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WOMEN'S MENTAL HEALTH IN THE 19TH CENTURY: AN ANALYSIS OF
SOCIOCULTURAL FACTORS CONTRIBUTING TO OPPRESSION OF WOMEN AS
COMMUNICATED BY INFLUENTIAL FEMALE AUTHORS OF THE TIME

by

Jamie L. Lovley

A Thesis Submitted in Partial Fulfillment
of the Requirements for a Double Major Degree with Honors
(Journalism and Psychology)

The Honors College

University of Maine

May 2019

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ABSTRACT

The purpose of this thesis was to investigate the impact of sociocultural factors of 19th century domestic gender roles, as they affected women's mental health specifically in the area of depressive disorders. Using modern psychological research on gender-influenced proclivity toward depression as a lens through which to understand 19th century mental health diagnoses, this thesis investigates how these gender-biased diagnoses and treatments compounded the mental health struggles women faced. This thesis employed the use of literary review to examine the lives of women as expressed by female authors during the 19th century through their writing, information about their lives as communicated by biographers, and ultimately the effects their works had on influencing gender roles in the domestic sphere. After establishing the societal norms for women during this period, this literature review analyzed the lives of two female authors from the 19th century, one British (Charlotte Brontë) and one American (Kate Chopin), whose work was critically acclaimed for being too outspoken and unfeminine.

The standing hypothesis of this thesis is that the domestic roles of women during the 19th century contributed to the development of depressive disorders, that were then misdiagnosed as hysteria and neurasthenia and treated in ways that compounded women's experience of oppression, and that the emergence of great female authors brought voice and reform to the treatment of women in the domestic sphere. This hypothesis was supported by the review of modern research on depression in women, which highlighted several sociocultural factors that contribute to depression that were a large part of the lives of women in the 19th century, such as sexual harassment,

subservient domestic roles that required self-sacrifice and internalization, feelings of helplessness due to lack of social power, diffused sense of purpose following the Industrial Revolution altering the role of wives and mothers, gender-biased psychological treatments that were harmful, and perpetual pregnancies, which often involved complication. Research on women's lives during the 19th century, primary source letters written by women during the period, legal and medical documentation of the oppression of women, as well as accounts from the lives and works of female authors all provide glimpses into these connections. Lastly, this thesis concluded that both Bronte and Chopin provided a voice and venue for discussion about topics that led to reform and the rise of feminism through writing from the perspective of women.

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INTRODUCTION

Major depressive disorder, or MDD, is a disorder that affects an estimated 322 million people around the globe (Ritchie & Roser, 2018). MDD is the primary reason for disability in ages 15 to 44 due to symptoms that affect daily life and functioning. These symptoms include fatigue, inability to focus, depressed mood, disinterest in formerly enjoyable activities, weight fluctuation, guilt, and suicidal thoughts. Of the estimated 322 million people with MDD, twice as many are women than men. This statistic is staggering and has been the focus of many psychological researchers in the past several decades. Studies continue to formulate theories for this gender variance in depression. The current consensus regarding depression proclivity in women prioritizes cognitive and sociocultural factors that affect how women process negative life events and experiences, that are then also influenced, but not caused by, hormonal fluctuations during puberty and pregnancy (Nolen-Hoeksema, 1993).

The research-based conclusion that biological factors are not enough to substantiate the gender differences in depression brings into question how sociocultural factors contribute toward women's depression. The oppression of women, which has existed and still exists worldwide in varying degrees, from lack of individual rights to unequal pay and much more, exposes women to negative life experiences that can interact with cognitive variables and increase proclivity to depression (Lutwak, 2013). Some of these cognitive variables, such as the increased likelihood of women to use hopeless thinking styles and rumination, may also be the product of centuries of societal grooming and expectations placed on women (Mezulis, Abramson, & Hyde, 2002).

The 19th century, which was a century of economic and domestic changes for both the United States and England, presents an example of when women experienced oppressive societal expectations and limiting domestic roles. Women were expected to: not work a limited selection of jobs unless absolutely necessary, control all matters of children and the home, have children in fast succession and please their husbands readily but without carnal desire, be demure and pure as examples of spiritual piety, be delicate and quiet, and avoid unfeminine intellectual pursuits. This era preceded many changes in the 20th century that brought more freedom and self-expression to women, such as the passage of women's suffrage legislation in both the United States and England in 1920 and 1928, respectively.

Female authors in the 19th century rebelled against these restrictive norms and faced great criticism for their works. Writing was considered a man's profession and unfeminine. The outspoken and independent female protagonists in works, such as those by Charlotte Brontë and Kate Chopin, were considered brazen and offensive. This offensive material was primarily the expression of women's desires for social freedom and equality with men.

The hypothesis of this thesis is that the domestic roles of women during the 19th century contributed to the development of depressive disorders, that were then misdiagnosed and treated in ways that compounded women's experience of oppression. In turn, the emergence of great female authors brought voice and reform to the treatment of women in the domestic sphere. By examining the effects of domestic oppression on women during the 19th century, society can better understand how domestic oppression as it exists around the world currently has an effect on women. This could include how

the sexualization of women, lack of education about rape and abuse, norms that women should find purpose in having children, and cultural expectations that women are responsible for domestic duties contribute to proclivity toward depression and the statistics that women are twice as likely as men to experience depression.

This thesis will be divided into six major sections. The first will discuss modern psychological theories about depression in women, including Hyde, Mezulis, and Abramson's (2008) ABC model, self-sacrifice theories, and research about depression as related to pregnancy. Following the presentation of modern psychological theories, the section on gender roles in the 19th century will break down the sociocultural norms for women in the domestic spheres of both 19th century America and 19th century Britain. This section will discuss pregnancy, social and domestic roles, sexual harassment, misunderstandings about female anatomy, and misdiagnosis of female mental health disorders, primarily hysteria. The third section of this thesis will analyze the lives and literature of 19th century female authors Charlotte Brontë and Kate Chopin. Following this there will be a section contrasting and comparing the sociocultural differences between Brontë and Chopin. The penultimate section of this thesis will present the conclusions drawn from the literature review and analysis of modern and past psychological theories. Lastly, the thesis will close with conclusions about how the emergence of these female authors affected society's understanding of women, and paved the way for rising feminism.

MODERN PSYCHOLOGICAL RESEARCH

Background

In order to investigate the theory that women's domestic roles in the 19th century were negative for women's mental health and contributed to depression that was misinterpreted and compounded by inappropriate treatment, it is first necessary to consider the modern theories on depression in women. Our current understanding of depression creates a lens through which the past can be examined, and evaluated with new clarity. Major depressive disorder (MDD), or clinical depression, is described in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) as having trademark characteristics of depressed mood more frequently than not, lack of interest or pleasure in daily activities, weight gain or loss caused by either increased appetite or lack thereof, visibly sluggish mental processing and movement, chronic fatigue, feelings of guilt and lack of self-worth, inability to concentrate, and suicidal thoughts (American Psychiatric Association, 2013). In order to meet the criteria for a diagnosis of major depressive disorder, an individual must have either depressed mood or loss of pleasure from life, alongside four of the other symptoms for a minimum of a 2-week period. MDD is distinguished from general sadness or mourning by interrupting a person's daily functioning for this prolonged period of time (American Psychiatric Association, 2013).

MDD affects roughly 6.7% of the population in the United States every year and is the primary reason for disability in individuals ages 15 to 44. It is estimated that across the globe, 322 million people live with depression (Ritchie & Roser, 2018). Out of this staggering figure, twice as many women will be depressed as men. The nature of this gender difference has been researched and debated over centuries. Early assumptions

revolved around the biological differences between men and women, and placed heavy blame on women's reproductive organs and weaker countenance as making them more subject to mental or physical illness. However, as science and psychology have progressed, as well as women's rights, psychologists have widened the scope of understanding surrounding female-proclivity to depression. According to Noble (2005), "Psychosocial events such as role-stress, victimization, sex-specific socialization, internalization coping style, and disadvantaged social status have all been considered to be contributors to the increased vulnerability of women to depression" (p. 1).

As asserted by McGrath and the National Institute of Mental Health, hormones and reproductive functioning alone do not cause the gender difference in depression (McGrath, Keita, Strickland, & Russo, 1990). However, the biochemical factors surrounding women during puberty and pregnancy are believed to interact with factors of gender role, cognitive style, sexual victimization, emotional expression, and socioeconomic stress, which all contribute to female proclivity to depression (Sprock & Yoder, 1997). Research in the past several decades has concluded that possible factors influencing female vulnerability toward depression include that women and girls are more likely to have ruminative coping styles, are more apt to find identity and security in relationships, have higher rates of body dissatisfaction, experience more rape or sexual abuse, have more hormones affecting the body during puberty or pregnancy, and are more likely to be limited by gender roles (Hyde, Mezulis, & Abramson, 2008).

The diathesis-stress model can also be used to illustrate how traumatic life events increase the likelihood that someone will be diagnosed with a psychological disorder they are already genetically predisposed to develop (Colodro-Conde et al., 2018). According

to this theory, cumulative life stressors interact with vulnerabilities and increase someone's likelihood of developing depression, especially if they have any genetic predisposition toward depressive disorders. Because women often experience more cumulative life stressors, it is particularly important to examine cognitive vulnerabilities toward depression in women with the goal of better understanding how to help women cope with stressors and negative life events.

The first section of this thesis will discuss modern psychological research theories on depression in women. These modern theories can be used as a lens through which to examine further sections of the thesis, and serve as the foundation for conclusions drawn about the mental health effects of women's roles in the 19th century. In order to be concise, only theories about the cognitive and sociocultural factors that influence a woman's increased proclivity to depression will be focused on. Biological factors will not be examined, as the majority of recent studies (Nolen-Hoeksema, 1993) have found that biological factors are far less relevant to women's increased likelihood to experience depression and are beyond the scope of this thesis. However, pregnancy and postpartum depression will be addressed because of the high-emotional stress pregnancy complications pose, and the close ties between the role of childbirth to the traditionally outlined roles of women.

ABC Model

The culmination of conclusions from this past research was combined in Hyde, Mezulis, and Abramson's (2008) ABC model of female vulnerability toward depression,

which represents affective, biological, and cognitive characteristics of women, as they are affected by stress or negative life events.

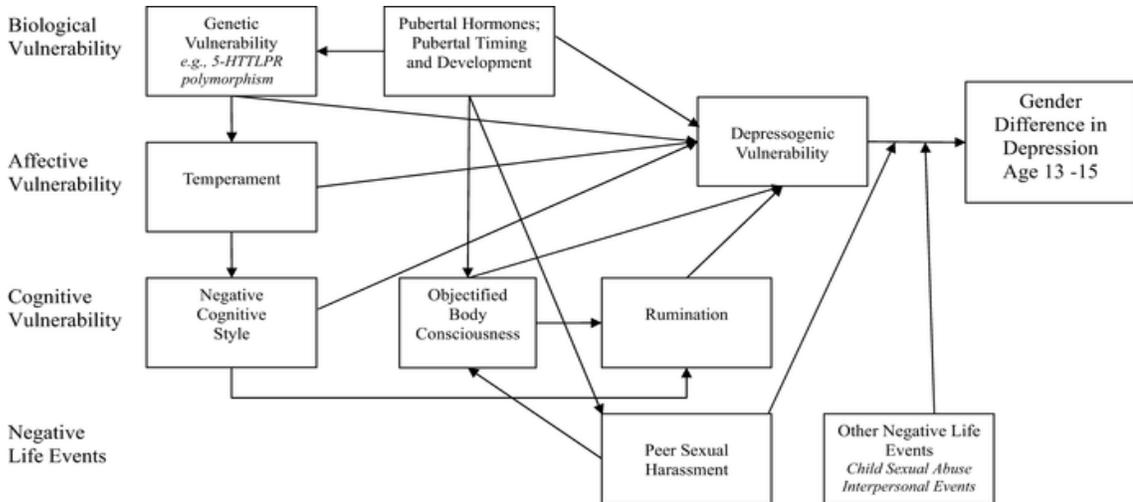


Figure 1. A conceptual diagram of the emergence of depression in adolescent women according to the ABC model.

The ABC model asserts that affective, biological, and cognitive vulnerabilities to depression in women interact in more complexity than asserted by previous researchers. Instead of simply increasing likelihood of depression, the presence of one of the three vulnerabilities increases the likelihood of the development of another, which can be exacerbated by peer sexual harassment and other negative life events. This model was believed to account for the primary differentiation in male and female depression occurring between the ages of 13 and 15, as that age range would offer the most culmination of the three factors and outside stressors (Hyde et al., 2008).

In this analysis, the focus will be on women’s cognitive proclivity toward depression, as it is affected by sociocultural factors such as stress and trauma, and specifically those brought on by gender roles. In both men and women, cognitive vulnerability is theorized to have links to learned helplessness and hopeless thinking styles. According to the hopelessness theory of depression, people who attribute negative

events as being a product of personal insufficiency that is internal (unique to themselves), stable (unable to be changed), and global (affecting all other interactions) are more likely to become depressed (Liu, Kleiman, Nestor, & Cheek, 2015). While there is no evidence of this style of thinking existing differently in girls and boys age 11 or younger, in the years following, throughout adolescence, girls have been found to have higher scores of negative attribution, or hopeless thinking (Hyde et al., 2008).

For both men and women ruminative styles of thinking are linked to depression, and studies have shown that women have a higher rate of ruminative thinking. Rumination is dwelling on and repeatedly rethinking or replaying negative life events. In several studies on gender differences in depression, Susan Nolen-Hoeksema (1994, 1999, 2001) found that gender differences in depression were primarily due to females' tendency to have ruminating styles of thought. This difference also seems to develop in adolescence and presents itself most clearly in college-aged women. In research by Mezulis, Abramson, and Hyde (2002), college-aged women were more likely to ruminate about negative life experiences than men and significantly more likely than their male peers to ruminate about interpersonal and body image issues.

This increased cognitive vulnerability to depression in women, paired with negative life events related to self-image and interpersonal relationships, begin to explain why women are twice as likely to experience depression as men. If the most ruminated-upon negative events for women are those related to interpersonal relationships and body-image, adolescence is ripe with triggers for negative thought styles. Being sexualized or harassed by peers during the age of puberty is common for both boys and girls, but it is believed that girls are more traumatized by these experiences. In studies by the American

Association of University Women (2001), girls were roughly twice as likely as their male peers to be embarrassed, self-conscious, and less confident after peer harassment. Rates of sexual abuse in childhood, especially pertaining to gender differences, are extremely difficult to quantify due to stigma and lack of reporting. However, it is estimated that around the globe almost 1 in 5 females experience sexual abuse before the age of 18 (Wihbey, 2011). Cultural sexualization of women can create an internal feeling of low self-esteem and worthlessness. In Dana C. Jack's *Silencing the Self: Women and Depression* (1993), she writes, "This fear of sexual abuse and violence against women harbors lifelong helplessness, anger, and shame" (p. 15).

Self-sacrifice

The combination of tendencies for women to place more importance on relationships, to have ruminating thought styles, to be confined by traditional heterosexual gender roles, and to experience imbalanced power in relationships is believed to contribute to the development of what Dr. Dana C. Jack (1993) describes as female "self-sacrifice" or "silencing the self." This refers to women feeling forced to sacrifice their own needs and emotions in order to harbor safety and harmony within the domestic sphere. This act of self-preservation has been reinforced over time and comes at the cost of submission to male counterparts, specifically fathers or spouses. In history, specifically times when women were unable to work full-salaried jobs or own land, women had little protection or means of provision without the care of men. Consequently, survival often came at the charity of others, through family or marriage. Patriarchy set a precedent of power wherein, "Women perceive danger in interpersonal

situations that pose a threat to connection, while men are threatened by situations that impose on autonomy: women fear isolation; men fear entrapment” (Jack, 1993, p.13).

Because of traditional ideals that women should be nurturing, pure, gentle, good, soft-spoken, doting, subservient, and meek, women were forced to present an altered, censored version of themselves in order to remain in secure standing in their family and avoid rejection or isolation. Subconsciously, this constant self-sacrifice creates cognitive dissonance and lack of identity, furthering harmful schemas and patterns. The schema of self-sacrifice is as follows, “My responsibility is to make my husband happy, and his responsibility is to take care of me. He is in charge of the shape my life will take therefore, I don’t have responsibility for my own happiness because I’m responsible for him and I hold him responsible for mine” (Jack, 1993, p. 81). Silencing the self may mitigate the risk of rejection, but it creates instability, resentment, anger, and finally, depression.

Several years before Dana C. Jack’s (1993) publication, Harriet Lerner (1988) explored this idea of silencing self in her text, *Women in Therapy*. Lerner explains a case wherein she counseled a married woman by the name of Mrs. R. The woman behind the alias Mrs. R was a married 35-year-old and a stay-at-home mother to three children. Mrs. R’s case is exemplary of someone experiencing depression related to pressures in domestic life with her husband that cause her to self-sacrifice in order to maintain traditional gender roles and security. Lerner also explains that Mrs. R does not feel confident in her ability to survive outside of the care of her husband. “Mrs. R had spent years cloistered in the home and had no marketable skills, few support systems, and little confidence that she could provide for herself and her children in the case of divorce. The

loss of her husband threatened her not only with the loss of identity but also the actual loss of economic security and social status” (Lerner, 1988, p. 230).

In this case description, it becomes clear that Mr. R desires strong traditional roles, in which he has little involvement at home or with the children. Mrs. R does not feel valued or happy with their relationship, but fears raising her concerns with her husband further, lest he reject her and worsen the state of their marriage. “While depression may serve as an indirect form of protest, it may also bind anger and obscure its sources. In Mrs. R’s case, her symptomatic depression forced change in the marital relationship (e.g. Mr. R began to do housework and to care for his wife), but it also protected Mrs. R from clearly articulating her grievances and openly challenging the status quo. Mrs. R’s position as the sick one or the depressed patient in the family further lowered her self-esteem and sense of competence, making it even less likely that she would have a sense of legitimacy about voicing her complaints and taking new action on her own behalf” (Lerner, 1988, p. 247). This case shows the downward spiral that follows self-sacrificing schemas and the subsequent feelings of dissolution, lack of identity, depression, entrapment, and helplessness.

Self-sacrifice relates directly to the two most researched cognitive vulnerabilities to depression, ruminating thought styles and hopelessness. Self-sacrifice forces internalization of negative emotions, which can only be forgotten about or ruminated on further, and self-sacrifice results from feeling helpless and reliant upon another party’s provision and care. As Lerner establishes, the end result of experiencing depression as a consequence of self-sacrifice in a relationship places the individual at an even greater state of helplessness and vulnerability. Unfortunately, Jack’s theories of self-sacrifice

were examined only in the context of heterosexual couples in a relationship where the man possesses the majority of the power, which limits their application. However, in the cases of the literary examples examined in this thesis, the female writers and female characters all fall into the category of heterosexual women in relationships where the man holds the majority of the power.

Pregnancy and Depression

Women are at the highest risk of developing depression from puberty to midlife, which means women are also most likely to develop depression during their childbearing years (Noble, 2005). Studies by O'Hara and Swain (1996) have documented that 10-15% of women develop a form of depression after a live, uncomplicated delivery. This rate of depressive symptoms is even higher for those who lose a child in delivery, 20-30%, and highest in cases of women who experience miscarriage (Boyle, Vance, Najman, & Thearle, 1996; La Roche et al., 1984; Radestad, Steineck, Nordin, & Sjögren, 1996, as cited in Bernazzani & Bifulco, 2003). According to a 1996 study by Frost and Condon, 40-50% of women who have a miscarriage will be diagnosed with clinical depression (Bernazzani & Bifulco, 2003). Interestingly, both pregnancies that produce live, healthy babies and pregnancies that result in loss of the fetus or infant are correlated with cases of lifetime depression. It is believed that difficult pregnancies, that pose stress to the mother in varying contexts, are processed as negative life experiences that contribute toward the development of psychological issues, such as depression (Bernazzani & Bifulco, 2003).

At some point in their pregnancy, roughly 1 in 5 women in industrial nations will meet the criteria for a major or minor depression diagnosis. Of these diagnoses, 20-50%

would be considered major depression (Dietz et al., 2007; Reck et al., 2008, as cited in Milgrom & Gemmill, 2015). Postpartum, the percentage of those that meet diagnostic criteria becomes even higher than 20% for the full year following birth (Gavin et al., 2005, as cited in Milgrom & Gemmill, 2015). These numbers are also limited by the stigma surrounding mothers reporting depressive symptoms during the perinatal period, in which they are expected by society to be blissful, maternal, fulfilled, and selfless. Symptoms of perinatal depression include anxiety, uncontrollable crying, low mood, irritability, inability to concentrate, obsessive thoughts, detachment from the infant, and overall, an inability to properly enjoy their baby, resulting in further guilt and confusion (Milgrom & Gemmill, 2015).

Unfortunately, due to lack of resources, social stigma, lack of childcare, or lack of diagnosis, only 12-30% of women experiencing depression during the perinatal period receive treatment (Bowen, Bowen & Butt, 2012 as cited in Milgrom & Gemmill, 2015).

Conclusions About Modern Psychological Theories

In summary, cognitive factors increasing a woman's proclivity to depression include hopeless thinking styles, rumination, and self-sacrificing schemas that interact with negative life events such as rates of sexual abuse, social oppression, and traumatic experiences including pregnancy and miscarriage. In research by Mezulis, Abramson, and Hyde (2002), college-aged women were significantly more likely than their male peers to ruminate about negative events, specifically those concerning interpersonal and body image issues. Throughout adolescence, girls were found to have higher scores on negative attribution, or hopeless thinking (Hyde et al., 2008). The combination of

tendencies for women to place more importance on relationships, to have ruminating thought styles, to be confined by traditional gender roles, and to experience imbalanced power in relationships is believed to contribute to the development of what Dr. Dana C. Jack (Jack, 1993) describes as female “self-sacrifice.” This self-sacrifice reinforces rumination and feelings of helplessness. Lastly, at some point in their pregnancy, roughly 1 in 5 women in industrial nations will meet the criteria for a major or minor depression diagnosis. This rate of diagnosis increases for the full year following birth. Of these diagnoses, 20-50% would be considered major depression (Dietz et al., 2007; Reck et al., 2008, as cited in Milgrom & Gemmill, 2015). As asserted by Hyde, Mezulis, and Abramson (2008), the presence of one of these vulnerabilities increases the likelihood of the development of another, which is in turn exacerbated by peer sexual harassment and other negative life events.

This thesis hypothesizes that the sociocultural environment for women in the 19th century presented an increased number of negative pressures that would interact with these cognitive effects. The diathesis stress model poses that predisposed vulnerabilities to psychological disorders interact with certain stressors in life to increase the likelihood overtime that a person will be diagnosed with that psychological disorder. These negative pressures and stressors in the 19th century included frequent and complicated pregnancy, higher rates of sexual abuse without legal protection for victims, and social domestic roles that enforced isolation and great limitations on individual freedom. The Industrial Age also brought great changes to the domestic role of women through commercial products and services that took away from the duties of a wife and mother. At the same time, society also demanded women to be spiritual figureheads and examples of demure

piety and innocence. Because of this, the 19th century presents an excellent example of how factors influencing female cognitive proclivity toward depression, especially those relative to the domestic sphere and patriarchy's effect on women's roles. The following section will investigate the sociocultural factors influencing the gender roles of women in the 19th century, and will also consider the 19th century diagnosis and treatment of women's mental health.

GENDER ROLES IN 19TH CENTURY AMERICA AND ENGLAND

The lives of women during the 19th century were greatly limited by strict gender roles, expectations surrounding motherhood and femininity, lack of social contribution or prospects, inability to survive outside of the support of male peers, beliefs that certain mental illnesses were gender-specific, and other factors of oppression and sexism. This section will examine the different sociocultural factors influencing female gender roles during the 19th century that may have influenced female proclivity to depression.

Pregnancy

Married women in the 19th century across class divides were often in an almost perpetual state of being pregnant. Women did not have access to reliable forms of birth control, and it was a wife's duty to serve her husband and produce a large family. This constant state of pregnancy was extremely physically taxing on women's bodies, and as stated in the analysis of modern psychological research, the stressors of both uncomplicated pregnancies and non-live pregnancies increase the likelihood of women experiencing depression. During the 1800s, miscarriage and infant death were much more common than they are now, and a woman having a large family was at an increased risk of experiencing negative life stressors related to loss of children. Very little was medically understood about prenatal health and precautions, and pregnant women around the world in the 19th century frequently drank and smoked during their pregnancy. This behavior, along with other environmental risks and illnesses, increased the rate of miscarriage drastically.

In her 2019 book, *Lost: Miscarriages in 19th Century America*, medical historian Shannon Withycombe explored attitudes surrounding miscarriage through personal letters exchanged between wives and mothers during the 1800s. These letters not only revealed attitudes surrounding miscarriage, but also made clear the great pressures women felt in having so many children. One of the letters in the text was from Alice Grierson to her husband during 1871. Prior to writing her letter, she experienced the death of her seventh child at only three months old.

Charlie's existence I accepted as a matter of course, without either joy or sorrow. Kirkie's with regret, for so soon succeeding him. Robert came nearer being welcomed with joy, than any other. Edie was gladly welcomed so soon as I knew her sex ... Henry succeeded her too soon to give me as much rest as I would have liked ... and told you before he was a year old, that I would rather die, than have another child, yet no sooner was he weaned, than Georgie came into life ... I firmly believe it injured me, as soon as I weaned him, and was again immediately pregnant, my nerves became so irritable to such a degree, that life has ever since, been nearer a burden to me. (p. 18)

Grierson goes on to tell her husband that she would rather move away and live separated than risk becoming pregnant again. "Both of us will know one thing, which will inevitably occur, if the good Lord permits us to meet again, and are both well aware of the possible consequences that follow" (Withycombe, 2019, p. 18).

Through the other letters discovered in Dr. Withycombe's research it became evident that some women felt relief upon learning that their pregnancy resulted in miscarriage because of this perpetual state of pregnancy. Women found solace in knowing that they would not be blamed for a miscarriage, as any expression of a lack of desire for additional children would be considered shameful and sinful. However, this solace also may have also come with complex emotional trauma for some women, who may have felt the miscarriage was due to their own physical inadequacy or lifestyle

choices. Between 1860 and the early 1900s women faced massive restrictions on birth control methods, and yet the number of children in the average family still dropped from 5.42 to 3.56. Withycombe believes that this decline in the number of children is related to the great measures women took in order to limit their pregnancies, such as separation from their husbands, home remedy birth control, longer engagements, and illegal abortion (Withycombe, 2019).

During the 19th century, in both Great Britain and the United States, men and women were expected to function in very separate and distinct social roles. Women were in control of the domestic sphere, while men existed in occupational and social roles outside the home. Only upper class women were able to pursue society outside of the home, through balls and parties. Prior to the Industrial Age, which began in both the US and UK around 1760, women were responsible for industry in the home. This included growing and preparing food, sewing clothes, caring for livestock, hand washing, and caring for the children. The Industrial Revolution brought around some changes to the role of women in all levels of society. Most notably, the Industrial Revolution opened up more working positions in factories for the lower and working class woman. The rise of textile industry also removed some of the domestic responsibility that fell on women, such as crafting clothes or creating domestic goods from scratch.

Social and Domestic Roles

During the 19th century, poor and unmarried women were able to find employment in domestic roles, factory jobs, or in retail, but women in the upper- and middle-class were discouraged from doing so. Prosperity due to the massive growth of

industry allowed many urban, middle or upper class women to not have to work. Societal pressures dictated that women pursuing unnecessary wages was “unnatural” and not a proper feminine pursuit. Women who were discouraged from pursuing jobs were domestically depended upon, as either wives and mothers, spinsters, or widows. Especially during the early 1800s, being unemployed and yet still financially stable enough to employ maids and nannies was the epitome of feminine class and maternity. A woman’s subservient role was still in the kitchen and nursery; however, her status allowed her to do very little actual work within this sphere. She was a figurehead for home, her idle nature exemplary of her husband’s income. These concepts are now referred to as the “Cult of True Womanhood” (Rupp, 2002).

This concept of the perfect domestic woman relied upon women being spiritual creatures, purposed to endow future generations with pious direction and teaching. Gender roles in the 19th century in the United States were heavily affected by the Second Great Awakening, which began in 1790. The Second Great Awakening strengthened religious roots in the domestic sphere. Motherhood became less about productivity and industry, and more about raising and maintaining a pious family. Women were expected to maintain sexual relationships with their spouses strictly for the purposes of producing children and satisfying their mates. Consequently, a woman’s morality was considered key to the success of her family. However, this spiritual role as the wife and mother of the house existed in Great Britain as well. Nonconformist churches opened roles to women such as teaching, doing humanitarian work with the poor, leading female prayer meetings, and organizing fundraising events. This connection between femininity and spirituality led to the “Angel of the House” standard. "The Angel in the House" was a

poem written by Coventry Patmore and published in 1854 in London. In the poem, which is inspired by Patmore's wife, he describes the perfect matronly woman, who is submissive, pious, self-sacrificing, timid, pure, helpless, and doting. "Man must be pleased; but him to please. Is woman's pleasure; down the gulf, of his condoled necessities. She casts her best, she flings herself" (Patmore, 1887). This angelic template was the desire of men and the goal of women during the 19th century, and played into an ancient unrealistic standard that women are to be both sexually alluring and pure, virgin and subservient, pious and pleasing. "The Angel of the House" had such a lasting impact on views of women in society that in 1931 female English author Virginia Woolf wrote that, "Killing the Angel in the House was part of the occupation of a woman writer" (as cited in Showalter, 1992, p. 1).

Interestingly, the restrictions and expectations of the Cult of True Womanhood sparked the independence that preceded feminism. Catherine Beecher, a 19th century American activist and educator, wrote that the separation of roles in America actually gave women a form of equality with men, because they were in a dominant place of power in domestic life. She believed this level of shared power was exclusive to America, "it is in America, alone, that women are raised to an equality with the other sex" (as cited in Warder, 2015, p. 1). Through their identity as the moral guide, women discovered their own power through involvement with the church, and consequently their neighborhoods. This religious involvement led to religious activism, specifically through events such as the temperance movement, through which women leveraged their power as the more moral creatures by creating leadership positions and the Woman's Christian Temperance Union (WCTU). This contributed to women's involvement in religious activism, and

other forms of activism that could pave the way for engaging in rebellion against oppressive social structures, questioning the patriarchy, and forming feminism (Cruea, 2005).

Intellectual pursuits were considered a distraction from domestic and spiritual duties, and women desiring higher education were risking verging on masculinity. Being too physically active was also considered unladylike, because of beliefs that women were of a weaker physical composition than men. Women's proclivity to fainting spells and shortness of breath was less likely because of weaker composition and more likely a consequence of constricting dresses, petticoats, and skirts that weighed as much as 12 pounds. Corsets were so tight that they deformed women's rib cages and displaced their organs. These many facets of constricting ideals of femininity kept women trapped within expectations, on the threat of losing romantic prospects and financial security (Cruea, 2005). Those who dared to question these ideals of femininity or to fight for the rights of women were scorned by society in both America and England. The Queen of England herself admonished her subjects to fight against women's rights movements.

The Queen is most anxious to enlist every one who can speak or write to join in checking this mad, wicked folly of 'Women's Rights,' with all its attendant horrors, on which her poor feeble sex is bent, forgetting every sense of womanly feeling and propriety... It is a subject which makes the Queen so furious that she cannot contain herself. God created men and women different - then let them remain each in their own position. (Queen Victoria, letter 29 May 1870)

To the Queen's dismay, by the end of the 19th century women were discussing voting rights, advocating wearing bloomers, and riding bicycles.

Sexual Harassment

During the 19th century, women had very few protections against sexual harassment or abuse in the growing female workplace. The statistics presented in the previous sections about modern sexual abuse supported the theory that frequency of sexual abuse in women's childhoods and adolescence contribute as negative events adding to proclivity to depression. While statistics regarding sexual abuse during the 19th century are impossible to procure because of lack of reporting and the lack of records, it is likely that these statistics would be even higher during this period because of women's lack of rights. Religious expectations that women were to be virgins at the time of their wedding, social pressures from patriarchal power, and shame and secrecy surrounding female sexuality all likely contributed toward a lack of reporting of sexual harassment. Reporting harassment endangered a woman's reputation, and in turn could inhibit her prospects for marriage and security.

During the 19th century, legal protections for women were few. Laws concerning sexual harassment or assault by default assumed that the woman was at fault, for either not resisting the approach enough, or for secretly desiring the sexual attention. In 1874, a fourteen-year-old girl accused the man she worked for of locking her in his barn and raping her. The court decided that the man could not be charged on account of the girl not being able to prove that she had exhibited the "utmost resistance" to her attacker. The court explained their decision as follows, "And if a woman, aware that it will be done unless she does resist, does not resist to the extent of her ability on the occasion, must it not be that she is not entirely reluctant? If consent, though not express, enters into her conduct, there is no rape" (Siegel, 2003, p. 4). This meant that the law would do little or nothing to protect a girl or woman against sexual harassment unless she could provide

evidence that she had met the legal parameters of utmost resistance, which was both virtually impossible and degrading. Legal systems assumed that women desired the assaults they reported. In 1887, Helen Campbell reported that women working in domestic positions in households experienced “the worst degradation that comes to woman,” and that factory positions exposed female workers to sexual extortion (Siegel, 2003, p. 3).

This lack of legal protection for women, which in turn gave women lower status and self-worth, paired with reduced likelihood of reporting, supports that sexual harassment in the 19th century significantly contributed to women’s increased likelihood toward depression.

Myths About Female Anatomy and Physiology

Another factor influencing the roles of women during the 19th century was the misunderstanding of female anatomy and female biological functioning that was closely shared between the medical field in both the United States and Great Britain. Female reproductive systems and functions were considered taboo and improper to discuss. Daughters were sometimes not even taught about their bodily functions by their own mothers or sisters for fear of impropriety. Because of this, shame surrounding menses was ingrained into women’s understanding of their own bodies at an extremely young age. Women were in the dark on the very understanding of their own functioning, but even those who were educated were educated incorrectly. Dr. John Burns, a published midwife doctor during the 19th century, taught that menses and female reproductive systems could lead to madness in females, and that menses should “be considered as a

disease” (Lister, 2018). This definition of the female reproductive system supported the understanding of hysteria as a gender-selective disease. Dr. William Rowley, a revered professor at Oxford University, expressed the belief that hysteria and madness were directly related to menstruation and bleeding. Repressed menstrual flow, or the use of cloths and natural materials to reduce bleeding, was believed to cause attacks of manic behavior, including screaming, weeping, bodily tremors, depressed mood, and panic attacks. Consequently, women exhibiting a wide variety of symptoms were diagnosed with hysteria and committed to psychological treatments that would be considered abuse by today’s standards, all because of the affliction of being born female (Lister, 2018). In order to fully understand hysteria as a psychological diagnosis, it is necessary to review its development over history, and the way it influenced women in the 19th century.

Hysteria

History

In ancient history, hysteria was thought to affect women because it was believed that the uterus was capable of moving out of place and wandering throughout the female anatomy. According to Plato, Hippocrates and Aetaceus, this displaced uterus then negatively affected other organs and caused illness. The solution to this, according to these scholars, was to place a bad smell near the female patient’s mouth, a good smell near their vagina, and force a sneeze, in hopes of drawing the uterus back down to where it belonged. Although the idea of the wandering uterus was later rejected, women in the 19th century still carried smelling salts in order to rouse themselves from fainting spells, reminiscent of ancient treatments used to realign misplaced uteruses (Tasca, Rapetti, Carta, & Fadda, 2012)

Following rejection of the displacement theory, Roman Empire era physician Galen asserted that a woman's body experienced the side effects of hysteria because of the ovum being unused. This of course coincided with religious decrees that women should be fertile and produce as many children as possible (McVean, 2017).

During the 19th century, many physicians viewed hysteria as a consequence of a buildup of sexual fluid, sexual frustration, or women's innate desire to give birth. The primary issue with this diagnosis is that not all women were married or in the position to become married, did not have a healthy sex life, or maybe were beyond the age of giving birth. Because of this, a physician named Thure Brandt opened clinics to serve women with hysteria through what he referred to as, "uterine massage." These uterine massages were performed on women by male doctors and female nurses, and involved stimulation that was "bimanual, meaning 1 hand was placed outside the body on the abdomen, and the other inserted into either the vagina or anus to perform massage, until a 'paroxysmal convulsion'" (Castleman, 2013). As understood today, these were essentially massages that brought the patient to orgasm. Because of the non-sexual nature of women during the time frame, and female sexual pleasure largely being viewed as a myth, these doctors believed there was nothing sexual or perverse about their actions, and that they were performing a medical procedure for a diagnosed disease. Doctors did not believe that this paroxysmal convulsion was the female orgasm. These medical practices brought around the development of the first female vibrator devices by Dr. Granville, in order to relieve pain doctors were experiencing in their wrists and hands.

The first real breakthroughs in how the psychological symptoms of hysteria were perceived were made by Sigmund Freud from 1880 to 1915. Freud posed that the hysteria

was the consequence of psychological scarring or exposure to negative and memorable events that were not properly examined (McVean, 2017). This began the transition from the 19th century understanding of hysteria as being physiological toward an understanding that was much closer to that of the diathesis-stress model and modern biopsychosocial theories of depression. By drawing parallels between negative life events and the suffering of hysteria, Freud suggested that many of the women diagnosed with hysteria in the 19th century were actually experiencing depression or another psychological disorder.

Treatments

Treatments for hysteria and neurasthenia in the 19th century varied, but core common practices were taught in both the United Kingdom and United States. One of the world renowned voices on the matter was Scottish physician and academic William Smoult Playfair. Playfair taught at King's College in London, and brought the "rest cure" concepts of treatment made popular by American physician Silas Weir Mitchell to the United Kingdom. This rest cure was the primary treatment for nervous disorders or nerve prostration. Published in 1881, Playfair's book, "The Systematic Treatment of Nerve Prostration and Hysteria," details several cases of patients placed on rest cures.

First, Playfair describes the symptoms that identify someone with nerve prostration or hysteria. He explains that sufferers of the disorder exhibit a "wasting" appearance due to anemia or muscular degeneration, and are unable to eat a healthy amount of food (Playfair, 1883). Playfair then describes his female patients as having a harmful craving for sympathy that borders on that of fiendish scheming, and asserts that the women are morally challenged by their disease.

Another group of symptoms which soon show themselves under such conditions are those of a moral character the patient becoming emotional and

hysterical constantly craving for sympathy which she often obtains to a degree most prejudicial to her welfare, until at last the whole household becomes victimized by the morbid selfishness thus developed. (Playfair, 1883, p. 30).

This hunger for sympathy is presented as a primary reason for treatment involving isolation. Complete separation from friends and family is key to gaining “moral influence” over the patient that Playfair and other physicians felt was key to success. A rest cure was a combination of psychological treatment and moral reconditioning through segregation and a breaking down of female willpower or rebellion. A rest cure was completed once a patient had been confined to her bed for a period of six to eight weeks, during which the patient is “only allowed to rise for the purpose of passing her evacuations and is neither allowed to read or sew nor to feed herself” (Playfair, 1883, p. 33). Nurses also often cleaned and turned the patients in their beds.

Other aspects of rest cure treatments that Playfair addresses include change in diet, full body stimulation through massage, and electrocution. The changes in diet were made to include more fatty foods and dairy products, and patients were sometimes force fed milk and milk products. This, along with the individual being bedridden and barred from any intellectual practices, reduced patients to the status of an infant instead of a functioning adult. Full body massage was given by either a physician or nurse, and was more of a full body rubbing of the skin and surface muscles than a formal massage. The purpose of this massage was to increase blood flow and stimulate the muscles, which were atrophying from lack of use. While not always the case, it is important to note that many physicians during the 19th century also believed a buildup of sexual fluids could cause nervous disorders, and employed genital stimulation to bring a woman to paroxysm. It is unclear how much of this treatment the female patients consented to. “In

two of my cases the abdomen especially in the ovarian regions was so tender that the patient at first shrank from the slightest touch but in a very short time she could be freely handled and kneaded in every part” (Playfair, 1883, p. 35).

Physician-guided electrocution was another way of stimulating the patient’s unused muscles. Two metal poles with damp sponges were used to administer electricity to the muscles of the patient's entire body, except those in their face and head. The shock would cause the contraction of the muscles, and in the mind of the physician, bring exercise to otherwise unused areas. “There is no doubt that this is painful and disagreeable but it is of unquestionable utility” (Playfair, 1883, p. 36).

For his contributions to the medical field and study of nervous prostration and hysteria, Dr. Playfair was awarded status as an honorary fellow of the Boston and American gynecological societies, as well as Edinburgh's obstetrical society. Hysteria or hysterical neurosis was included in the DSM until 1980, and removed in the DSM-III.

The Yellow Wallpaper

An excellent example of hysteria treatments in popular literature can be found in Charlotte Perkins Gilman’s, “The Yellow Wallpaper.” In this short story, the main character, a young woman who is suffering from depression, is advised to not write or exert herself in any way, and is allowed no more than two hours of mental stimulation daily. The young woman is confined to an old nursery room with yellow patterned wallpaper, which becomes her obsession. She is convinced a woman is trapped in the wallpaper, and that she must rip it off the walls to free her. “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 peeled off yards of that paper” (Gilman, 1981, p. 17).

The location of this rest cure, an abandoned nursery, is greatly symbolic of the maternal entrapment felt by women, and by Gilman as she suffered postpartum depression. Also, the concept of a woman being trapped in the pattern of the wallpaper is symbolic of the woman being stuck in a literal “pattern” of domestic oppression and powerlessness. The overwhelming desire to act out in a way that would not be acceptable, such as ripping down the wallpaper, reflects the protagonist’s pressing need to change her surroundings and tear down the barriers holding her back.

In 1887 Gilman wrote in her diary that she felt that she was very sick with a “brain disease” in the years following her daughter’s birth. Gilman was placed on the rest cure for depression and “nervous prostration,” which today would likely be diagnosed as postpartum depression. Charlotte Perkins Gilman wrote “The Yellow Wallpaper” based on her own experience being placed on a rest cure, which she describes as narrowly escaping “utter mental ruin.” After her rest cure treatment, Gilman was suicidal and felt compelled to divorce her husband in order to protect him and their daughter (Gilman, 1994). She described the purpose of her vivid account of the psychosis brought about by a rest cure as being “not intended to drive people crazy, but to save people from being driven crazy” (Gillman, 1981, p. 20). She even cites an unnamed medical specialist who altered his treatment of women after reading Gilman’s account of “The Yellow Wallpaper.”

LIVES AND LITERATURE OF 19TH CENTURY FEMALE AUTHORS

Brontë and Chopin

In order to understand the lives and roles of 19th century women from the perspective of 19th century women, this thesis will review two female authors and their works. Both authors' lives, socioeconomic status, culture, age, and culture will be taken into account and compared. A primary text written by each author will be analyzed as it represents the life of its female protagonist and the societal oppression she experienced. In the case of these two books, the author and her main character will also be compared and contrasted for autobiographical material. I have chosen Charlotte Brontë and her work, *Jane Eyre*, and Kate Chopin and her novel, *The Awakening*. The reasoning behind this was that both women were born in the first half of the 19th century but represent different cultures and socioeconomic classes. Both women were writers who were criticized for their content, and both either experienced, or wrote about, mental health issues. Both novels are about strong-willed women not satisfied with the roles society laid out for them, had strong similarities to the authors, and used similar imagery to describe women feeling trapped and desiring greater societal freedom.

Biographical Background of Charlotte Brontë

Charlotte was born in 1816 in the west of Yorkshire, England. Brontë's family was in the English economic lower class, and she had six siblings, five sisters and one brother. After her mother's death when she was five, Charlotte was sent to be cared for by her aunt and then to a boarding school with poor conditions and unkind teachers. The

unsanitary environment at this boarding school brought about the death of two of Brontë's sisters due to tuberculosis. After their father Patrick Brontë removed Emily and Charlotte from the boarding school and brought them to the family home in Haworth, Charlotte became the functioning mother of her remaining younger siblings. As young as 13 she wrote poems and prose, some of which were published in small local papers or kept between the siblings. In 1831 she continued her education at Roe Head, where she would later return as a teacher between 1835 and 1838. She expressed being extremely unhappy during this time.

From 1836 to 1838 Brontë wrote multiple letters to her close friend Ellen Nussey describing feeling unworthy of salvation and in low spirits. In her letters she expresses feeling guilt and self-loathing, although she does not clearly state what this guilt is about. "I have some qualities which make me very miserable, some feelings that you can have no participation in, that few people in the world can at all understand. I don't pride myself on these peculiarities, I strive to conceal and suppress them as much as I can, but they burst out sometimes, and then those that see the explosion despise me, and I hate myself for days afterwards" (Todd, p. 209, 1968). It is possible this guilt was exasperated by religious expectations instilled in Brontë from her upbringing and years spent in strict boarding schools.

She then became a governess and a private governess, where the basis for much of the experiences in *Jane Eyre* would come from. She describes hating her position as governess, and holds the belief that no live-in governess will ever be happy in her position (Smith, 1995). One unruly student, John Benson Sidgwick, was especially burdensome for Charlotte, and threw books at her and perpetrated other abuses. Not

much larger than a child herself, Charlotte was less than five feet tall and had a small build at age 23. It was around this time that Charlotte received a marital proposal from her friend's brother, Henry Nussey of Sussex. She declined this offer due to her opinion that he was dull. She politely replied, "mine is not the sort of disposition calculated to form the happiness of a man like you" (Brontë to HN, 5 Mar 1839).

In 1842, Charlotte and Emily embraced independence through enrolling and eventually teaching at a boarding school in Brussels, with the intent of learning how they could found their own school. The boarding school was run by Constantin Héger (1809–1896) and his wife Claire Zoé Parent Héger (1804–1887). Charlotte found herself becoming infatuated with Heger, affections that were noted by his wife, who ruled Charlotte's life tyrannically. Claire was Heger's second wife. He had been married in the 1820s, while fighting the revolution that ceased in 1830. During the bloody rebellion and street warfare, Heger witnessed the death of his younger brother. In 1833 he lost both his wife and child to cholera. These tragedies lent to Heger being a passionate, high-tempered man. Like the Brontë sisters, he had known his share of loss. Even after Emily returned home, Charlotte stayed in Brussels and fell further, yet quietly, in love with her headmaster. In French classes, she was teacher's pet, and she also took up teaching him and his brother-in-law English every week. Heger took her into town to see the Mardi Gras festivities, and even gave her a gift that could be understood only through their intellectual conversation, a piece of the outer casing of Napoleon's casket. She recorded this momentous and personal gift, "August 4th 1843 – Brussels – Belgium/ 1 o'clock pm/ Monsieur Heger has just been into the 1st Class/ and given me this relic – he bought it from/ his intimate friend M. Lebel" (Harman, 2017, p. 191).

However, the waxing and waning of Heger's attentions, paired with disapproval from Madam Heger, left Brontë lonely. "I fancy he has taken to considering me as a person to be let alone – left to the error of her ways; and consequently he has in a great measure withdrawn the light of his countenance, and I get on from day to day in a very Robinson-Crusoe-like condition – very lonely. That does not signify" (Brontë, 1995). At the end of the term, Heger praised Charlotte's achievements wildly, gifting her one of his favorite books and taking her to a concert in the Parc as congratulations. Promptly after he and his wife and children left for the summer to the seaside, and Charlotte was left utterly and completely alone at the school. It is possible this lonely time, spent ruminating on the strong emotions she felt, inspired her future novels. Charlotte returned home, but did not cease communications with Heger. She wrote him emotional letters as often as twice a week, to which he barely answered. During this time Brontë was reportedly in a deep depression. Eventually Madame Heger herself responded to Brontë, and advised that she write Heger every six months at the very most. In 1913 some of the letters were donated to the British Library.

In these letters Brontë wrote,

I would rather undergo the greatest bodily pains than have my heart constantly lacerated by searing regrets. If my master withdraws his friendship from me entirely I shall be absolutely without hope — if he gives me a little friendship — a very little — I shall be content — happy, I would have a motive for living — for working. (Brontë, 1846)

And in another excerpt,

Monsieur, the poor do not need a great deal to live on — they ask only the crumbs of bread which fall from the rich man's table — but if they are refused these crumbs — they die of hunger — No more do I need a great deal of affection from those I love — I would not know what to do with a whole and complete

friendship — I am not accustomed to it — but you showed a little interest in me in days gone by when I was your pupil in Brussels — and I cling to the preservation of this little interest — I cling to it as I would cling on to life. (Brontë, 1845)

In May of 1846, Charlotte and her sisters Anne and Emily became more serious about their literary careers and began to publish books of their poetry under male pseudonyms. Charlotte wrote, “Averse to personal publicity, we veiled our own names under those of Currer, Ellis and Acton Bell; the ambiguous choice being dictated by a sort of conscientious scruple at assuming Christian names positively masculine, while we did not like to declare ourselves women, because – without at that time suspecting that our mode of writing and thinking was not what is called "feminine" – we had a vague impression that authoresses are liable to be looked on with prejudice; we had noticed how critics sometimes use for their chastisement the weapon of personality, and for their reward, a flattery, which is not true praise” (Brontë, 1850). Brontë’s first novel, *The Professor*, was not published, although it did open publishers to the submission of her second novel, *Jane Eyre*, which was published in 1847.

Jane Eyre became a bestseller. Some critics claimed it was too coarse, and morally corrupt because of the female narrator’s disregard for religion and lack of feminine manners, but these complaints vastly increased after Currer Bell’s true identity was released a year later. The strong-willed nature of Jane was undesirable to many, and Lady Eastlake, a strong female conservative figure of the time, claimed Charlotte “ had long forfeited the society of her own sex,” through the creation of the novel.

In 1848, Charlotte Brontë was working on another manuscript when she lost her brother Branwell and sisters Emily and Ann in less than a year’s time. Each of them was believed to have died of tuberculosis. Letters written to Ellen Nussey in 1850 describe

Brontë experiencing continued depression and "many a night in extreme sadness." Later on in letters written in 1851 and 1852, Brontë describes herself as bed-ridden, weak, lonely, sleepless, and unable to eat (Todd, 1968).

Villette, Brontë's third novel, is strongly based on her experience teaching in Brussels. This novel also focuses on the themes of isolation and loneliness, similar to *Jane Eyre*. During the process of publishing *Villette*, Charlotte Brontë received a proposal from Arthur Bell Nicholls, who was her father's curate. She initially refused but fellow author Elizabeth Gaskell tried to convince her that she would benefit from the marriage, and Brontë accepted his proposal in 1854. She enjoyed a very brief but exceedingly happy marriage with Nicholls, who had long been in love with her. Unfortunately, tragedy followed close behind, and after becoming pregnant, Brontë became increasingly ill, and died with her unborn child in 1855. There is some debate whether her death was due to tuberculosis, typhus, or extreme dehydration because of morning sickness.

Relationship between Jane and Charlotte. In *Jane Eyre*, the direct relationship between Charlotte Brontë's life and that of the character Jane is undeniable. Like Charlotte, Jane was sent to be cared for by her aunt and then sent to a dirty, dreary boarding school. Jane recounts further abuses at the hands of her teachers that we are unsure whether or not are autobiographical in nature. In *Jane Eyre*, the school also harbored disease, and Jane describes the death of her closest friend. Inspiration for this likely came from the loss of Charlotte's two sisters. Jane Eyre is also employed in her adulthood as a governess, and like Charlotte, finds it lonely and depressing. Jane Eyre falls in love with her master, Mr. Rochester, a tempersome and distant man who does not appear to harbor emotion toward Jane. The descriptions of Mr. Rochester's personality,

with all of its anger and brooding disapproval, are remarkably similar to the descriptions of Constantin Heger that Brontë wrote to her friend Ellen in letters from Brussels. It is likely her unrequited love inspired the complicated love between Jane and Mr. Rochester. Mr. Rochester also had an illegitimate French daughter, with whom he speaks French.

Sociocultural Gender Roles in Jane Eyre. Throughout the novel *Jane Eyre*, Jane struggles to be seen as equal by the many men who are above her in status, such as Mr. Brocklehurst, Rochester, and St. John. Her push against men specifically was unprecedented in literature of the day, calling forward conservative critics. “I don't think, sir, you have a right to command me, merely because you are older than I, or because you have seen more of the world than I have; your claim to superiority depends on the use you have made of your time and experience” (Brontë, 1931, p. 129). As narrator, she is a strong-voiced, brilliant young woman, who is repressed to being quiet and somber by her station as governess. She expresses a constant, bursting desire for liberty and freedom, both literal physical freedom to do whatever she wants, and emotional freedom to express herself and her opinions fully. However, her impoverished family and single-female identity leave her with few prospects outside of being a governess. As apparent when Mr. Rochester's friends, such as Blanche Ingram, come to visit, the single women in the text are searching for rich suitors to elevate their status and keep them safe, which does not interest Jane in the slightest. “Women are supposed to be very calm generally: but women feel just as men feel; they need exercise for their faculties, and a field for their efforts, as much as their brothers do ... It is thoughtless to condemn them, or laugh at them, if they seek to do more or learn more than custom has pronounced necessary for their sex” (Brontë, 1931, p. 111-112). The character of St. John offers Jane with security

and relative freedom as the wife of a traveling missionary, but he clearly does not profess love for her. Jane's normally logical coldness reaches a breaking point where passion outweighs convention, and this drives her back to Mr. Rochester.

Mental Health in Jane Eyre. In her childhood, Jane experiences near constant abuse at the hand of her cousin. "He bullied and punished me; not two or three times in the week, nor once or twice in a day, but continually: every nerve I had feared him and every morsel of flesh on my bones shrank when he came near. Mrs. Reed was blind and deaf on the subject: she never saw him strike or heard him abuse me, though he did both now and then in her very presence; more frequently, however, behind her back" (Brontë, 1931, p. 5). She is also isolated from her other cousins and aunt and punished by being locked in a room alone. This instance of being imprisoned in the red room is reminiscent of the rest cure therapy that was used to "treat" women's nervous illnesses. "*My heart beat thick, my head grew hot; a sound filled my ears, which I deemed the rushing of wings: something seemed near me; I was oppressed, suffocated: endurance broke down—I uttered a wild, involuntary cry—I rushed to the door and shook the lock in a desperate effort*" (Brontë, 1931, p. 13). She then goes on to experience traumatic losses and further abuse in her boarding school, followed by great feelings of loneliness and isolation in adulthood. Mr. Rochester describes her as "So much depressed that a few more words would bring tears to your eyes" (Brontë, 1931, p. 259). By modern psychological standards Jane would be considered a candidate for therapy because of the abuse and losses that she experienced in her developmental years.

Mr. Rochester's wife, also imprisoned in the attic of the home, presents a much clearer example of mental illness in the 19th century. Bertha Mason was wed to Mr. Rochester under false pretenses, without the knowledge that she suffered from a hereditary illness that causes insanity and intellectual disability. His response to her unwell behavior, however, was to lock her in the attic like an animal, where she lived in squalor and darkness. Because of this, her behavior as described by Mr. Rochester and Jane, must be read with the understanding of the sort of terrible injustices she was subject to. The literary theory that Bertha is an alter ego of Jane connects the two women's similar feelings of imprisonment, loneliness, suppressed emotion, and rejection. Following this thread, some have asserted that Bertha may also be an alter ego for Charlotte Brontë herself, who felt greatly rejected by Heger.

Charlotte Brontë Summary. In summary, Brontë was born into early 19th century England and experienced multiple major losses in her childhood and adolescence, including the loss of her mother and two sisters. She was a part of the lower-middle class, worked as a governess, and lived abroad in Brussels, where she fell in love with a man who did not return her affections. She struggled with depressive episodes and melancholy, both regarding spiritual guilt and feeling abandoned by the man she loved. She wrote three novels under pseudonym and her own name, the second of which, *Jane Eyre*, proved extremely successful, despite criticisms. These criticisms revolved around the protagonist of the novel being too outspoken, intellectual, and unfeminine. *Jane Eyre* focused on the plights of a young woman governess who falls in love with the cold, uncompassionate master of the house. There are many similarities between Charlotte Brontë and Jane Eyre, including a difficult childhood, similar vocations, and unrequited

love. Charlotte Brontë was married at 38 and passed away at 39 while carrying her unborn child.

Charlotte Brontë wrote about a woman, much like herself, and her desire to experience intellectual equality with the men around her. Her writing exposed the inadequacies and troubles that an unmarried woman in the 19th century faced, and painted the image of an intelligent, strong woman struggling to rise above the restraints placed on her by gender role standards during the era. Similarly, Kate Chopin, another great female author from the 19th century, wrote about a female protagonist struggling against societal expectations. Kate Chopin also experienced many losses in her childhood and adolescent years, and was forced by the death and debt of her husband to take care of her children alone. She, like Brontë, struggled with depression, and turned to writing as an outlet for her depression.

Biographical Background of Kate Chopin

Katherine O'Flaherty was born in 1850 to French Canadian and Irish parents in St. Louis, Missouri. Chopin was the third of five siblings, but multiple sisters and brothers died either as babies or later in their early adulthood. She was only five years old when her father, formerly a successful businessman, died in a tragic railroad accident. After this she was tutored at home by her great-grandmother until the Civil War broke out, bringing the death of her brothers and the death of her great-grandmother. In 1870 Katherine married Oscar Chopin and moved to New Orleans where he ran a cotton brokerage. This was the second time men in her life had allowed her to live in affluent social circles. They had six children together before Oscar's business failed in 1879. He died of malaria three years later and left Kate Chopin with an astronomical amount of financial debt. Grief

ridden and single for the first time, Kate reportedly had an affair with a local married farmer, and was known locally for being openly flirtatious. No more than a year after her husband's death, Kate Chopin's mother also died. During this time she experienced depression and sought professional help. After moving back to St. Louis she began to write on the suggestion of a doctor in order to cope with her emotions. She wrote short stories for the local paper and did not receive fame until the 1899 publication of her novel *The Awakening*.

The Awakening tells the story of Edna Pontellier, a wife and mother from New Orleans who is vacationing at Grand Isle resort in the Gulf of Mexico with her family. Edna spends little time with her husband, who enjoys gambling and occasionally bringing treats for the children. During the vacation Edna Pontellier becomes close friends with Robert Lebrun, the young, single, and playful flirtatious son of Madame Lebrun, who manages the resort. Their playful friendship blossoms into romance, although neither party acts on their emotions. Robert Lebrun, likely concerned that his affinity for a married woman is too strong, departs for a sudden, long-term trip to Mexico. This breaks Edna's heart, and she becomes increasingly aware of how unhappy she is in her relationship with her husband, who treats her like property and does not value her intellectual and creative pursuits, like painting. Adèle Ratignolle, another woman on vacation at Grand Isle, embodies all of the maternal joy and matronly feminine nature that Edna feels that she lacks. While she loves her children, she does not feel the same sort of fulfillment and identity that Adèle finds in child-rearing, sewing, and cooking. After their vacation is over and the Pontelliers return to New Orleans, Edna cannot stop thinking about Robert. She hates her life as the wife of a socially affluent man, and

begins to rebel against his requests of her. Her husband consults a doctor, suggesting his wife is unwell, but Edna continues to claim independence by engaging in domestic life less and less, and by painting and visiting Mademoiselle Reisz, a hermetic woman and excellent pianist whom Edna strangely admires. Eventually, Edna's husband leaves for a business trip in New York and sends the children to their grandmothers, essentially breaking up their family and retreating from his "unruly" wife.

While she is alone, Edna blossoms into her own person, begins a primarily sexual affair with a man named Alcée Arobin, who is infatuated with her, and even sells the family home to move somewhere of her own. Edna discovers that Robert has been writing letters to Madame Reisz describing how much he misses Edna. Madame Reisz also advises Edna to take caution, as very few women have the strength it takes to rise above the expectations of society. After some time, Robert returns to New Orleans and avoids her for as long as he can bear before confessing his love. Edna leaves this confrontation to help Adèle Ratignolle, who is giving birth. Adèle advises Edna to refuse Robert's love, and to think of her children instead of her own happiness. When Edna returns home, Robert is gone again, and has left a note saying he will never return or shame her further by pursuing a married woman. Edna, overwhelmed with grief, then flees to Grand Isle and wades out into the sea where she learned to swim, and drowns herself.

Response to *The Awakening*. Given *The Awakening*'s blatant rebellion against the ideals of doting motherhood and depiction of female sexuality and infidelity, the response to the book was extremely critical. The St. Louis Post-Dispatch labeled the novel "poison" and "too strong a drink for moral babes" (Nickleman, 2016). People also reviewed the novel

as being morbid and vulgar because of its reference to suicide. The text was censored, and Chopin never again published a novel. Biographer Emily Toth held the opinion that *The Awakening* finished Chopin's writing career because Edna's character was too sensual and rebellious for the matriarchy (Toth, 1999). Chopin passed away at 54 of a brain hemorrhage while visiting the World's Fair in 1904.

Relationship between Kate and Edna. The similarities between author Kate Chopin and Edna Pontellier are not as striking as those between Charlotte Brontë and Jane Eyre, but there are a few important parallels to be noted. First, both Chopin and her protagonist are the wives of once successful businessmen in the southern United States. Because of Kate's husband's business, before his economic decline and death, she enjoyed a lifestyle befitting the upper social class. Kate Chopin also vacationed in Grand Isle, like other wealthy families in the city, and like Edna Pontellier. The inspiration for some of Edna's angst about loving someone she could not have could possibly have come from Chopin's own affair with a married farmer after the death of her husband. In Chopin's first novel, *At Fault*, forbidden love is also explored in the tale of a Catholic woman who loves a divorced man but cannot reconcile divorce because of her faith. Kate Chopin began her writing career because of her struggle with depression, and depression is a major theme in *The Awakening*.

Sociocultural Roles in *The Awakening*. Edna's dissatisfaction with her life and her position as wife and mother are clear in the text. As early as the second page, it is suggested that Leonce sees his wife as his personal property, "...looked at his wife as one looks at a valuable piece of personal property." He frequently reproaches her for not

being a suitable mother, and chastises her for what he considers neglect of the children. His views are "...if it was not a mother's place to look after children, whose on earth was it?" (Chopin, 199, p. 6). As is typical with the norm of domestic roles during this period, Edna is expected to pamper and dote on her children while Leonce stays away gambling and smoking until late in the night. Edna has caregivers to do most of the work with the children, but still she is expected to maintain a matronly demeanor and focus. Edna does not consider herself motherly, and lacks the domestic enthusiasm of her peers, despite loving and caring for her children greatly. When the family moves back to their home in New Orleans, Edna is overwhelmed by the expectations of her husband and society. Leonce is overwhelmed with anger when he finds out that Edna has not stayed at her home and visited with the local women, because it is the wife's duty to maintain social appearances in all related to the house. In these confrontations, it is insinuated that Leonce sees his wife as a failure in both areas of motherhood and duties of a wife.

As Edna grows closer and closer to acting as a free agent, and shunning society's expectations, Leonce distances himself. "Her new and unexpected line of conduct completely bewildered him. It shocked him. Then her absolute disregard for her duties as a wife angered him" (Chopin, 1899, p. 55). Mr. Pontellier even considers his wife as not herself and mentally unstable. However, as narrator Chopin clarifies this misunderstanding "That is, he could not see that she was becoming herself and daily casting aside that fictitious self which we assume like a garment with which to appear before the world" (Chopin, 1899, p. 56).

At the end, in the throes of her battle with depression and losing Robert, she is advised by Adele to “Think of the children.” When Doctor Mandelet confronts Edna’s mental illness, Edna expresses the belief that maybe only children have freedom, of which she is jealous. The doctor reminds her of her purpose as a woman, “It seems to be a provision of Nature; a decoy to secure mothers for the race. And Nature takes no account if moral consequences, of arbitrary conditions we create, and which we feel obligated to maintain at any cost” (Chopin, 1899, p. 108). This series of conversations addresses the constraining nature of motherhood, which can be used by patriarchy to entrap women. This is expounded upon beautifully in Adrienne Rich’s *Of Women Born*, which examines the patriarchal institution of motherhood and the experience of pregnancy as a feminist mother and poet.

When Edna takes her life, she does take Adele’s advice and thinks of the children, but not in the way one might expect. Through this quote, in my opinion the most important quote in the text, she summarizes her dissatisfaction and struggle to find meaning in her life within her social and domestic duties as a mother and wife. “She thought of Leonce and the children. They were a part of her life. But they need not have thought they could possess her, body and soul” (Chopin, 1899, p. 112).

Mental Health in *The Awakening*. The most obvious reference to mental health in *The Awakening* is the closing of the book, where Edna takes her own life by drowning herself in the sea. Detailing the suicide of a woman, from the perspective of a woman, was considered unheard of and extremely unsavory. Examining Edna’s character in retrospect, there are behaviors and interactions that foreshadow and indicate her struggle

with depression. Edna is overcome by sudden bouts of sadness and crying. After her husband's return and routine reproach concerning her failure to be a proper mother, she leaves to cry outside alone, citing "an indescribable oppression, which seemed to generate in some unfamiliar part of her consciousness" that "filled her whole being with vague anguish" (Chopin, 1899, p. 7). After confrontations with her husband, to which he responds by leaving to eat his dinner at the club, Edna expresses her anger alone by shredding her handkerchief, stomping on her wedding ring and shattering a glass vase on the floor (Chopin, 1899, p.51). When in public, Edna describes feeling "no interest in anything about her," and experiences waves of apathy toward life. She is heartbroken over Robert leaving and feels disparity between who she is expected to be and desires to be. While assuming her own identity and pursuing her individuality outside of her social roles, the push back from her husband and others around her causes her great pain. "There were days when she was unhappy, she did not know why,- when it did not seem with while to be glad or sorry, to be alive or dead; when life appeared to her like a grotesque pandemonium and humanity like worms struggling blindly toward inevitable annihilation" (Chopin, 1899, p. 56). Her decisions, which are rash and rushed toward the end of the book, suggest instability. Doctor Mandelet finally confronts Edna about her behavior and suggests she is having trouble, which she does not deny but refuses help. It is not long after that Edna wades out into the sea to take her own life.

Common Themes in *Jane Eyre* and *The Awakening*

Through analysis of Brontë and Chopin's literary works, themes emerge of the female protagonists feeling trapped, discontented, objectified, misunderstood, and grossly limited by their domestic roles in society. In the case of Jane Eyre, her primary

expression of dissatisfaction is a fierce desire to be seen as an intellectual equal among her male peers. For Edna Pontellier her entrapment is largely expressed as a desire to have physical freedom from her domestic expectations, and freedom to choose to love a man who is not her husband.

Bird Imagery. Bird imagery has been used throughout literature to symbolize a number of things. Birds can symbolize freedom, beauty, innocence, and spirituality. Specific birds such as ravens, doves, and eagles symbolize death, peace, and majesty, respectively. In multiple 19th century novels, however, the symbol of the bird seems to embody the entrapment and desire for freedom felt by women. Tom Hardy's *Tess of the d'Urbervilles* frequently uses bird imagery to describe Tess and other women in the novel. Most importantly, Tess is often compared to a trapped bird that cannot obtain the freedom she desires. A caged bird embodies her feelings of vulnerability in lines describing her as one "who had been caught during her days of immaturity like a bird in a springe" (Hardy, p. 261 as cited in Kowalchuk, 1985).

Bird symbolism relative to the portrayal of women can also be found in works by Fanny Fern and Susan Glaspell. Fern, Glaspell, and Chopin were all 19th century American female authors who used similar bird symbolism, including images of caged canaries, mockingbirds, and parrots. The key theme in all these examples is the use of a bird being caged to mirror how the female characters in the texts feel trapped and limited (Campfield, 2009). The caged birds symbolize the frivolity of the era, along with the beauty and luxury of Victorian wealth, but also illustrate the sadness of something so free being contained and objectified. When these authors use bird imagery to describe the

appearances of women's dress, their behavior, or their emotion, it solidifies the comparison of imprisoned beauty.

Imagery and symbolism regarding birds are themes in both *Jane Eyre* and *The Awakening*. As a child, Jane is enthralled with a book on British birds that describes different species of sea birds and other exotic fowl she has not seen. She uses reading about these birds as a sort of escape, symbolic of her own desire to fly away and have freedoms allowed to animals but not to her. Throughout the book, Jane feeds the birds, and references fowl in conversation between herself and Mr. Rochester. The key reference to this is when Jane breaks this affinity with this comparison and breaks ties between Mr. Rochester. "Jane, be still; don't struggle so, like a wild frantic bird that is rending its own plumage in its desperation." To which Jane responds, "I am no bird; and no net ensnares me; I am a free human being with an independent will, which I now exert to leave you" (Brontë, 1931, p. 268).

The Awakening opens by describing a caged, brightly-colored parrot, and continues to use imagery of parrots, mockingbirds, pigeons and gulls throughout the rest of the text. The trapped nature of a caged bird symbolizes the way that Edna feels trapped, filled with unexplainable loneliness. Leonce's expectations of Edna, both as a mother and doting wife, make her feel unappreciated and suffocated, similar to the caged parrot. Both beautiful Edna and the colorful parrot are possessions, beautiful to admire but undesirable when they speak too much.

Mademoiselle Reisz addresses this bird symbolism beautifully when she sizes up Edna's strength and independence. "She put her arms around me and felt my shoulder blades, to see if my wings were strong, she said. 'The bird that would soar above the level

plain of tradition and prejudice must have strong wings. It is a sad spectacle to see the weaklings bruised, exhausted, fluttering back to earth.' Wither would you soar?"

(Chopin, 1899, p. 81). She uses the analogy of a bird with strong wings to explain how a woman must be strong and capable to endure the great resistance created by patriarchal tradition and sexist society if she intends to soar or excel. Sadly, in the end, it seems that Edna Pontellier's wings were not strong enough, unless her suicide be interpreted as a final embrace of unattainable freedom.

In both of the texts, bird symbolism is used to highlight the desire of these women to break the societal expectations of women, to exceed beyond limitations placed on their sex, and to have true freedom as their own persons. Like caged birds, women in the 19th century were considered beautiful possessions meant to enhance a man's household and stay quiet and obedient within very clear barriers.

Sociocultural Differences Between Brontë and Chopin

When comparing and contrasting these two authors it is important to consider the similarities and differences between their socioeconomic class, place of birth, upbringing, life experiences, marital relationships, and other demographic information. The following table lists important facts about each author. Brontë was born earlier in the 19th century than Chopin. Brontë was born in rural Yorkshire, England, and Chopin was born in urban St. Louis, Missouri. Brontë was lower class, and relied upon working as a governess to survive, while Chopin was middle-upper class until her husband died when she was 32. Brontë began writing much younger than Chopin. Chopin was not published till she was 40, and Brontë unfortunately would only live to be 39, but had been published since she was 29. Chopin was married at age 20, while Brontë was not married until she was 38.

Chopin had five children, and Brontë had none. Both authors suffered the loss of their parents at age 5, experienced the death of multiple siblings during childhood, faced financial troubles, suffered from depression, and wrote books that were considered unfeminine and improper.

	<u>Brontë</u>	<u>Chopin</u>
Birthplace	1816 - Yorkshire, England	1850 - St. Louis, USA
Socioeconomic Class	Lower class	Middle upper class
Parents	Mother died at 5, lived with aunt.	Father died at 5, lived with grandmother
Siblings	6 (2 died in childhood)	5 (2 died in childhood)
Employment	Governess/Novelist	Novelist
Age Began Writing	13	40
Age Published	29 (1847)	40 (1890)
Marriage (Age)	38 (1854)	20 (1870)
Children	(died in utero)	6
Death	39, Tuberculosis (1855)	54, Brain hemorrhage (1904)
Mental Health	Undiagnosed depression	Diagnosed depression

Table 1. A table illustrating the sociocultural similarities and differences between Charlotte Brontë and Kate Chopin.

The final portion of this thesis will examine the conclusions that can be drawn from each of the preceding sections. These conclusions will consist of connections drawn between the understanding that modern research provides and the evidence about life in the 19th century sourced from articles, letters, medical journals, books, biographies, and diaries.

SYNTHESIS

Theories About Depression in Women in the 19th Century

The review of modern psychological research established that major factors predicting vulnerability toward depression in women are cognitive factors such as hopeless thinking styles, rumination, self-sacrifice, and objectified body consciousness. Self-sacrifice and hopelessness arise especially in situations where individuals experience oppression and interpret their situation as being due to internal factors that will never change and will negatively influence all other areas of their life. Negative life experiences that women might have that interact with these cognitive processes include sexual harassment and discrimination, which women are more likely to experience than men. Pregnancy also increases vulnerability to depression because of physical and hormonal changes and the possibility of complications. The negative life events and stressors increased women's likelihood of developing depression, which coincides with the diathesis-stress model (Colodro-Conde et al., 2018).

In the 19th century in both Great Britain and the United States, the lives of women were structured in a way that presented many of the negative experiences that interact with women's cognitive vulnerability to depression. Married women were expected to be almost constantly pregnant, and faced extremely high rates of miscarriage and child loss. Women had little legal protection against sexual abuse or harassment, and were objectified as the property of men. Without rights, jobs, or authority outside of the household, women lived in oppressed and limiting roles that confined them to an identity as a mother and wife. The expectations that women be spiritual and obedient, on the threat of losing financial security or safety, can lead to self-sacrificing schemas and

ultimately hopeless thinking styles. All of these factors could have contributed to the high level of cases of depression in women in the 19th century.

A compounding factor for women in the 19th century was the misinterpretation of their emotional distress as a symptom of hysteria. Because the symptoms prompting a diagnosis of hysteria were so vague, ranging from lethargy to a desire for attention, it is likely that many women with other mental health illnesses, such as depression, were misdiagnosed and treated in ways that exposed them to even more negative life experiences. Treatments for hysteria were abusive by modern standards, including electrocution and prescribed isolation and complete lack of mental stimulation. Doctors giving uterine massages to women to bring them to orgasm is a complete violation of the Hippocratic oath and modern standards of professionalism. The women being stimulated by these doctors were sometimes underaged, and this treatment by a doctor could be their first sexual experience, conducted under the guise of medical practice. It is not clear what level of consent was given, but Playfair describes his patients as sometimes shrinking from his touch (Playfair, 1883, p. 35). However, because of the 19th century belief that women did not experience orgasm or sexual pleasure, these actions were viewed as being medical and not sexual in nature at the time. This misunderstanding likely caused great confusion for women in treatment in their adolescence and beyond while growing in understanding of their own mysterious bodies and their own sexuality.

Parallels between these uterine massages and the sexual abuse delivered under the guise of medical treatment by American 21st century doctor Larry Nassar can be drawn. Larry Nassar is believed to have abused at least 250 women and girls in the 1990s and 2000s before his conviction in 2017. He sometimes referred to his sexual abuse as

“intervaginal adjustments,” and even convinced parents that his inappropriate behavior was medical and normal. One gymnast estimates that Nassar carried out this perverse treatment on her over 800 times over the course of her career. Because of Nassar being a trusted doctor for athletes of the USA Olympic team and many others, he was able to use his power to persuade the parents of these female patients that his treatment was helpful as the parents looked on in the same room (Salam, 2019). Just as Nassar was able to use his position as a trusted physician to disguise sexual abuse, it is very possible that some of the trusted doctors in the 19th century were able to disguise sexual abuse as “uterine massage.” Regardless of whether or not the intentions of these doctors were to cause harm, it is reasonable to posit that psychological harm was done.

Charlotte Perkins Gilman describes her rest cure treatment for postpartum depression as bringing her close to complete mental breakdown and contemplation of suicide. *The Awakening* would not exist had Kate Chopin’s obstetrician suggested a traditional rest cure that would prohibit writing or reading, instead of advising that she turn to writing to cope with her depression following the loss of her husband. Both women experienced their depression in the 1880s, but experienced very different treatments with clear differences in outcome. Brontë, on the other hand, received no diagnosis or treatment and expressed struggling with depressed emotions late into her life.

Analysis of Biographies and Literature

Brontë and Chopin’s lives both exemplify the struggle that women faced during the 19th century. Chopin became a young widow and inherited the overwhelming debts

of her husband. After Chopin turned to writing to deal with the grief of her loss, she was criticized for her works being too unfeminine and crass in their description of unhappiness and a woman's suicide. Brontë, along with experiencing many personal losses in her childhood, was forced to work one of the few acceptable jobs for a woman, which she hated. She also felt continually underestimated by her male peers, and struggled with lifelong depression and illness.

Through analysis of Brontë and Chopin's literary works, themes emerge of the female protagonists feeling trapped, discontented, objectified, misunderstood, and grossly limited by their domestic roles in society. The inspiration for these situations is likely each author's own life. In the case of Jane Eyre, her primary expression of dissatisfaction is a fierce desire to be seen as an intellectual equal among her male peers. Charlotte Brontë also struggled with being taken seriously in both her position as governess and by Heger in Brussels. She also felt the need to write under a male pseudonym, for fear her success as an author would be jeopardized by her identity as a woman.

For Edna Pontellier her entrapment is largely expressed as a desire to have physical freedom from her domestic expectations, and freedom to choose to love a man who is not her husband. Kate Chopin also falls in love with a man who is not her husband, a married man she has an affair with after her previous husband dies, and she acts on her desires despite the societal expectations for widowed women.

In both books, bird imagery is used to symbolize the lack of freedom the women feel. Domesticated birds are symbolic of beauty that can be contained and displayed, similar to how women were possessed by men as a symbol of status. Both caged birds and married women were a fixture in the home meant to appear attractive and expected to

always sing cheerfully. As a child, Jane Eyre admires wild and exotic birds, that are free to fly in a world beyond her imagination. As an adult, she casts off this fascination by stating that she cannot be a bird, because no one can confine or cage her. Mademoiselle Reisz compares Edna Pontellier to a bird in a beautiful illustration of rising, or flying, above the restraints of society's requirements as a task that requires strong wings. Ultimately, in both texts birds represent both the characters' strong desire for freedom and their feelings of entrapment.

Bird symbolism as it relates to 19th century women and their struggle to gain independence should be examined further in many texts to gain a better understanding of just how deep the vein of comparison runs, and how aware of this comparison authors and readers were.

Conclusion

Because depression is twice as prevalent in women than men today, it is especially important to study vulnerabilities and risk factors facing women. While conditions today for women are much different than they were in the 19th century, studying the past allows for a better understanding of why patriarchy, an imbalance of power between men and women, and firm gender roles were damaging to female psyches. This research also raises questions about how remaining areas of oppression in women's lives around the world may continue to affect their psychological health and make them more likely to experience depression than men.

The findings of this literature review support the idea that the domestic requirements and restrictive social roles of women during the 19th century provided

increased exposure of women to negative life experiences and stressors, such as sexual abuse, isolation, traumatic complications during pregnancy, discrimination and postpartum stress. Because of modern research such as Hye, Mezulis, and Abramson's (2008) ABC model and the diathesis-stress model (Colodro-Conde et al., 2018), it is possible to theorize regarding how the stressors experienced by 19th century women interacted with rumination and thinking styles to increase the likelihood of women developing depression. Discrimination and lack of power also may have reinforced the creation of self-sacrificing schemas and hopeless thinking styles. The extraordinary and conflicting expectations of women, which included to not work, to control all matters of the home, to have children in fast succession and please their husbands readily but without carnal desire, to be demure and pure as examples of spiritual piety, to be delicate and quiet, and to avoid unfeminine intellectual pursuit, likely contributed to cognitive dissonance and dissolution.

These negative life experiences and expectations then may have interacted with women's cognitive proclivity toward depression and caused an increased rate of women experiencing depression, which was then misdiagnosed and treated as hysteria. The treatments for hysteria, as documented by medical professionals and patients during the 19th century, were cruel, scientifically flawed, and formed around centuries-old myths about the female reproductive system. These treatments included prescribed isolation, sexual stimulation, restriction of access to forms of self-expression, electrocution, forced massage, complete lack of physical exertion, and dietary restriction. It is possible these treatments worsened cases of depression, similarly to Virginia Woolf's account of treatment, and created a sense of fear around seeking treatment for mental health issues.

Female authors, such as Charlotte Brontë and Kate Chopin, exposed the public through their female protagonists to the opinions of women who experienced societal oppression, and openly confronted mental illness as it exists in women's lives. It is likely that both women drew from their own experiences and dissatisfaction with female gender roles because of the noticeable similarities between their character's lives and their own. The use of caged bird symbolism in both texts helps embody the helplessness and lack of freedom women felt during the 19th century. This symbolism also begs the analysis of other works written by women during the same century. After publication, both of their works received criticism for their choice of content and lack of censorship. Chopin was condemned for depicting a woman who was suicidal and not matronly. Brontë was chastised for allowing her female protagonist to speak freely about her desire to be equal to men. Despite this, these female fiction authors, after surmounting backlash and discrimination, contributed to the publication and circulation of female opinion in a world otherwise censored by men.

Looking forward - Effects of 19th Century Authors on Future Feminism

Female authors in the 19th century faced great opposition in both Britain and the United States. Female authors were stereotyped as being unfeminine, too academic, and incapable (Harper, 2007). Criticisms of female authors' publications were so great that many women, such as the Brontë sisters, Mary Ann Evans, and Louisa May Alcott, saw it necessary to write under male pseudonyms just to assure better success for their work. In the 19th century the literary world was male-dominated, and consequently the minds in society were fed primarily by the opinions of men, even in fictional stories and poetry.

However, the emergence of daring and excellent female authors who pushed against these norms allowed an avenue for a new perspective, one that was often not shared outside of the confines of the home. By writing stories with female protagonists from female perspectives, women were able to voice to society their desires for freedom and equality. Brontë, through narrating the thoughts of Jane Eyre, expressed her great intellectual prowess that was suppressed by men, and her great potential that was limited and misjudged by everyone in her life. Through the life of Edna Pontellier, Chopin confronts the emptiness and depression felt by a woman who feels trapped and unloved. These ideas were scorned by critics for being inappropriate and uncouth, but their expression allowed women who may have sympathized with these female characters to feel validation and representation.

First wave feminism, the feminism that arose in the 19th and early 20th centuries, was prompted by many great female authors who opened women's rights up to the public as a debate. In England, Mary Wollstonecraft published her breakthrough feminist text, *A Vindication of the Rights of Woman*, in 1792. Her writings advocated for education for women and greater gender equality. Margaret Fuller's *Women in the Nineteenth Century*, published in July 1843, is considered one of the earliest major feminist publications in the United States. Fuller establishes in this text that each human must be an independent and self-reliant agent, and that the power balance of men over women must be removed for the betterment of all society. During this first wave of feminism, women's suffrage was a highly debated topic, but feminists also rallied closely with the abolition movement and saw the equality of race and sex as goals that could be united and achieved together. The

road to women achieving voting rights was long, and legislation was not passed in the United States and England until 1920 and 1928, respectively.

Without these female authors, it would be impossible for women to advocate for more rights and achieve greater education. The consequential rise of women in society where previously discouraged, as doctors, leaders, and scholars, brought around reformed understanding of women and of their mental and physiological states. Women like Charlotte Perkins Gilman expressively discrediting the use of the rest cure and other hysteria treatment eventually changed how medical professionals viewed gender-specific mania and its cures.

Sociocultural expectations, imbalance of power between men and women, and gender roles in the 19th century converged to make women highly vulnerable to depression. While women's rights movements have made leaps and bounds in recent centuries, women around the world in many countries still experience oppression and discrimination on the basis of their sex. Varying degrees and forms of the sociocultural factors that affected women in the 19th century continue to exist, and today women are still twice as likely to experience depression as men. The growing understanding of gender vulnerability to depression, especially studies that support biological factors not being women's primary source of vulnerability, suggest that there are still changes that can be made to reduce women's risk for depression.

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