Gilman, Plath and Carver: Trailblazers of Feminist Literary Action

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Introduction

Dr. Silas Weir Mitchell, a distinguished physician, psychiatrist, toxicologist, poet and author, made a name for himself through diligence and intelligent contributions in the analysis of Civil War veterans. He sought to explain and treat nerve injuries related to amputation, discovered causalgia and coined the term “phantom limb” pain. During the first thirty years of his medical career he worked for the War Department focusing primarily on males suffering from war maladies, publishing famous medical texts such as, *Injuries of Nerves and Their Consequences* (1872) and *Fat and Blood* (1878). While he gained prominence and notoriety in the United States and across Europe, being bestowed the honorary title of The Father of Medical Neurology, Dr. S. Weir Mitchell’s later work with “‘nervous women’, those suffering from suspiciously female maladies of hysteria and neurasthenia” has created a detrimental ripple effect that influences modern practices of medical treatment of women today (Knight 2005). Through the examination of “The Yellow Wallpaper” by Charlotte Perkins Gilman, *The Bell Jar* by Sylvia Plath and a short memoir “Some Women Become Psychotic After Pregnancy. I was one of them” by Catherine Carver, literary evidence of the slow-moving pace society embraces for women’s health and rights emerges (Meyer, 2010, p. 1-8; Peck, 1987).

The Women’s Rights Movements, beginning nearly two centuries ago and currently in their fourth significant wave, have tackled many injustices from women’s suffrage to social, economical, sexual and myriad other inequalities stemming from a more than 10,000 years old patriarchal beginning. During the first wave, Dr. Mitchell entered the scene in the late 1870s handing out prescriptions for rest and electroshock therapy to “hysterical” white upper class women, most notably, Jane Addams, Elizabeth Stuart Phelps, Virginia Woolfe and Charlotte Perkins Gilman. He believed “education is at least in part the source of very many of the nervous
maladies with which our women are troubled” (Knight 2005). Conversely, men experiencing the same symptoms of depression, insomnia, anxiety and headaches were prescribed the West Cure, which sent these patients out west for vigorous activity and adventure. His most notable male patient was Theodore Roosevelt who went on to become president and create the United States Forest Service in the name of conservation. While he was thriving, Gilman shared her semi-biographical story that shouted from the rooftops how Dr. Mitchell’s method was akin to medically misguided sexist imprisonment.

Nearly eighty years after the institution of the rest cure, women in the 1960s, during the era of the second wave of feminism, were still seeking improvement in the realm of women’s equal treatment and rights. The rest cure and electroshock therapy are still alive in Plath’s semi-biographical novel *The Bell Jar*, where it is obvious that the demise of the protagonist is the stifling oppression by a still male dominated society, through which it seems the only escape is madness (Showalter, 1972). Fast forward to 2017, in the midst of the current fourth wave of feminism, and Catherine Carver is describing the inpatient treatment she received while experiencing post-partum psychosis. Her story is an account of how a change has been made in certain regions of the world that will treat women and babies together during a period of psychosis, but remains stagnant in others, prescribing bed rest and isolation away from their infants and families (Carver, 2017).

The British Medical Journal published an article in 1945 titled “The Abuse of Rest” in which it explains that “rest is blamed for bone atrophy, muscular wasting, vasomotor instability, constipation, cathartic habituation, backache and many other chronic disabilities” and also, “the value of rest in pregnancy and after confinement is a fruitful topic of debate, and in both this country and America there are numerous advocates of a reduction in the lying-in period” (The
Abuse of Rest, 1945). With medical communities expressing concerns for too much rest 75 years ago, why are so many women being given this advice by their medical practitioners? Feminist writers spanning more than a century seek to answer this question.

**Agenda**

The waves of feminist movements guide the female authors of the time to engage in creative expression of the underlying societal barriers they encounter. Gilman and Plath were hindered by the struggle to be socially acceptable while “simultaneously searching for covert, risk-free ways to present their feelings”. Modern day women, such as Carver, are not afraid to speak their truths. Medical advancements concerning the treatment of women may be sluggish, but the progression of women in their campaign for a healthier future is a force to be reckoned with.

**Survey of Literature**

Within Dr. Mitchell’s obituary, he was regaled as having the “outpouring of affection and esteem such as is seldom afforded to any man” (Stewart, 1914). Dr. Mitchell may have had an enigmatic following preceding his death, but as evidenced by the discovery of Gilman’s lost letter to him and the circumstances surrounding this written encounter, the feeling of admiration was less than unanimous. Prior to seeking care for her ailments, Gilman wrote a detailed letter recounting her familiar and personal history in hopes of assisting Dr. Mitchell with a diagnosis and cure for her neurasthenia. She believed that Dr. Mitchell would be taken with her intellect and become an ally of hers, understanding that she was “entrapped and suffocating in a conventional marriage” and simply in need of time away from her family (Knight, 2005). As Gilman craved a non-traditional life, where she could be free of societal expectations, Dr. Mitchell “was an imperious, egotistical man who had little use for women who failed to adhere
to traditional gender roles.” Three years following her prescription for leading as domestic a life as possible, devoid of intellectual stimulation, Gilman published “The Yellow Wallpaper” which is “electric with the repressed anger of the woman who knows she is being destroyed in the name of love and concern” (Showalter, 1972).

Prior to being known as a noteworthy feminist literary contribution, “The Yellow Wallpaper” was received and read as a Gothic horror tale. After it was republished in the Feminist Press in 1973, it was found to contain a tremendous amount of symbolism as the story of a woman experiencing post-partum depression unravels figuratively and literally. From details as minute as the color of the wallpaper being the color of the feminist movement of the time to knowledge that the ink in yellow dye was filled with poison that could handicap anyone that had prolonged exposure to it, and ultimately to the question of whether the “Rest Cure” was in the best interests of the women exposed to that treatment, intellectually, psychiatrically or physically (Wolter, 2009, pg. 198).

*The Bell Jar* was a product of Plath’s desire to shed light on the maltreatment of women at a collegiate level by both men and women in the 1950s. In the story, the protagonist fights the constant onslaught of male attention that she does not desire, fleeing from the stereotypical view that women belong at home with children and not in the academic world (Plath, 2005, pg. 83; Lanser, 1977, pg.41). Students in an introductory women’s studies course at the University of Wisconsin-Madison were introduced to *The Bell Jar* to discuss the constraints of the 1950s, leading the professor to discover that the female students identified most with the narrator in the novel, not viewing their lives under the lense of having a choice. Instead of being a part of the movement, the women in this course acknowledge that “it is a considerable task simply to erase the distorted images of the women’s movement with which the media have bombarded them.” In
addition to this, The Radical Teacher proclaims “it is a sign of the transitional nature of the times that these young women, who emphatically want to have careers, still place so much of their sense of worth in their relationships with men” (Lanser, 1977).

It is known that the first publication of The Bell Jar by Sylvia Plath was done under a pseudonym due to her fear of backlash from such a gothic tale, which could be interpreted as an acidic satire, coming of age or simply, a psychological fiction with a theme of incessant female psychological imprisonment (Baldwin, 2004, pg. 21). The New York Times claimed “it’s impossible to read The Bell Jar [without] the knowledge of Sylvia Plath’s doom color[ing] its pages,” which certainly influences the readership and the way the tale is received. As stated in a book review, “Plath’s novel focuses our concern for the individual lost in a society that no longer responds to human needs, where institutions no longer work… war and madness have become metaphors for the human condition, as hospitals or the army have become both microcosms of and escapes from the insanity of society” (Peck, 1987).

During the current fourth wave of feminism, the discussion and use of bed rest for ailing women is a woeful Victorian holdover. In a clinical review regarding the evaluation and management of pregnant women during high risk pregnancies published in the British Medical Journal, a point of summary states “although bed rest and progesterone supplements are often advised, little evidence supports their effectiveness” (Makrydimas, 2004). Moreover, the stories being told of the treatment (or lack of treatment) of women experiencing symptoms related to pregnancy and post-partem recovery, depression and psychosis persist. In the UK, there are 17 Mother Baby Units that will house up to a total of 125 women going through similar challenges together (in groups of 6) and create therapy sessions that help these women bond with their babies and overcome their illnesses (Carver, 2017). In the United States, there are only two
inpatient programs and 24 outpatient programs found in twelve different states (Intensive Perinatal Psych Treatment in the US., 2020).

“The Yellow Wallpaper”

When studying “The Yellow Wallpaper”, the historical context of the piece, as well as, the personal experience of Charlotte Perkins Gilmore are essential. The reason that this short story persists as an iconic work of feminist literature is due to the undercurrent of the once masked and disregarded female experiences. The goal of this story was, and continues to be, to illuminate the endurance of a patriarchal society that seeks to suffocate intelligent women by insisting their histrionics are a symptom of being female. It is also important to acknowledge that as society changes, so too does the female experience and the manner this story is perceived.

The initial reception at the first publication in 1892 was underwhelming, mortifying and disgusting the medical community, with literary scholars, primarily male, placing it in the category of Gothic horror fiction and nothing more. When, in the 1970s, it was republished (the 11th reissuance of the story) in a feminist journal, the community of feminists, in the middle of the “hippie” and “sexual revolution”, combed through it in an attempt to identify with the protagonist without a name of 80 years prior. It is a perfect story for expression “with other ‘deliberate dramatic indictments, by women writers, of the crippling social pressures imposed on women” (Deck, 1996). But it is also a call to arms for women, mainly mothers, wives and authors of today to take the scientific and medical community to task and ask this critical question: with all of the astounding medical breakthroughs in stem-cell application, treatments for Alzheimer’s symptoms and the ability to modify DNA and genes in the works, why is the advancement in the care of women and mothers advancing at a glacial rate?
“The Yellow Wallpaper” easily and numbly answers this question. First the narrator of the story describes how she is trapped in a patriarchal prison. Her husband, John, who is a doctor, takes her away to a colonial mansion for rest and solitude. She knows she is ill but he believes her to suffer from a “temporary nervous depression” and tells all of their family and acquaintances the same. He laughs at her exegesis of concerns three separate times in this story, which magnifies her powerlessness in this situation. In addition, her brother is also a physician who agrees with John’s diagnosis. Simply, she is trapped by no less than two prominent men in her life. With restrictions on writing, the protagonist is forced to hide her journaling from her husband, as he believes the mental exercise would be too taxing for her (Daley, 2005, pg. 115).

In addition to being trapped by her closest male counterparts, John all but threatens to send her to “Weir Mitchell” if her condition doesn’t improve. This is a direct reference to Dr. S. Weir Mitchell who failed to care for Gilman and the entrapment in this fate by medical professionals sworn to “first do no harm” (Daley, 2005, pg. 117).

Finally, and perhaps most devastatingly, is the compliance of the other female characters in this story. John’s sister, Jennie, is described as “a perfect and enthusiastic housekeeper [that] hopes for no better profession.” She mentions that the sister-in-law believes that writing has caused her illness and so the woman in the story is having to hide her journaling from her sister as well (Daley, 2005, pg. 117). The name “Jennie” is a word meaning female donkey or a beast of burden, perhaps symbolizing that other women carry the burden of action, even if they are unaware of it. Where the women should band together to fight the patriarchy and it’s misuse of male privilege and influence, the author is showing the readers that this mission for freedom is a solitary one that fails to garner support from those that should be fighting hardest.
Regardless of the indifference of the women in her life, the narrator attempts to do her part in the battle for equity by fiercely fighting to first understand the woman ensnared in the yellow wallpaper and then to grant her liberation from her entangled entrapment. This yellow prison is a mass of contradictions, giving life to female discourse:

It “commit[s] 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” (Ford, 1985, pg. 311).

Unfortunately, in her desperation to free the women, she plunges into madness as an escape from the “confinement, discontinuity and stifling isolation that define marriage and motherhood.” This reaction “is not neurotic but a realistic and paradoxically fulfilling reaction to an impossible contradiction” (Ford, 1985, pg. 313). The madness that ensues is not a product of the female condition, but of a compliant or simply disinterested community that failed to research the cause of such a drastic reaction.

The Bell Jar

_The Bell Jar_, published 60 years after the initial entrance of “The Yellow Wallpaper”, follows a young academic, Ester, as she dreams of a future where she is a successful and illustrious author. The barrier to her ability to achieve her aspirations are reminiscent of Gilman’s. Plath’s semi-autobiographical representation, Esther, is struggling to find herself when the world she lives in wants to force her into matrimony and motherhood, but her desires fail to align. Plath was a 30 year old mother of two young children in a failing marriage also searching for a way to break free from the demands of her domestic situation. She wrote this novel,
indicting her own “anger at the treatment of women and the limited options she felt were available to her because of her sex” (Meyer, 2010).

Similar to Gilman, Plath underwent treatment for her mental health disturbances, possibly related to the birth of a baby, followed by a miscarriage, an appendectomy and then welcoming another new baby. Is it possible that she was suffering from post-partem depression and psychosis? Instead of being helped by those who were to care for her, she was hospitalized, placed on bedrest, prescribed sedatives and psychotherapy in addition to shock therapy. Shock therapy treatments were another means by which to quiet her mind and stifle her creativity. Plath said of *The Bell Jar*, “it is an autobiographical apprentice work which I had to write in order to free myself from the past” (Plath, Ames, PS 13, 2005).

Within the story, Esther’s struggles stem from her existing in two worlds at once: the world of societal expectations and propriety and the world of fulfilling her own desires, living free of those expectations. The reoccurring theme is the issue of oppression of women in a patriarchal society that leads intellectually strong women into madness in the pursuit of living up to her potential. Historically, the females of the 1950s adhered to a domestic lifestyle of being both a wife and mother. Esther’s story comes on the precipice of a changing climate where the second wave of feminism is beginning to make itself noticed. Females in the 1960s and 1970s had to define for themselves what their new normal would look like. Should they continue the traditions of their mothers or seek to find a new path that allows them independent discovery and liberties previously sought out and enjoyed by the other sex? Esther is surrounded by women that seek an education as a means to finding a husband and securing their own domestication, while she is confronted multiple times by males that are threatened and endeavor to extinguish her ambitions.
During the course of the story, Esther has an earnest conversation with Buddy, the student doctor and her male suiter, regarding childbirth. He tells her of the drugs that would later make the mother forget about the pain she had while in the midst of childbirth. This experience, known as twilight,

“sounded just like the sort of drug a man would invent… here was a woman in terrible pain, obviously feeling every bit of it or she wouldn’t groan like that, and she would go straight home and start another baby, because the drug would make her forget how bad the pain had been, when all the time, in some secret part of her, that long, blind, doorless and windowless corridor of pain was waiting to pen up and shut her in again” (Plath, 2005, pg. 66).

This passage resounds, once again, with the negligence and indifference paid to women while they are in their must vulnerable state. Perhaps the women were convinced that this was the best way to manage the pain of pregnancy and so they trusted their medical professionals with their wellbeing. It should also be considered that the male-dominated profession was fearful of women deciding not to have more children due to the pain of the experience itself. Either way, this is another example of how the patriarchal society is slow to embrace practical change for women, but would much rather the sedate them into compliance and trick them into it over and over again.

“Some Women Become Psychotic After Pregnancy. I Was One of Them”

“The Yellow Wallpaper” and The Bell Jar are significant today because this way of thinking has not been fully abandoned by medical professionals. As of 2017 doctors are still known to place women on bedrest for a myriad of pregnancy ailments and is found to be prescribed by 95% of obstetricians, even with studies showing that it does more harm than good
for both mother and baby. It has been found that in the United States, between 700,000 and 1 million women are prescribed pregnancy bed rest by their physicians annually (Alcalde, 2014). During this fourth wave of feminism, a priority has been placed upon the ability to have control over one’s body and the forage for gender equality. By being placed on bedrest, without substantiating evidence divulging that bedrest is an effective treatment for high-risk pregnancies, is another form of subjecting women to suffering in confinement.

Catherine Carver’s story is the same but different. In 2016, she had an emergency caesarean birth, where all of her expectations of the delivery and moments following were shattered. She recounts how all of the drugs she was given prior to her surgery made her so ill that she was unable to embrace her baby daughter after her emergence into the world. During her recovery, after the trauma of losing one-third of her blood volume, Carver’s psychosis began. She was paranoid that murderous social workers were going to steal and murder her baby. She was afraid to express these concerns to others, including her husband, as she didn’t want to be seen as an unfit mother. Over the course of five months, her psychosis worsened and it was a visiting health care worker, not her own husband whom she saw every day, that noticed something was terribly wrong and sought to provide her the care she needed. According to the story, an Australian study found that nearly 41% of women that experience symptoms of post-partem depression or post-partem psychosis refuse to seek external help because of the negative stigma attached to the disease is embarrassing.

“One in five mothers suffers from depression, anxiety or psychosis during pregnancy or the first year after giving birth, according to a report last year by the Independent Mental Health Taskforce for National Health Services (NHS) England. Yet in England, fewer than 15% of local clinical commissioning groups provide effective specialist community
perinatal services for women with severe or complex conditions. Over 40% provide no service at all. This is despite the fact that in the UK, suicide is the leading cause of maternal deaths in the first 12 months after the end of pregnancy” (Carver, 2017).

This story does not have an unhappy ending as did the fictional tales of the nameless woman and Esther Greenwood and their authors, though. Carver was taken to a Mother Baby Unit, where she was housed with her baby, five other women and their babies, all enduring a similar illness. She was treated with antipsychotic medications that helped her to function, participated in baby massage sessions, weaning classes and splash and play activities, enabling Carver and the other women to bond with their babies and work through their psychosis and depression. This is an incredible leap of care in the right direction. As with many other advancements in the care of women in need, the spreading of this method is slow and ultimately, undervalued. There are only two inpatient programs in the United States, with 24 outpatient programs only offered in twelve of the fifty states. Six of these are in California (Intensive Perinatal Psych Treatment in the US, 2020).

Conclusion

This discussion is necessary and essential as it identifies the lack of resources dedicated to the women that are responsible for the sustainment of the human race. It began with a woman’s cry for help through literary prose. Much of what she had to say was hidden behind symbolism due to the nature of the times. Charlotte Perkins Gilman was a pioneer of her time, with attempting to be seen while buried within the invisible cages of her womanhood and expectations had on her by a patriarchal society. She blatantly references the first wave of the feminist movement through the color yellow, which was their chosen color. She expresses the cruelty of requiring a creative mind to go dormant in the name of health. She shows her readers
the inevitability of being forced to stifle her creative mind instead of nurturing it and taking rest from the burdens of being a wife and a mother.

Her story bleeds into Sylvia Plath’s story, as the methods that Plath’s doctors prescribed to stem from the teachings of Dr. S. Weir Mitchell, who also treated Gilman. With the idea that subduing an active mind would be suitable treatment, Plath endured shock treatments in an effort to achieve just that. In the end, all Plath wanted was to be a notable writer and poet, but she was gifted with a shattered mind incapable of sustaining her life. Like Gilman, Plath lived on the cusp of a feminist movement, where women would rise up to speak against those that would belittle them. It’s unfortunate that the media would place such a negative spin on what could be a positive change for the women of the future.

Currently, during the fourth wave of feminism, women are trying to raise awareness that their bodies are their own and what happens to them is their choice. Feminists are still fighting for equality in the work place, on the political scene and in the home. There should be an emphasis on the need to advance medicine to help women survive the trials and tribulations of motherhood as they arise and not merely sedate them.

It comes down to women, like Catherine Carver, speaking out when they notice a lack of continuity in the care shown women suffering through post-partem symptoms that effect one in five women that go through birth. Carver is the only example given in this literary analysis where she addresses the situation as herself and not behind the mask of a fictional character. It is through incredible courage and an ability to look beyond the stigma of depression and psychosis that she was able to share her story with the world in hopes for awareness and change. This is a sign of growth in a society that is known to shun women for speaking of having any post-partem difficulties, saying it’s unnatural for a mother to feel that way about pregnancy and her child.
More and more, women are taking full ownership of their physical and mental health, finding other means for surviving and thriving in the historically male-dominated society. The only way forward is to acknowledge the need for attention and growth in the medical community to support the moms of the present and protect the mothers of the future.
References


Gilman’s actions, at a time when divorce was socially abhorrent and paternal custody almost unheard of, required considerable courage. Against enormous cultural odds, she chose to live out her commitment to women’s independence. During the early years of the twentieth century, Gilman went on to write a series of utopian fictions, including Herland (1915), a witty portrait of an ideal all-female society. Rose critiques both feminist and masculinist readings of Plath as reductive and problematic. She then proceeds to state that she is working on Plath’s writing in terms of a healing process. Rose has difficulty consistently suppressing Plath’s lived reality. The action also has an impact on the meaning for Rose of the work Plath left behind. Invoking the relation between madness, genius, and art, Stevenson describes Plath’s writing in terms of a healing process. Rose and Stevenson both mention feminist uses of Plath and respond to them; however, neither woman is very explicit about her own feminist investments, especially regarding the use of the Romantic tradition. Stevenson observes that. I give to you ten literary trailblazers. The seventeenth-century writer Aphra Behn broke literary barriers when she became one of the first females to make a living from writing. Not only was she a self-supported playwright and novelist, but rather like a plot from one of her plays, she was a spy for Charles II and a notorious libertine. Virginia Woolf famously championed Behn, writing in A Room of One’s Own that all women should be thankful to the playwright for having earned them “the right to speak their minds.” As an editor for the feminist magazine Ms. she championed the work of Zora Neale Hurston, who later inspired her own writing on civil rights and “womanism.” Walker’s (award-winning) triumph is the novel The Color Purple (1982). Trailblazer of Feminist IR. Constantin gouvy, apr 19 2019. As a result, feminist and gender IR scholars have actively contested the relevance and legitimacy of the discipline-defining dichotomies discussed above and exposed their gendered character, demonstrating that malestream IR was a masculinised discipline (Squires and Wildes 2007 p.189; 192). The Gender of Peace and War. Virginia Woolf, Freud™, Partial Answers: Journal of Literature and the History of Ideas, vol 2, issue 1, January 2004, pp.113-145. Froula, C. Sex Violence and the Public Sphere in Three Guineas™, Virginia Woolf and the Bloomsbury Avant-garde: E-International Relations.