.

Maines, Rachel P. *The Technology of Orgasm: “Hysteria,” the Vibrator, and Women’s Sexual Satisfaction*. Baltimore: The Johns Hopkins University Press, 1999.

Mann, Thomas. *The Magic Mountain*. New York: Vintage, 1995.

McBride, Deborah L. “American Sanatoriums: Landscaping for Health, 1885-1945” in *Landscape Journal*, 1998, vol. 17, no. 1. 26-41.

McGravran, James Holt, Jr. “Shelley, Virginia Woolf, and *The Waves*: A Balcony of One’s Own” in *South Atlantic Review*, Nov. 1983, vol. 48, no. 4. pp. 58-73.

Millian, Markus. “The New England Vampire Panic.” *Heritage Daily*, 05.11.2022. heritagedaily.com. Retrieved 05.24.2023.

Mitchell, Silas Weir. *Wear and Tear*. Philadelphia: J.B. Lippencott & Co., 1871. Projectgutenburg.org. Retrieved 05.25.2023.

Mitchell, Silas Weir. *Fat and Blood*. Philadelphia: J.B. Lippencott & Co., 1877. Projectgutenburg.org. Retrieved 05.25.2023.

Mitford, Nancy. *Zelda*. New York: Avon Book, 1970.

Moers, Ellen. *Literary Women: The Great Writers*. New York: Oxford University Press, 1977.

Morrison, Toni. *Playing in the Dark: Whiteness and the Literary Imagination*. Cambridge: Harvard University Press, 1992.

Odell, Jenny. *How To Do Nothing: Resisting the Attention Economy*. New York: Penguin Random House, 2019.

Pinsker, Joe. "Ugh, I'm So Busy: A Status Symbol for Our Time" in *The Atlantic Monthly*, March 2017. Accessed Online 9.18.23.

Pontuti, K. *The Yellow Wallpaper*. Hysteria Pictures, 2021.

Poole, Roger. *The Unknown Virginia Woolf*. Cambridge: Cambridge University Press, 1978.

Ranjan, Danish. "Kafka's Prose: Rebellion Against Realism" in *International Journal of English Literature and Social Sciences*, vol. 6, no. 2. March-April, 2021. 200-202.

Rantavaara, Irma. "On Romantic Imagery in Virginia Woolf's *The Waves* with Special Reference to Antithesis" in *Neuphilologishe Mitteilungen*, vol. 60, no. 1 (1959) pp. 72-89.

Rotundo, E. Anthony. *American Manhood: Transformations in Masculinity from the Revolution to the Modern Era*. New York: Hachette Book Group, 1993.

Sartre, Jean-Paul. *The Transcendence of the Ego: An Existentialist Theory of Consciousness*. Forest Williams and Robert Kirkpatrick, trans. New York: Hill and Wang, 1960.

Schwarz, Daniel R. "A Critical History of "The Dead"" in *The Dead*. Dan Schwarz, ed. New York: Bedford Books, 1994.

Schwarz, Daniel R. *Imagining the Holocaust*. New York: St. Martin's Griffin, 2000.

Shumaker, Conrad. "'Too Terribly Good to be Printed': Charlotte Perkins Gilman's "The Yellow Wallpaper"" in *American Literature*, Dec. 1985, vol. 57, no. 4. 588-599. Retrieved 03.28.2023.

Snowden, Frank M. "Tuberculosis in the Unromantic Era of Contagion" in *Epidemics and Society*. Hartford: Yale University Press, 2019. 302-313.

Sontag, Susan. *Illness as Metaphor*. New York: Picador, 1977.

Spitzer, Jennifer. *Secret Sharers: The Intimate Rivalries of Modernism and Psychoanalysis*. New York: Fordham University Press, 2023.

Taylor, Kendall. *Sometimes Madness is Wisdom: Zelda and Scott Fitzgerald: A Marriage*. New York: Ballantine Books, 2001.

Tobin, Robert D. "The Semiotics of Medicine and Literature" in *Mosaic: An Interdisciplinary Critical Journal*. December, 2000. Vol. 33, no. 4. pp. 179-191.

Tucker, Abigail. "The Great New England Vampire Panic." *Smithsonian Magazine*. Smithsonianmag.org. Retrieved 05.24.2023.

Viola, André. "Buds on the Tree of Life: A recurrent Mythological Image in Virginia Woolf's *Mrs. Dalloway*" in *Journal of Modern Literature*, vol. 20, no. 2 (Winter, 1996) pp. 239-247.

Waytz, Adam. "Beware a Culture of Busyness" in *Harvard Business Review*, March-April 2023. Accessed Online 9.18.2023.

Will, Barbara. "The Nervous Origins of the American Western" in *American Literature*. June 1998. Vol. 70, No. 2 pp. 293-316.

Woolf, Virginia. *A Room of One's Own*. London: Harcourt, 1929.

Woolf, Virginia. *The Waves*. London: Harcourt, 1931.

Woolf, Virginia. *The Pargiters: The Novel-Essay portion of The Years*. Mitchell A. Leaska, ed. London: Harcourt, 1977.

Woolf, Virginia. *Three Guineas*. Jane Marcus, ed. London: Harcourt, 2006.

The Mrs. Dalloway Reader. Francine Prose, ed. London: Harcourt, 2003.

"The Abuse of Rest" in *The British Medical Journal*, March 24, 1945. Vol. 1, no. 4394. 416-417.

"War Office Report into Shell Shock" in *The Times, London*. 08.10.1922. Accessed online 09.20.2022.