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FROM FEMALE SEXUALITY AND HYSTERIA TO FEMININE PSYCHOLOGY: THE GENDER OF INSANITY IN LITERATURE

From the mad heroines of classic Victorian literature to the portrayal of insanity in modern Western texts and Middle Eastern writing, women suffering from mental instability have been a captivating subject. Using today's understanding of mental illness and psychological abnormality, do we find these women to be suffering from psychological conditions, or are they suffering from a "female malady"? Is it simply the nature of their femininity that results in the representation of female madness in literature?

The construct of women as "deviant" has a long history. It can be seen in the world's major religions and spiritual traditions, which often view women as "uncontrollable". In particular the last two centuries has seen a greater interconnectedness between the concept of femininity and the cultural construction of madness.

Female sexual experiences play an important role in their development of psychological disorders. Traditional psychological approaches often ignore the importance of these experiences. In literature we can see how the beliefs about female sexuality have often been related to psychological symptoms once broadly labeled as hysteria. The emergence of feminine psychology has progressed our understanding of the importance of gender in the diagnosis of conditions. By furthering our understanding of how women's sexuality interplays with psychological conditions we may be able to better understand the links between sexuality and psychological disorders, including how they have evolved historically from the Victorian era to the modern day. It is important to understand the value of female sexual expression and consider the impact that sexual repression and abuse can have in the development of certain psychological symptoms.

In examining the representations of insanity in literary texts we can examine changing ideas about gender, social class and family structures, and the effect these factors have on what we consider to be "sane".

History of Psychology

Traditionally the study and application of psychology has been male dominated and feminists have criticized early psychoanalytic theory,

particularly the work of Austrian neurologist Sigmund Freud, as being overtly sexist. His suggestion that women are mutilated men who must learn to live with the deformity of not having a penis, has been especially criticized. The term, coined by Freud, "penis envy" has persisted throughout popular psychology, and has been used as an off-hand rebuttal of feminist ideas. Some feminist thinkers have gone as far as to say that mainstream psychology has "persistently misunderstood female experience in a systematic manner." (Gilligan, 1982)

Hysteria

Hysteria as a female condition has a history reaching back more than two thousand years. In it's colloquial usage hysteria refers to emotional excess.

hys-ter-i-a (noun)
1. Behavior exhibiting excessive or uncontrollable emotion, such as fear or panic.
2. A mental disorder characterized by emotional excitability and sometimes by amnesia or a physical deficit, such as paralysis, or a sensory deficit, without an organic cause.

(The American Heritage Dictionary of the English Language, 2009)

The term is an abstract noun coming from the Greek *hysterikos,* which means "of the womb". It was originally defined as a neurotic condition specific to women. The exact cause of hysteria was not clearly defined, but it was thought to be the psychological manifestation of a disease of the womb. The idea of the 'wandering womb' had its beginnings in the teachings of Hippocrates. Ancient Greek medicine theorized that many female pathologies had their roots in a displaced womb. The idea, promoted by Hippocrates and later Plato, that women are more susceptible to irrationality and hysterical conditions, persisted into the Victorian era. Sigmund Freud's theories regarding hysteria were directly influenced by these beliefs.

Freud's study of Dora led him to theorize that hysterical symptoms stem either from psychological trauma or sexual problems. During psychotherapy Dora alleged that she had been the recipient of unwanted sexual advances from a family friend. Freud dismissed these allegations, suggesting that she imagined the advances. He was however concerned that the imagined events were traumatic enough for Dora to develop hysteria. Freud's case studies led him to develop his psychosexual stages of development theory. This controversial theory suggested that personality development occurred in stages and if any of these stages were not suitably completed it would result in psychological conditions, such as hysteria, becoming manifested

later in life. It incorporated his penis envy theory and the Oedipus complex theory, whereby a boy competes with his father for his mother's affections and views his father as a rival. Many of Freud's theories are discredited today, but their ongoing influence can still be seen. Hysteria may no longer be a recognized condition today, but it symptoms can be seen in conditions like anxiety, depression and obsessive compulsive disorders.

Feminine Psychology

The study of psychology has historically been approached from the male perspective. A new branch of feminine psychology grew out of the women's movement of the 1960's. These new theories counteracted the predominant thinking, research and practices that had become outdated in light of the feminist revolution. Feminist psychology takes in to account both sex as a biological difference and gender, as a set of socially determined norms and values. A key component of female centered psychology is that problems are viewed in a sociopolitical and cultural context. Women's experiences are taken into account, and definitions of mental illness are adjusted to reflect distress that could, as a result of these contexts, be seen as normal.

The work of early psychoanalysts ignored the life events and experiences of women, preferring to cover many conditions with the blanket term neurosis. Psychologist Karen Horney considered neurosis to be a common condition in both males and females, but believed that it is only when we are overwhelmed by external conditions that the condition surfaces. Horney sought to assert that "womb envy", in which males are envious of women's ability to create life was a counter theory to "penis envy". These theories, while extreme, help to explain the struggle of women during the 19th century to gain a distinct psychological identity. (Horney, 1991)

In her influential feminist text *The Dialectic of Sex: The Case for Feminist Revolution*, Shulamith Firestone suggests that Freud's "Penis Envy" theory was not completely redundant, if every time he used the term penis, it was replaced with the term power. Feminine psychology takes into account the cultural influences of women's experiences and their historical position in society as the weaker sex. It also focuses on the balance required by women to partake in traditional roles such as motherhood together with modern roles, such as being economically independent or as career women.

Women as victims of abuse

When looking at psychological conditions that are predominantly suffered by women, it is important to take into account the sexual experiences of women. Eating disorders, depression and anxiety are all gender biased

conditions. The prevalence of these psychological issues in women is possibly, at least in part, a consequence of domestic violence and sexual abuse. Healthcare providers when providing counseling and psychotherapy. should address these connections. Throughout their many life stages, women are at a greater risk of violence and sexual abuse. According to the World Health Organization, the prevalence of violence against women in their lifetime is 16% to 50% and at least one in five women suffer rape or attempted rape.

> Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.
>
> (World Health Organization, 2012)

Female madness in Victorian literature

> "I will hold to the principles received by me when I was sane, and not mad—as I am now. Laws and principles are not for the times when there is no temptation. . . . They have a worth—so I have always believed; and if I cannot believe it now, it is because I am insane—quite insane: with my veins running fire, and my heart beating faster than I can count its throbs."
>
> (Brontë, *Jane Eyre*, 1847)

In literature we can see the link between sexual abuse and psychological distress clearly expressed. Sexual repression is often seen as the embodiment of the Victorian Era. 19th century literature helps us to understand the experiences of women in this period and the censorship faced by those trying to explore such issues. Women were given one goal, marriage. Most women were unable to support themselves economically and those who were, but chose to remain unmarried were often ridiculed, labeled as 'old maids and spinsters'. Being a wife, a mother and a lady were viewed as the pinnacle of success for a female. Moral purity and virginity were

valued highly in a prospective wife. This moral capital was used as currency when arranging partnerships, especially in the middle classes. The upper classes could afford to be more morally careless whilst the working class, who had very little chance of significantly raising their family's status, did not need to adhere to such stringent moral rules. Middle class females however, had considerable pressure placed upon them. A successful marriage could advance their family's social standing whilst 'failure' could result in destruction of the family's reputation and economic downfall.

Victorian female authors also subscribed to traditional images of insanity. In *Jayne Eyre*, Charlotte Brontë defines madness with an animal image of the first Mrs Rochester on all fours, baying at the moon. This animalistic view of madness reflects the concept of insanity as a deviation from human rationality. In the 19th century women were often considered to be suffering from psychological problems simply by nature of their femininity. This view of intrinsic female insanity meant "women outnumbered men in Victorian asylums almost two to one" (Parry, 2010). In literature of that period, we see characters such as the violently insane Bertha Mason (Mrs Rochester) in *Jane Eyre*, the depressed and suicidal Emma in Gustav Flaubert's *Madame Bovary*, and the innocent turned demonic Mina and Lucy in Bram Stoker's *Dracula,* define a stereotypical image of madness which still endures today.

In her text *The Female Malady*, Professor Elaine Showalter (1987) considers that the view of madness as a "female malady" emerged in Victorian England and shows the equation of femininity and insanity in the perceptions of that time. The idea of "moral insanity" extended the definition of insanity to include any deviation from accepted social behavior. For women this could include inappropriate behaviors such as being loud, uncouth or sexually promiscuous. The male dominated medical establishment helping perpetuate the Victorian era's belief that females were more vulnerable to insanity than men.

When questioned about her representation of 'Bertha in the Attic', Brontë justified her representation of Mrs Rochester:

> "There is a phase of insanity which may be called moral madness, in which all that is good or even human seems to disappear from the mind, and a fiend-nature replaces it. The sole aim and desire of the being thus possessed is to exasperate, to molest, to destroy, and preternatural ingenuity and energy are often exercised to that dreadful end. The aspect, in such cases, assimilates with the disposition—all seem demonized. It is true that profound pity ought to be the only sentiment elicited by the view of such degradation, and equally true is it that I have not

> sufficiently dwelt on that feeling: I have erred in making horror too predominant. Mrs. Rochester, indeed, lived a sinful life before she was insane, but sin is itself a species of insanity—the truly good behold and compassionate it as such".
>
> (Letter to W.S. Williams from Charlotte Brontë, Jan 2 1848)

By using the typical image of lunacy, the character is immediately recognizable as psychologically disturbed by her readers. Brontë reinforces the idea of sin and sexuality resulting in madness. This example of hysteria in Victorian literature helps our understanding of the history of linking female sexuality to psychological conditions.

Female sexuality in Victorian literature often goes hand in hand with psychological abnormality. Male fear of female sexuality is often seen in male authored books. Bram Stoker's *Dracula* is a clear example of this type of thinking. The novel's two main female characters Mina and Lucy are provided as shining examples of purity and femininity. On one hand Dracula is a terrible monster, but he can also be seen as the threat of colonialism to the moral standards of Victorian society. Dracula's threat is, that by turning these women in to vampires, he will release their sexuality and carnal desires. This sexuality, once fully embraced by the women, gives them power over the men in the story. This is portrayed in the novel as evil. The true terror in the novel is the awakening of the female sexuality, which is seen as the moral undoing of society. The lust for sex that is awakened occurs simultaneously with the women's delirium and insanity. The now sexually awakened Lucy Westerna takes on animal characteristics:

> "With a careless motion, she flung to the ground, … the child that up to now she had clutched strenuously to her breast, growling over it as a dog growls over a bone. The child gave a sharp cry, and lay there moaning"
>
> (Stoker, 1897, Ch.16 Sept 29)

A Freudian analysis of *Dracula* would find that the hysterical symptoms suffered by the women, were caused by repressed sexual feelings that threaten to turn women into the opposite of their prim and proper selves. The text can almost be viewed as a patriarchal psychological case study, showing a dramatic interpretation of what can happen when female sexuality is allowed to surface.

Feminism’s awkward age

After the First World War the suffrage movement achieved great victories. The Nineteenth Amendment, which gave women the right to vote in the United States was ratified in 1920 and in the UK women were given partial voting privileges in 1918 and by 1928 had secured equal voting rights to men. While this was a clear victory for women, it marked what Professor Elaine Showalter has described as feminism’s “awkward age”. Suffragist Dr Anna Howard Shaw explained “I am sorry for you young women who have to carry on the work in the next ten years for suffrage was a symbol and you have lost your symbol” (in Showalter, 1979). The feminist movement did not experience a “second wave” until the 1960’s and 1970’s when it reemerged, but with less ideological cohesion.

During this “awkward age” changes in the representation of women in literature can be seen to have incorporated contemporary psychological ideas. Daphne Du Maurier’s Rebecca mirrors some of the plot elements of Brontë’s Jayne Eyre. It’s heroine is symbolically nameless as we see her compete with Rebecca, the first Mrs. de Winter. Our heroine is perpetually tormented by not only the ghost of Rebecca but also by her living servant Mrs Danvers, who urges her to commit suicide.

Published in 1938 Rebecca is psychologically sophisticated. The narrator’s search for her own identity is a key theme throughout the novel, established early on by the choice to make her anonymous. The novel explores many psychological issues including the Oedipus complex, or rather its female counterpart the “Electra complex”. In order to be with the paternal figure in the novel, the nameless heroine has to overcome two maternal figures, firstly Mrs. Van Hopper who has employed her as a travel companion and become a surrogate mother of sorts. Second is the ghost of Rebecca, who proves more difficult.

Lady Chatterly’s Lover, by D.H. Lawrence, also helps us understand the changing view of sexuality during this period. Published in 1928 it caused a stir in literary England. Banned until 1960 for being radically pornographic it tells the story of Connie Reid, the novels protagonist. Raised as an upper middle class bohemian she has experienced sexual love affairs as a teenager. When she marries Clifford Chatterly, who shortly after the marriage becomes impotent, she begins to feel trapped in their marriage and feels isolated in the presence of the intellectuals who frequently visit them. After a short affair with a playwright, Connie is left longing for a meaningful and satisfying sexual interaction. She begins an affair with the gamekeeper Oliver Mellors, with whom she experiences a sexual awakening.

The currency of power is asserted by the male and then passed onto the female. The words used are factual, sex is described plainly, in a masculine way reminding the reader that the novel was written by a male. The sexuality of the women is not described as being sensual, but as being a means to obtain orgasm and release.

> "A man was like a child with his appetites. A woman had to yield him what he wanted, or like a child he would probably turn nasty and flounce away and spoil what was a very pleasant connexion. But a woman could yield to a man without yielding her inner, free self. That the poets and talkers about sex did not seem to have taken sufficiently into account. A woman could take a man without really giving herself away. Certainly she could take him without giving herself into his power. Rather she could use this sex thing to have power over him".
>
> (D.H. Lawrence, *Lady Chatterley's Lover*, 1928)

The male in the scenario is described as childlike which mirrors the infantile nature of the Freudian pleasure seeking that both the male and female are searching for. The image of the male as an infant is mirrored in the text with Clifford's dependence on his nurse Mrs Bolton, after becoming crippled.

Lawrence describes the human sexual need in this paragraph as primitive and somewhat savage and empty. This relates to the book's theme of industrialization and intellectual emptiness. He actively criticizes the intellectuals, poets and thinkers, for not being able to understand the vigor of life and meaning, in sensuality.

Gender and madness today

Depression

> "After Doreen left, I wondered why I couldn't go the whole way doing what I should any more. This made me sad and tired. Then I wondered why I couldn't go the whole way doing what I shouldn't, the way Doreen did, and this made me even sadder and more tired."
>
> (Plath, *The Bell Jar*, 1971, p.24)

The literature of depression predates the term. Some of our most successful literary forefathers were writing about a condition that had not yet been medically explored. Today their melancholic literature and poetry

would probably have gone hand in hand with a diagnosis of depression. The term 'depression' is relatively new. Sigmund Freud theorized that Melancholia was the result of objective loss, leading to subjective loss. Where the ego becomes compromised by feelings of guilt and shame, producing a state that is similar to mourning. It was Swiss psychiatrist Adolf Meyer who argued that the term depression should replace melancholia and that both social and biological factors needed to be considered (Greenberg, 2010).

Although depression affects both men and women, females are twice as likely to experience depression at some point in their lives. Worldwide the rate of depression is rising, with one in four females developing it at some point in their lifetime. It is important to try and understand the risk factors leading to greater prevalence of depressive disorders in females than males, along with the risk of morbidity resulting from such a condition.

Often depression is considered to be an extreme state of sadness although the medical community recognizes a difference between sadness and clinical depression, sometimes referred to as major depression.

According to the DSM-IV-TR (used by clinicians and psychiatrists to diagnose mental disorders), depression can be diagnosed when the patient has at least five of the following criteria:

1. Depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others)

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day

4. Insomnia or hypersomnia nearly every day

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

6. Fatigue or loss of energy nearly every day

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

(American Psychological Association, 2000, p. 356)

Biological factors may help in part explain female depression. The rise of depression during puberty could be due to gonadal hormonal changes, but it is difficult to separate this from the social issues surrounding puberty. While genetic factors play a significant role in the liability to develop depression, studies have shown that they do not seem to directly contribute to the increased female risk (Piccinelli & Wilkinson, 2000). Some researchers have pointed to structural differences between male and female brains, specifically the gender differences between the neurotransmitter systems noradrenaline and serotonin. Despite research into these biological factors a clear answer is not apparent. Major depression and mood disorders are 'likely a complex interaction of several factors' both biological and social (Feldman, 2010, c.12).

Current psychological thought focuses on the importance of social influences on not only depression but also many other psychological conditions. The sexual experiences women may encounter in their lifetime are crucial for psychologists to understand. Behavioral perspectives suggest that depression is a symptom of an underlying problem. Stress reduces the positive reinforcers acting on a person, resulting in their further withdrawal. People may receive additional attention for their depressive actions resulting in further reinforcement. Cognitive explanations focus on the idea of learned helplessness and the feeling of lack of control over the circumstances in ones own life (Feldman, 2010, c.12).

Another factor to consider is that there may be a diagnostic bias in reporting of mood disorders. It has been suggested that women are more likely to report incidences of depression than men (Ontario Women's Health

Council, 2006, p.17). Women may be more likely to seek help due to the coping strategies they employ and their greater dependence on social support networks.

Eating disorders

> "So as long as you can forget your body you are happy and the moment you begin to be aware of your body, you are wretched. So if civilization is any good, it has to help us forget our bodies, and then time passes happily without our knowing it. Help us get rid of our bodies altogether."
>
> (D.H. Lawrence, *Lady Chatterley's Lover, 1928)*

Reviews of cultural and historical accounts of anorexia nervosa have found that the disorder is primarily found in westernized societies, during periods of affluence. Jules Bemporad concludes that it is a "culture-bound syndrome", which has historically been less about the fear of getting fat and more about the fear of sexuality and adulthood. Since the dark ages fasting has been used as a means of spiritual enlightenment. Along with starvation, women undertaking religious fasting would abstain from any sexual activity and refuse marriage.

It is estimated that 10 million women suffer from an eating disorder (Feldman, 2010). These disorders are among the most commonly suffered conditions by young women. We need to consider the motivations behind this unhealthy relationship to eating and the relationship this disorder has to other types of female abnormal psychological conditions. Are these conditions on the rise? And what is being done to treat this condition?

The differentiation between the experiences of males and female begins at a young age. In many cultures there is a childhood preference for boys over girls. There is also a pressure to learn gender stereotypes and conform to the role of little boy or girl. In adolescence the development of secondary sex characteristics is an important rite of passage. A high value is placed on physical appearance with breast size and thinness being promoted as important to a female's worth. Adolescent girls are encouraged to form a gender personality comprised of admirable feminine traits. In adulthood women face challenges related to mothering and work. Many women feel that although they work outside of the home they come home to "the second shift". In midlife and older age they face the menopause and the devaluation of older women.

The term 'eating disorder' can refer to any abnormal eating pattern that negatively affects a person's physical or mental health, usually involving

either severe restriction of food intake or excessive overeating. Anorexia nervosa is perhaps the most well known eating disorder, characterized by severe food restriction and a distorted self-perception combined with an irrational fear of gaining weight. Bulimia is characterized by eating large quantities of food in a short period of time (binging), followed by an attempt to purge the food from the body through vomiting or the use of laxatives and diuretics. Anorexia nervosa is considered to be more life threatening, with 10% of sufferers dying from starvation. However the occurrence of bulimia nervosa is higher (Alliance for eating Disorders Awareness, 2012).

The popular press views on the subject often look to the media's role when considering the causes of these disorders. They cite the unrealistic body ideal portrayed by the media as being responsible for negative body image faced by many young women. It is certainly it is noticeable that the female bodies we are bombarded with on TV, in the movies and in advertising are not representative of the general female population. Critics of the media cite the increasing thinness of women on television and in magazines since the 1950's to a correlation in the increasing rates of eating disorders diagnosed. They also argue that the higher rate of occurrence in westernized countries relates to the western exposure to media (Wolf , 1991). It is important to note that the rates of eating disorders in non-western countries are increasing, as is exposure to mass-media (Spettigue & Henderson, 2004).

It is suggested that young women are more susceptible to the pressure to attempt to conform to what they are being told is an acceptable attractive image. This could explain the fact that these disorders typically appear during adolescence. These media explanations, while popularized in the 1990's do not take into consideration the wealth of other factors that may contribute to a person's risk of developing an eating disorder. Biological explanations focus on the complex mechanisms that regulate eating. The hormone ghrelin is produced to communicate feelings of hunger to the brain telling us when we should eat. Environmental factors such as parental interaction at an early age, child abuse, social isolation and peer pressure are all believed to play a role in the development of eating disorders. It is interesting to note that eating disorders are often experienced by intelligent, ambitious women who seem to, in other areas of their life, be well adjusted. "People with the disorder are often successful, attractive, and relatively affluent" (Feldman, 2010).

Anorexia usually develops at a young age. Girls with the condition do not take in enough calories to develop sexually. This leads to the late onset of

menstruation and delayed appearance of secondary sexual characteristics that occur during puberty.

Anorexia is often linked with the desire for control. Abstinence from food is a way of denying pleasure. Abstinence from sexual pleasure is another way of maintaining control of their own urges. A recent study looking at the sexual functioning of women with eating disorders found that women suffering from anorexia had decreased sexual desire and increased sexual anxiety. The study concluded that low BMI was linked to loss of libido and avoidance of sexual relationships. (Pinhiero, A., Raney, T., Thornton , L., Fichter, M., Berrettini, W., Goldman , D., Halmi, K., & Kaplan , A. 2010)

The relationship between childhood sexual abuse and the later onset of anorexia nervosa and bulimia nervosa was investigated in a longitudinal study. Researchers found that that there was an increase of sufferers among those who had experienced one or more episodes of sexual abuse before the age of sixteen. Sexual abuse or negative sexual experiences in childhood may be a cause of eating disorders and also may offer a partial explanation of sexual dysfunction associated with them. (Sanci, L., Coffey, C., Olsson, C., Reid, S., Carlin , J., & Patton , G. 2008). Celibacy is a choice some women choose to make. It is important to address sexual problems when treating women with eating disorders. Counseling needs to consider female sexuality as an important part of identity, which in many eating disorder sufferers, never fully established due to the onset on anorexia prior to or during puberty.

Pro-ana is an online movement supporting anorexia as a lifestyle choice. It has been blasted by the media as encouraging young women to adopt anorexia as a lifestyle by partaking in online communities of support networks among sufferers (Borzekowski, Schenk, Wilson & Peebles, 2010). The internet is used to promote other unhealthy behaviors such as suicide and self harm, but we need to consider whether or not these sites are encouraging people to adopt these habits, who would not have adopted it otherwise. Before we consider these disorders as simply a choice we need to consider that there is a comorbidity between anorexia nervosa and several other psychological conditions. Sufferers of an eating disorder are also likely to be affected by one or more affective disorders. Major depression and alcohol abuse are significantly higher in those with eating disorders, along with various personality and anxiety disorders.

The view of eating disorders as a lifestyle choice may be a contributing factor to the lack of research funding in to the issue. It seems that the American public disagrees. A study by the National Eating Disorders

Association (2005) found that "Three out of four Americans believe eating disorders should be covered by insurance companies just like any other illness".

Despite the prevalence of eating disorders they continue to receive inadequate research funding. In 2005, the National Institutes of Health estimates funding the following disorders accordingly:

Illness	Prevalence	NIH Research Funds (2008)
Eating disorders:	10 million	$7,000,000*
Alzheimer's disease:	4.5 million	$412,000,000
Schizophrenia:	2.2 million	$249,000,000

*The reported research funds are for anorexia nervosa only. No estimated funding is reported for bulimia nervosa or eating disorders not otherwise specified.

(National Eating Disorders Association, 2005)

Treatment for these disorders takes the form of both pharmacological, such as anti-depressants and appetite stimulants in the case of anorexia, and also psychotherapy. Therapy addresses the distorted beliefs underlying the person's relationship with food and body image. When looking at these disorders its important to remember that while the vast majority of sufferers are female, there are also up to 1 million men affected, who additionally have to deal with the stigma of having a 'female illness'. The outlook for sufferers who obtain treatment is favorable. Although anorexia results in death in 10% of cases, the National Comorbidity Replication Survey found that the average length of a person's struggle with anorexia is 1.7 years (Hudson, Hiripi, Pope & Kessler, 2007). Only one third of anorexics receive mental health treatment and 6% of bulimics (National Eating Disorders Association, 2005). These rates are surprisingly low and help to explain the lethal nature of these disorders.

In dramatic literature hunger has been linked to sexuality throughout history. In Genesis it is Eve's temptation to eat the apple that results in the fall of man. In *Dracula* the hunger for blood causes the women to commit terrible acts. Self-starvation has been used in several world religions as a means to impose self-discipline. Abstinence from both food and sexual desire has been seen as acts of purity. In the Victorian era, self-starvation was also

used as a form of control. The theme of anorexia can be seen in both Emily and Charlotte Brontë's novels and was also a feature in their own lives. In her biography of Emily Brontë, Katherine Frank described how the sisters learned to use starvation as a tool to achieve what they wanted, in a society where women had very little free will.

> "Where words had failed, fasting carried the day--an important lesson that Emily, who may have been the one to propose the strike, well knew. It was a lesson which was simplicity itself. One need never be entirely powerless and devoid of control. If worse comes to worse, one could simply refuse to eat".
>
> (Frank, 1990, p.110)

Sexual dysfunction

The medical establishment has long provided us with gender specific medicine and treatment, understanding that the female body differs greatly from males. Early psychodynamic psychiatry has also gender segregated its assessment and treatment, creating conditions such as hysteria to explain any generalized psychological disorder predominantly observed in females that cannot be obviously placed in to another category. Certain issues such as depression and eating disorders have traditionally been labeled "female conditions" and researched considering this gender bias. Other conditions such as sexual dysfunction have not been explored in such detail. (Angel, 2010)

Research is an important element in gender-specific medicine. Results from male oriented studies cannot be used as the basis for understanding a the female experience of a similar condition. In an article in the Journal of the American Medical Association 1999, Edward O. Laumann, PhD explains that "pharmacological advances have generated increased public interest and demand for clinical services regarding erectile dysfunction. In the last 20 years the pharmaceutical industry has created a a multi billion dollar a year industry" (Loe, 2004).

Epidemiologic data on sexual dysfunction are relatively scant for both men and women. Since the publication of this article, research in to sexual dysfunction has resulted in the improved diagnosis of erectile dysfunction in men and its treatment with drugs such as Viagra. Women's sexual dysfunction however has not been investigated as thoroughly. We cannot simply extend the term sexual dysfunction to explain women's sexual health problems. We cannot draw a parallel between the quantifiable issue of

impotence and the qualitative issue of female sexual dysfunction. (Laumann, Paik & Rosen, 1999)

> "The word "dysfunction" — medical parlance for anything that doesn't work the way it should — suggests that there is an acknowledged norm of female sexual function. That norm has never been established."
>
> (Harvard Health Publication Website, 2012)

The American Foundation for Urologic Disease has held international consensus conferences annually since 2000 in which medical professionals have built on existing definitions of sexual dysfunction. They conclude that in order to be diagnosed with a sexual dysfunction, the problems experienced need to be a "source of distress" to the female. (Basson et al, 2000)

Laumann et al's research found that sexual dysfunction is more prevalent in women than men. According to the study published in 1999, 43% of American women experience sexual dysfunction compared to 31% of men.

Female sexual dysfunction may be experienced in a number of different ways, including both physical and psychological symptoms. The DSM-IV-TR classifies Psychosexual disorders into categories. Gender identity disorders (transsexualism and gender identity disorders), paraphilias (fetishism, transvestitism, pedophilia, voyeurism, and so on). The other broad category is Sexual Dysfunctions, which for women include the following:

Definitions of female sexual dysfunction (FSD)	
Disorder	**Description**
Hypoactive sexual desire disorder†	Chronic lack of interest in sexual activity
Sexual aversion disorder†	Persistent or recurrent phobic avoidance of sexual contact with a partner
Sexual arousal disorder†	Persistent or recurrent inability to attain or maintain sexual excitement
Orgasmic disorder†	Chronic difficulty in attaining (or inability to attain) orgasm following sufficient arousal
Dyspareunia	Pain during intercourse

Vaginismus	Involuntary vaginal spasms that interfere with penetration
Non-coital sexual pain	Genital pain following stimulation during foreplay
† These must cause the woman distress in order to qualify as FSD.	

(Basson, et al, 2000)

As with erectile dysfunction research into FSD is largely funded by the pharmaceutical industry, resulting in emphasis being placed on medical treatment rather than exploring psychotherapy as a viable treatment option.

Research into female sexual dysfunction currently seems to be limited to establishing an awareness of the condition itself. There is still a lack of correlative data into the causes of FSD. The causes are usually divided into three broad categories, physical, hormonal and psychological/social.

In reviewing the literature available together with information from popular websites such as the Mayo Clinic and WebMD along with patient handouts provided by the American Academy of Family Physicians, those concerned may be suffering from sexual dysfunction due to depression, eating disorders, anxiety and stress as these are all suggested as contributing factors to sexual dysfunction. Sexual or emotional abuse is also provided as a psychosocial explanation of the condition. A review of the literature found an absence of conclusive studies that had considered the direct link between these problems and sexual dysfunction.

It is widely accepted that sexual dysfunction and responsiveness can be caused by psychological conditions. More research is needed to not only consider this problem in terms of the medical problems that may contribute to it, but the psychological impact it can have on those suffering from sexual dysfunction. Viewing it as not only a medical condition but as a psychological one, which connects to other psychological disorders. Female centered psychology can be used to establish the cause and effect relationship between female sexual dysfunction and other psychological disorders experienced by women and help determine treatment option based on the underlying conditions.

Gender: Is female sexuality exclusive to females

When considering female sexuality and disorders related to them we have to look at what we mean by sexuality. Sex, gender and sexuality are sometimes used interchangeably when in fact they each have distinct meanings. Sex refers to the biological characteristics of males and females while gender refers to the socially constructed roles appropriate for each sex (World Health Organization). Sexuality refers to sexual behavior, orientation and the capacity to have erotic experiences. The study of sexuality is concerned with the individual's sex, gender identity, sexual expression and orientation.

Gender identity is an important aspect of social identity. While it may be considered normal in western culture to be cisgender, for males to identify themselves as male and females to identify themselves as females, there is a third option. Transgender refers to someone whose biological gender does not match their gender identity. The idea of changing ones gender adds a new concept to the study of female sexuality.

Gender is a social construct. The western view that there are only two genders which go hand in hand with the two biological sexes is not true of all societies. An example of this third gender is the Samoan fa'afafine and the Indian hiijra. In both cases biological males dress and behave like women (Bartlett, Vasey & Buckowski, 2000). Sexuality does not always play an important role in gender identity. The transgender person may identify themselves as heterosexual, homosexual, bisexual, pansexual, asexual or paraphilliac just as cisgender individuals may so (Gherovici, 2010).

Feminist psychology is concerned with the societal structures and gender issues, gender identity and the role of gender in an individual's life. Identity problems were once considered to be a part of the hysteria spectrum of disorders. Unlike homosexuality, which was removed from the DMS-III in 1973, gender identity disorder is still considered to be a mental condition. While sexual orientation is no longer considered a disorder, transsexuality still is (Gherovici, 2010).

When considering abnormality as deviation from the norm, then it is understandable that identifying ones self as the opposite gender is considered abnormal. The medical establishment seems to struggle with it. On one hand gender identity disorder (GID) is a mental disorder listed in the DSM- IV and on the other side of the argument it is a lifestyle choice. Homosexuality was removed from the DSM- III as a result of pressure from gay rights activists arguing that it is not a medical or mental health issue and needs no treatment. The transgender community themselves are

divided on the issue. The modern medical treatment of GID is gender reassignment surgery and hormone treatment. Regarding it as a medical condition seems to make some sense, however by classifying it as a mental disorder, it is implied that treatment would involve a psychological treatment aiming to cure these abnormal thoughts. (Gherovici, 2010)

The DSM-IV-TR provides a list of symptoms to determine the diagnosis of gender identity disorder. In adults these all are marked by the rejection of ones own sex and identification with the opposite sex, supporting the traditional view of the transgender person being "trapped in the wrong body". There is controversy regarding the diagnosis of children with this condition. Cross-dressing, rejection of stereotypical play and the dislike of ones own sexual organs are seen as markers of the condition. A study and literature review found that "the flaws in the DSM-IV definition of mental disorder plus the limitations of the current research" pointed to "insufficient evidence to make any conclusive statement regarding children who experience discomfort with their biological sex" (Bartlett, Vasey, & Bukowski, 2000). The study finds that children diagnosed with the disorder were more likely to go on to become homosexual adults that become transsexual. The study concludes by recommending the removal of GID in children from the DSM.

In 1953, the year after hysteria was removed from American psychiatric texts, the term transsexual was defined as a medical definition for the first time. The pathologizing of transgender raised the question "What is a man, what is a woman?" The key issue in this condition clearly being gender and not sexuality.

The surgical advances since the 1950's and the popularization of the term transsexual may imply that the condition is new. In reality it is only the medicalization of the subject that has changed. Dissociative disorders would have previously been labeled as hysteria, often treated by early psychiatrists with psychoanalysis.

A woman wanting to be male seems to fit Freud's theories perfectly. One could imagine his diagnosis being hysterical penis envy becoming outwardly manifested. His views on homosexuality were complex, he surprisingly did not consider it an illness and supported its decriminalization. Freud viewed homosexuality as an arrested state of development that is normally fleeting, but in the case of the homosexual may last for decades. This arrest in development may occur as a result of fixation in the Oedipus and Electra stages of psychosocial development. (Freud, 1905)

In his theory defense mechanisms provide resolution to the conflicts of the id and the ego. Identification with the same sex parent is an important mechanism, for the boy to diminish his castration anxiety and a girl to subdue her penis envy. Freud's theory might conclude that it is during this stage that a child identifies with the opposite sex parent rather than the same sex.

Freud's view of homosexuality is outlined in his 1905 paper *Three Essays on the Theory of Sexuality*. He bases his stance on the fact that "who exhibit no other serious deviations from the normal" and "whose efficiency is unimpaired, and who are indeed distinguished by specially high intellectual development and ethical culture."

Case studies: Insanity in literature

Percola Breedlove - *The Bluest Eye* by Toni Morrison

Pecola Breedlove is a young black girl in Lorain, Ohio who dreams of having blue eyes, so that she can fit the stereotype of beauty that society deems acceptable. Pecola has a troubled family life and is boarded with the MacTeer family where she gets to know the family's young daughters, Claudia and Frieda. Pecola moves back in with her family and is raped by her father Cholly. She becomes pregnant although her baby is born prematurely and dies. The story ends with Pecola descending into madness, believing that her wish has come true and that she has blue eyes.

The narrator of much of the story, Claudia MacTeer, is a 9 year old girl. Her narrative is given in part from a child's perspective and in parts as an adult reminiscing. The childish narration allows her an insight into the life of Pecola. Her innocence about the moral issues regarding Pecola's baby show her, as she describes herself, as not yet knowing her limitations and she doesn't experience the same self-hatred that we see in many of the other characters. The adult narration adds in new, more complete, perspectives of the story and allows for reflection. Claudia suffers from the same insecurities, derived from racist beauty standards as her peers, but she is from a loving family and she is a strong person, which means her reaction to the white beauty ideal is very different. Claudia's strength and fight are a sharp contrast to the fragile Pecola. Claudia's view of love has become twisted due to the things she witnesses as a child.

> "Love is never any better than the lover. Wicked people love wickedly, violent people love violently, weak people love weakly, stupid people love stupidly, but the love of a free man is never safe"

(Morrison,1970, p.206).

Whiteness as a standard of beauty is the key theme in this text. In this particular passage, we are given a list of absolutes. Black and white terms that cause judgment. Wicked, violent, weak or stupid. These are paired each time with love, an emotion that is usually described as having purity and innocence and positive connotations.

Claudia's feels guilt and defensiveness over Pecola's treatment by the town. The use of he and her, when referring to Cholly and Pecola shows him as the active party and her as the passive recipient of his love: "He at any rate, was the one who loved her enough to touch her, envelop her, give something of himself to her" (Morrison, p.206).

In the final chapter Pecola becomes convinced she has blue eyes, but worries that someone else may have bluer eyes. This addresses the subjectivity of beauty. If we use outer beauty to determine ourselves and others worth, then we fall short and cruelly judge others in order to make ourselves feel better. This is what Claudia suggests happened with Pecola. She is constantly victimized by the townspeople. By deeming her ugly, the town disposes of some of their negative feelings towards themselves. Pecola was used as a scapegoat and only the Maginot Line (the town prostitutes, who befriend Pecola) and Cholly truly loved her.

Percola develops a relationship with an imaginary friend. A diagnosis of insanity is too simple. The imaginary friend is the only way Percola is able to make sense of her experiences. She creates this character to provide the love and affirmation she desperately needs.

A psychological break is an episode of acute psychosis, generally for the first time, typically involving a loss of contact with reality. In Percola's case we are not led to believe that her psychosis is the result of a serious psychiatric disorder such as schizophrenia or bipolar disorder. Given the absence of evidence for these it is likely that the break occurred in conjunction with depression and as a result of traumatic events she has experienced.

The term psychosis was introduced in 1845 in order to distinguish between the psychological manifestation of brain disease and neurosis, which was considered a disease of the nervous system. (Beer, 1996)

The psychoanalytical view would understand Percola's "insanity" to be a defense mechanism brought about by the ego in order to safeguard the her mind against feelings and thoughts that are too difficult for her conscious

mind to cope with. Freudian psychosexual theory is predominantly focused on the development of the male personality with little mention of female personality development. Freud's seduction theory would come to the unsurprising conclusion that Percola's psychological distress is a result of childhood sexual abuse which she is forced to repress. The treatment of Percola's problems would be through therapy and hypnosis aimed at bringing her repressed memories into her conscious mind. Feminine psychological approaches would likely involve cognitive behavioral therapy (CBT) to address the dysfunctional emotions and maladaptive behaviors resulting from them. CBT is goal oriented and comprises of six stages:

1. Assessment
2. Reconceptualization
3. Skills acquisition
4. Skills consolidation and application training
5. Generalization and maintenance
6. Post-treatment assessment follow-up

(Feldman, 2010)

CBT has been shown to be effective in treating personality and behavioral problems. In children, adolescents and adults it is considered an effective part of a treatment plan for anxiety disorders, depression, eating disorders, body dysmorphic disorder, obsessive compulsive disorders and post traumatic stress disorder (Feldman, 2010). In both Percola's and Zakeya's case (see later case study - Insanity in Middle Eastern literature) early intervention is important to the treatment of their psychosis. Perhaps if Zakeya had received therapy she would not have felt the need to resort to violence to empower herself.

Cultural conceptions of beauty can have a lasting impact on the individual. Women are especially susceptible to psychological disorders stemming from low self-esteem and body issues. Eating disorders are more prevalent in women that men, as is depression and body dysmorphic disorder. (Feldman, 2010)

Claudia is also an interesting case. She was a child at the time of the abuse and was drawn into the saga, unable to change the situation. Her guilt weighs on her in adulthood. A major difference between the experiences of the two girls is Claudia's stronger family foundation. This enables her to deal with the racist beauty standards promoted by society. While Claudia is able to get past her childhood experiences, Percola is trapped as the victim of the internalization and self-hatred that results from subjecting herself to material and aesthetic insecurity.

Lolita (Delores Haze) - *Lolita* by Vladimir Nabokov

The character of Lolita can be read in different ways. Her story is told to us by Humbert Humbert who died in jail awaiting trial. His charm allows us to listen to his story with some degree of openness and sympathy for what we are about to hear. Throughout the course of the novel we discover that although he may represent himself favorably, he is in fact unwilling to acknowledge the damage he causes to Lolita. His lack of morality and his misguided self-perception quickly become apparent. In the story he claims that Lolita seduced him and maintains this delusion alternating between a representation of himself as weak-willed, unable to control his impulses and as a dominant manipulative adult. The delusion, that this is a love story not a tale of unhealthy lust,can be seen clearly in this opening paragraph:

> "Lolita, light of my life, fire of my loins. My sin, my soul. Lo-lee-ta: the tip of the tongue taking a trip of three steps down the palate to tap, at three, on the teeth. Lo. Lee. Ta. She was Lo, plain Lo, in the morning, standing four feet ten in one sock. She was Lola in slacks. She was Dolly at school. She was Dolores on the dotted line. But in my arms she was always Lolita".
>
> (Nabakov, 1955)

As a narrator Humbert is poetic, his use of language draws the reader in. He plays with words that seduce the reader and indicates his appeal to women. The romantic poetry in this opening chapter makes it almost easy to forget what he is describing, his pedophilic relationship with a young girl.

Although he has sexual relationships with other women in the story, he insists that Lolita is his only love. If we are to believe Humbert's depiction of Lolita as the seductress then it might be appropriate to diagnose her with either a borderline personality disorder, a histrionic personality disorder or a combination of the two.

Diagnostic criteria for 301.83 Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) frantic efforts to avoid real or imagined abandonment.
Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

(3) identity disturbance: markedly and persistently unstable self-image or sense of self

(4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, Substance Abuse, reckless driving, binge eating).
Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.

(5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

(7) chronic feelings of emptiness

(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9)transient, stress-related paranoid ideation or
severe dissociative symptoms

<u>Diagnostic criteria for 301.50 Histrionic Personality Disorder</u>

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) is uncomfortable in situations in which he or she is not the center of attention

(2) interaction with others is often characterized by inappropriate sexually seductive or provocative behavior

(3) displays rapidly shifting and shallow expression of emotions

(4) consistently uses physical appearance to draw attention to self

(5) has a style of speech that is excessively impressionistic and lacking in detail

(6) shows self-dramatization, theatricality, and exaggerated expression of emotion

(7) is suggestible, i.e., easily influenced by others or circumstances

(8) considers relationships to be more intimate than they actually are

(DSM-IV-TR, 2005)

Humbert's suggestion that Lolita is the seducer has, since the novels publication, had ramifications in popular culture. The term Lolita is used to describe a young girl who purposefully seduces an older male. Often a Lolita is reflected as an attractive young woman who displays many of the appealing aspects of womanhood while still a child. The original character however, is described as being not being particularly attractive. It is in fact not her sexuality which Humbert finds appealing. An alternative reading of Lolita can suggest that she is in appearance and actions not so dissimilar to other girls her age, it is only in the eyes of a pedophile that she becomes a 'nymphet'.

As with Zakeya and Percola we see the psychological impact of sexual abuse on its victims. Cognitive behavioral treatment approaches would work on identifying the specific destructive thought patterns that have become a negative influence on Lolita's behavior. The process of introspection in the functional analysis stage of CBT would benefit her by addressing her refusal to look deeply at herself, while the second part of CBT would focus on the specific behaviors that she engages in, such as her unhealthy relationships with men.

Feminine psychologists would be concerned with Lolita's background of abuse, whether she was in fact the temptress of an innocent victim of an older man, it is clear that by the end of the novel she is lacking in self-awareness. A trait that seems innocent and charming while she is a child but becomes tragic once she is an adult.

Kelly Kelleher - *Black Water* by Joyce Carol Oates

The story paralleling the 1969 Chappaquiddick incident involving Edward Kennedy follows the idealistic "good girl" Kelly as she attends a Fourth of July party where she meets the Senator, who plans to take her to a hotel. Instead they end up in a terrible car accident where we see Kelly trapped and recalling both the events that led up to the accident and events from her life, told in prolepsis. The Senator is never named although is he described as a certain type of politician with power and charisma that is particularly appealing to women like her. Kelly describes meeting the Senator and his firm handshake. She explains away the slight pain it causes, as being unconscious on the man's part. Being caused pain by men is something she believes to be normal in men.

The narrative weaves in the past, present and possible future of the protagonist. Beginning with the horror of the accident, part two continues to delve deeper into Kelly's suffering. Towards the end and Kelly's death her hallucinations become more pronounced. We start to doubt her reliability as a narrator, questioning which parts of the story are true and which are a result of her dying brain.

She describes her sexual past with G-----, who, like the senator is never named. The sex act is described graphically:

> "As G-----, making love, had sometimes hurt her. Unconsciously. She'd cried out, short high-pitched gasping cries, she'd sobbed, she'd heard her voice distant wild, pleading reverberating out of the corners of the darkened room, Oh I love you, I love you, I love love love you, their bodies slapping and sucking hot clammy with sweat, hair plastered to their heads with sweat, you know your somebody's little girl don't you? don't you?"
>
> (Oates, 1992)

The breakup of this relationship had a lasting effect on Kelly, she describes suffering from a bout of depression and her own suicidal thoughts. Kelly suffers a crisis of identity after the defeat of George Dukakis whose presidential campaign she had worked on, shows her vulnerability despite her upbeat, optimistic persona. There is almost a self-destructive side to Kelly. She agrees to go with the Senator despite just meeting him, and allows him to drive recklessly even though she is aware that he is drunk.

In his New York Times article Richard Bausch describes the story as a "vision of how a culture has learned to associate political power with sex and

to accept it as one of the trappings of power, the single thing most chronically wrong in the relations between men and women: that old, awful tendency to see the other as a sexual abstraction, a goal". These masculine character traits have become promoted in society and leaving women like Kelly unable to establish a strong sense of self. Feminine psychology challenges these gender roles attributed by society.

The story is that of a trusting young woman who's trust is violated as she becomes the victim of the men she allows to dominate her. Psychologically Kelly is not suffering from any disorder, however it is clear that she has an unhealthy relationship with men. She feels that a certain power struggle is normal between males and females and that naturally men are driven to hurt women. Early psychoanalysts would probably describe Kelly as experiencing an Oedipal transference of her feelings towards her father onto the men she engages in relationships with as an adult. She struggles to find her identity while trying to rationalize societal demands and moral expectations. Emphasis is placed on the Senator's marital state (he *is a*fter all). Kelly feels that she needs to justify her behavior, repeating this structure of thought (his marriage *is* after all). She considers what he says, his standpoint, which is really only what voters would think, not whether their affair is morally ok. As a female however Kelly has to consider the appearance of the affair in a changing society from the conservative generation her mother knew. Kelly feels the struggle between following traditionally acceptable behavior and following her heart. This struggle has felt by women throughout history, although Kelly feels that is more the case now.

Esther Greenwood - *The Bell Jar* by Sylvia Plath

The Bell Jar recounts the story of author Sylvia Plath in fictionalized terms. The similarities between Plath and the novels protagonist Esther Greenwood give the reader insight into the experiences of a troubled young woman who despite living a life that would be envied by other girls her age, suffers from crippling depression and recurrent suicidal thoughts. Originally published in 1963 Plath decided to release *The Bell Jar* under the pseudonym Victoria Lucas in order to protect those she discusses in her roman à clef.

In her novel Plath is careful not to create Esther as a tragic martyr. While Plath is critical of society throughout the story, she is keen for the reader to come to the conclusion that mental illness is responsible for Esther's precarious emotional state. This is clear from Esther's apparent cure at the end of the novel. Despite feeling that she has somewhat regained her sanity Esther is aware of the looming threat of insanity: "How did I know that

someday—at college, in Europe, somewhere, anywhere—the bell jar, with its stifling distortions, wouldn't descend again?". Given the tragic end to Plath's own life, we are further reminded that treatments for serious psychiatric illness are not always successful. In the authors case the "bell jar" did descend again and resulted in her suicide at age 30.

An understandable response to mental illness from a bystander's perspective can be to try and forget about the emotions they feel. In the final chapter Esther's mother suggests that she should think of the 'incident' as a bad dream. But Esther understands that this is not possible for a mentally ill person: "To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream".

As a young woman living in the 1950's Esther struggles to find her sexual identity. She attributes importance to the act of losing her virginity, expecting that this will help free her from the repression of social convention that dictates she should remain a virgin until marriage: "When I was nineteen, pureness was the great issue. Instead of the world being divided up into Catholics and Protestants or Republicans and Democrats or white men and black men or even men and women, I saw the world divided into people who had slept with somebody and people who hadn't, and this seemed the only really significant difference between one person and another. I thought a spectacular change would come over me the day I crossed the boundary line". Her quest to find her sexuality results in her being confronted with the novel's male characters different, but equally warped views of sex. When she eventually loses her virginity, she does not experience the pleasure or identity she was hoping for, although she is now free from the constraint of trying to remain pure.

The Bell Jar is critical in its view of psychiatry. The medical profession is insensitive to Esther's troubles prescribing shock treatments that do little more than to traumatize her. Psychiatry does get some credit however when Esther is treated by the female Dr Nolan who uses talk therapy in conjunction with electroconvulsive therapy and insulin injections. While this therapy is effective, it does change Esther and dampen her intelligence.

Modern feminine psychologists would attempt to cure Esther's severe depression with a combination of therapy and psychiatric medication. Cognitive behavioral therapy would consider her problems to be a result of maladaptive thinking. While Esther clearly has a great capacity for introspection, she is unable to trust her own instincts.

> "Look what can happen in this country, they'd say. A girl lives in some out-of-the-way town for nineteen years, so poor she can't

> afford a magazine, and then she gets a scholarship to college and wins a prize here and a prize there and ends up steering New York like her own private car. Only I wasn't steering anything, not even myself. I just bumped from my hotel to work and to parties and from parties to my hotel and back to work like a numb trolleybus. I guess I should have been excited the way most of the other girls were, but I couldn't get myself to react. I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo".
>
> (Plath, 1963)

This paragraph at the beginning of the novel shows her concern regarding what others think about her. By imagining what others would say about her Esther is able to see that her mental state is abnormal. Despite her successes she cannot shake her depression. Plath uses contrasting images describing Esther as feeling numb and dull despite the tornado and hullabaloo. Likening it to steering a car emphasizes the lack of control she feels over her own emotions. She is concerned by what society and others think she should be doing, even though she knows she is not in control.

Insanity in Middle Eastern literature

Zakeya - *God Dies by the Nile* by Narwal El Saadawi

The novel's protagonist Zakeya is a peasant woman. She faces family tragedies resulting from the town's corruption at the hands of the licentious Mayor and his cohorts, the Chief of the Village Guard and a pious Sheikh. Issues such as domestic abuse, female circumcision, rape and arranged marriage are addressed with a relentless intensity.

The passing of time for these women is shown through the use of cyclic prose. Zakeya recounts the "steady thud, thud, thud" of her hoe as she works in the field. Fatheya describes the "tap, tap, tap" of her husband Sheikh Hamzawi's cane on the ground as he walks. These sounds hint to the inexorable eventualities they face. We are again confronted with this rhythmical imagery when we see the townspeople dance to the beating of the drums and the stamping of feet in order to exercise Zakeya's demons. This builds the steady beat we have heard echoed throughout the text, up into a dramatic cacophonous climax.

Zakeya the subaltern character eventually rejects this abjection by those in power. While the mayor and his friends are often shown to be deep in

conversation, there is very little dialogue between the peasant characters. For Zakeya the use of speech has been reduced to its most basic level needed. Her choice of silence becomes a threatening condition to those in power. Building up in to what is labeled as "madness" but could also be read as a deliberate response to subjugation. Her silence is a refusal to enter in to the hysteria that typically would label a woman as mad.

Zakeya's rejection of the Law results in the murder of the mayor. She describes the terror inflicted on her and other females in the community as a result of clitoridectomies performed by Om Saber. While Om Saber is a female she is described as: "neither man nor woman, but an asexual being without a family or relatives or offspring" (Saadawi, 2007, p.91). Zakeya's silence in the face of this brutality brought upon her by another female is emphasized in the text: "Om Saber […] leant over her and tried to push one thigh away from the other. Then she pulled out a razor blade from somewhere and proceeded to cut her neck. She tried to scream, but her voice would not come out" (Saadawi, 2007, p.87-8).

As she rejects symbolic language her primal voice is allowed to be heard:

> "She opened her mouth wide and started to scream and to wail in a continuous high-pitched lament, as though mourning the suffering of a whole lifetime suppressed in her body from the very first moment of her life when her father struck her mother on the head because she had not borne him the son he expected. It was a wail that went back, far back, to many a moment of pain in her life".
>
> (Saadawi, 2007, p.95)

Zakeya is presented to us as the victim of repeated abuse, circumcision, rape, and the death of her children. In murdering the Mayor and finally rejecting the Law, along with the patriarchy and religion that has dominated her throughout her life, Zakeya is empowered. Although this moment of empowerment sees her end up in prison, returning to her largely silent existence.

A western psychological analysis does not begin to understand the systematic nature of the subjugation experienced by women like Zakeya. While her actions can simply be dismissed as madness, the reader is compelled to empathize with her. This extreme example of the results of sexual abuse and violence towards women highlights the importance for treatment focused on women. Feminine psychotherapy would address the abuse suffered by Zakeya and using cognitive behavioral therapy work to

build self-esteem and a sense of wholeness. In order for this kind of treatment to be successful however, the subject needs to be in a situation where change is possible. This treatment could be used to help someone leave an abusive relationship or recover from past trauma. Unfortunately this escape is not possible for our heroine.

Zakeya acts out with violence against the system of colonialism, patriarchy and religious dogma. For North African women this oppression has been reinforced over many generations. Traditional psychological approaches have promoted the idea that “thinking like a man” is advantageous for women to succeed in society, and in their own lives. Male character traits such as competitiveness, strength, goal-orientation and aggression have been idealized ignoring the essential female characteristics such as nurturing, empathy, and intuitive traits. In the novel Zakeya finds that her only release from the subjugation she experiences is to resort to violence. This masculine response is a contrast to her role as a female. The very nature of her femininity has contributed to her helplessness and weakness, leaving her a victim her entire life.

This internal conflict that has arisen between is between what makes a woman valuable in society and the unfulfilled longing to possess qualities they have come to despise in themselves. El Saadawi has found her own release by using literature to express her voice against the collapsing dominance that has held these women prisoner for so long.

The unnamed wife - *The Patience Stone* by Atiq Rahimi

"Somewhere in Afghanistan, or elsewhere" we hear the story of an unnamed wife as she reveals her unrestrained confession to her unnamed husband as he lies dying from a bullet wound. She crouches by the side of the man who mistreated her, while soldiers are outside continuing their war. The unnamed woman tells her secrets to her comatose husband growing more and more intimate with him as she confesses her sins. Throughout the course of the story her monologue loses its censorship.

The novel’s setting, inside a single room mirrors the narrow world of the repressed woman, who like many other Afghan women is often confined to the home. As she unleashes her inner feelings to her husband for the first time he becomes the embodiment of the “Sang-e Sabur”, the patience stone. In Persian folklore the magic stone listens to all your secrets absorbing them, until one day it explodes setting you free from all your pain and suffering.

The image of blood is used throughout the story. She is a second class citizen due to the very blood that she is made up of. She was sentenced the moment she was born a woman. Her menstrual blood was viewed as unclean by her abusive husband. But as she reveals more of her inner thoughts to him, she suggests that it is not her who is unclean. Her reminder that he was born of this blood, points out the unnatural nature of the patriarchal regime that she and many other women live by.

This story has similarities to God Dies by the Nile, in that it is a tale of abuse. The couple didn't meet until after their wedding. When they finally do meet, the wife discovers that her husband is a brutal, abusive man. She recalls being violated by him. Now however, with the power roles reversed she is able to tell her story without interruption. Even revealing the shocking truth about her selling sex to a young soldier. Like Zakeya her silence has built up over many years. However in this case she is able to find release in the "Sang-e Sabur". The release for these women, who culturally find themselves silenced, comes with an uncontrollable intensity.

The wife brings up another important issue for these women when she discusses her husbands inability to pleasure her: "It's not difficult . . . you just have to listen to your body. But you never listened to it. You guys listen to your souls, and nothing else." Amid battles over the rights to ones own body it is easy to dismiss these women's sexuality.

Can the madwoman Speak?

Female sexuality in literature has long been subject to censorship. It has only been in the last hundred or so years that the experiences of women have been openly discussed in literature. Up until the 20th century there was a lack of female writers on the subject of female sexuality. Males who broached the area were unintentionally, writing about a notion they couldn't possibly understand fully and hence imparting their own slant. It is interesting to see how the difference in literary voices, considering the topic, affect the reader's understanding of the issues faced by women. How do readers feel towards those women, who one way or another have experienced sexual repression or abuse? Is the reader's understanding affected by the sex of the author, the narrator or the protagonist?

> "In the past several decades, female writers have claimed their narrative authority much more aggressively. Indeed, cross-gender narration is a technique that is employed today -- by writers of both sexes -- far more often than it has ever been in

> the history of the novel (and probably more often than narrations that cross other boundaries, like race and ethnicity). But even so, it's relatively rare, and for many readers, it intensifies the challenge that all novels extend to them -- to suspend disbelief".
>
> (Weber, 1999)

In *The Bluest Eye* by Toni Morrison we are told the tragic tale of Pecola Breedlove through a female narrator. In Vladimir Nabokov's novel *Lolita* Humbert's narration shapes the story by providing a twisted male perspective on the events that follow. Even with his acceptance in the final chapter that he caused Lolita harm and took away her childhood the reader is not given much of a chance to sympathize with the experiences of Lolita. If the story was relayed by Delores Haze we would have had a very different take on the events of the novel.

Both *The Bluest Eye* and *Lolita* document the abuse of a child, who is essentially voiceless. The narrator in *God Dies by the Nile* has been silenced due to the circumstances she has endured, but in a sense the story follows her journey to find her voice.

> "Now they were all screaming at the top of their voices. Zakeya and Om Saber, Nafoussa and Zeinab, Sheikh Metwalli and all Their voices joined in a high-pitched wail, as long as the length of their lives, reaching back to those moments in time when they had been born, and beaten and bitten and burnt under the soles of their feet, and in the walls of their stomachs, since the bitterness flowed with their bile, and death snatched their sons and their daughters, one after the other in a line."
>
> (Sadaawi, 2007, p.96)

This passage comes at the culmination of the ritual performed to rid Zakaya, who has become enraged by these injustices, of her demons. The alliteration and consonance of the phrase "born, and beaten and bitten and burnt...soles of our feet" keeps the steady cadence of time. The meter of this passage excites the reader almost as if they were able to hear the drums and the stamping of feet. The inevitable beating sound we hear throughout the novel, in fact only comes to an end in the penultimate chapter when Zakaya's hoe crashes down on the Mayors head.

In this excerpt, Saadawi states that all the men and women of the town joined in this ritual, and ends by saying that death had snatched their sons and daughters. Although this scene shows the coming together of both genders to fight a common evil, both times women are mentioned second, reminding the reader of their place in society. The emphasis placed on 'sons' by the use of alliteration reminds us of the young women of Kafr El Teen, who are the lowest regarded citizens, and also the most vulnerable.

It is important to remember that much of this poetry may be the result of translation, which if done well can give us the feel of the original piece. Dr. Saadawi stated in her talk with Dr. Julia Keefer at New York University that "there is a big problem with translation" even in the best translation, it loses thirty percent of its music and "can leave you disappointed and frustrated". The beauty of the devices used in this translation cannot be ignored. Rhyme is used (wail and bile, time and line) resulting in the paragraph flowing with a femininity, in stark contrast to the punching sounds of consonance and alliteration which create a harsh, masculine tone. The flowing, cyclic patterns used here are mirrored by the image of the water wheel (tambour) that can be seen throughout the text.

This novel can be difficult for a reader to digest. Not only does it contain descriptions of unrelenting brutality that does not wane, but action is often dream-like and obscure. We see the ordinary world of the town cross over into the special world. Zakeya's madness allows us look into the other world. Through Zakeya's narration we are thrown between past and present and between characters. The events of the ritual culminating in this paragraph however, seem strikingly clear. It is interesting that this clarity comes at a point in the text where our protagonist is for the first time enveloped by madness. Which in the face of such corruption, her demon possession or insanity, is surely the most sane reaction. Zakeya's emancipation comes through the death of the mayor. We see a similar emancipation of our narrator in another Middle Eastern novel, *The Patience Stone.* The wife, through the loss of her husband, and the honesty that his passing evokes in her.

> "Suddenly, she thrusts her hand downward, beneath her dress, between her legs. Closes her eyes. takes a deep, ragged breath. Rams her fingers into herself, roughly, as if driving in a blade.

> Holding her breath, she pulls out her hand with a stifled cry. Opens her eyes and looks at the tips of her nails. They are wet. Wet with blood. Red with blood. She puts her hand in front of the mans vacant eyes. "Look! That;s my blood too. Clean. What's the difference between menstrual blood and blood that is clean? What's so disgusting about this blood?" Her hand moves down to the man's nostrils. "You were born of this blood! It is cleaner than the blood of your own body!" She pushes her fingers roughly into his beard. As she brushes his lips she feels his breath. A shiver of fear runs across her skin. Her arm shudders. She pulls her hand away, clenches her fist, and with her mouth against the pillow, cries out again. Just once. The cry is long. Heartrending."
>
> (Rahimi, *The Patience Stone, 2008*)

In this scene we get to see one of the wife's emotional arc when she is confiding in the sang-e sabur. The short choppy sentences move from fear, to anger, to sadness in quick succession. There is a stark contrast between the violent imagery and language used and the softer, tragic sadness of the pain the woman feels.

The narration by a female, although written by a male has a particular impact. In his article for the New York Times, Bruce Weber explains that "For reasons that are probably both obvious and psychologically complex, first-person intimacy combined with cross-gender narration seems particularly provocative". Atiq Rahimi has managed to achieve success at writing from a female perspective. Other male authors chose to, like Nabakov, approach the subject matter from a male perspective.

Prior to the 20th century female narration in a male authored novel was rare. Women could play the role of keen observer, but without being given the powerful role of narrator. Alison Case, a professor of English at Williams College explains.

> ''For so long men had the cultural authority to speak for women in so many ways, from religion to medicine, authority to speak for and on behalf of women. Women have historically had trouble speaking for themselves, let alone for men. To make a gross

> generalization, this is a kind of cultural authority people have turned away from in the 20th century.''
>
> (Case, in Weber, 1999)

In *God Dies by the Nile* and *The Bluest Eye* we are given a female protagonist in a story relayed to us by a female narrator written by a female author. The experiences of women are treated with a dignity and it unveils the private experiences that these women have encountered. Although written by a male, *The Patience Stone* employs a similar style, with a female narrator/protagonist, who shares experiences with the reader, opening us up to the truth behind situations that many women worldwide experience. *The Patience Stone*, no matter how authentic and understanding is written by a male. Although in this case that does not seem to lesson the impact of the story. *Lolita*, written from an unmistakably male perspective fails to elaborate on the experiences of women that the male narrators and protagonists encounter. The opportunity that women (and sometimes men) now have to tell women's stories and provide honest portrayals of their experiences has allowed issues faced by women to be brought into the public conscience and talked about openly. The tradition of female authors and narrators has developed in 20th century western literature and is now becoming accepted into Middle Eastern writing, an area where females were previously not accepted.

Historical treatment of hysteria

What is interesting about the Victorian beliefs about the once common diagnosis of hysteria is the recommended treatment of the time. Women considered to be suffering from hysteria would be treated with 'pelvic massage', whereby doctors would stimulate the genital area until the patient reached the 'hysterical paroxysm', or orgasm. In the 1850's it was claimed by physicians that a quarter of women suffered from hysteria. Although the symptoms were vague, the thinking behind the cause was thought to be the psychological manifestation of disease of the womb. The medical profession did not view this stimulation of a female as sexual. In her book *The Technology of Orgasm: 'Hysteria', the Vibrator and Women's Sexual Satisfaction*, Rachel Maines (1999) expresses the view that since ancient times female sexuality has been viewed by the male medical establishment as being a necessary reproductive act, and that any expression of sexuality falling outside this norm was medicalized as being deviant.

The rest cure

> "It is not that women are really smaller-minded, weaker-minded, more timid and vacillating, but that whosoever, man or woman, lives always in a small, dark place, is always guarded, protected, directed and restrained, will become inevitably narrowed and weakened by it. The woman is narrowed by the home and the man is narrowed by the woman".
>
> (Charlotte Perkins Gilman, 1898)

In the late 1800's Silas Weir Mitchell developed a controversial treatment for hysteria and neurasthenia (also known as nervous weakness) along with other nervous illnesses including anorexia nervosa. It became widespread as a treatment in the US and UK. Despite its popularity the use of the "rest cure" was short lived. By the early 1900's the term neurasthenia had been replaced with neurosis and was rarely used (Martin, 2007)

The term neurasthenia was popularized by American neurologist George Beard who attributed the condition to the rapid changes to way of life occurring in the industrial revolution. It has been argued by some feminists that the term neurasthenia was used more commonly for men than women. While the similar diagnosis of hysteria, which has more severe negative connotations was used for women (Gijswijt-Hofstra, 2001).

The rest cure typically lasted six to eight weeks. It comprised of bed rest and isolation from friends and family. The patient was force-fed a high-calorie milk based diet. Often patients were not allowed to talk, write or partake in any activity, reducing them to a childlike dependence requiring their nurses to clean and feed them. Massage and electrotherapy were used to prevent muscle atrophy.

The aim for Mitchell was to remove the patient from the conditions which had resulted in their symptoms. The aim of the neurologist administering the treatment was to break the (predominantly female) patients will. Outspoken independent women were sometimes prescribed this treatment and doctors documented that they reacted badly almost aggressively. Women such as author Virginia Woolf and activist/writer Charlotte Perkins Gilman were two such cases (Mitchell, 1878). Their reaction to the treatment highlights the oppressive nature of this treatment, which reinforced the archaic notion that women should submit without questioning to male authority in the name of health.

In his book Fats and Blood, Mitchell discusses the stages of treatment and the ideal progression. After the first few weeks of treatment the patient would enter into a "state of placid contentment. Brain work having ceased, mental expenditure is reduced to a slight play of emotions and an easy drifting of thought" (Mitchell, 1878, p.44) Psychological manipulation was key to achieving this state. Mitchell himself was well aware of the importance of "moral methods of obtaining confidence and insuring a childlike acquiescence in every needed measure" (Mitchell, 1878, p.99).

In 1913 Charlotte Perkins Gilman published and article "Why I wrote 'The Yellow Wallpaper'" describing her prescription for a domestic life and her experiences undergoing the rest cure treatment. Her story "highlighted the rest cure as a symbol of the paternalistic nature of 19th-century medicine and the suppression of female creativity" (Martin, 2007). Years later Weir modified his treatment for neurasthenia partially as a result of reading Gilman's story. In her article *The Rest Cure Revisited*, Diana Martin explains that:

> "the implicit prejudices inherent in the rest cure are clear. The patient was to be infantilized and confined for her own good, and the cost, as "The Yellow Wallpaper" shows, could be devastating. In the confrontation between S. Weir Mitchell and Charlotte Perkins Gilman, one can see a 19th-century microcosm of the tension between beneficence and autonomy. This tension persists in psychiatry today".
>
> (Martin, 2007)

Gilman's feminist writings considered the socio-cultural status of women and voices the need to provide feminine branches of law, psychology and medicine in order to better understand the female, "our steady insistence on proclaiming sex-distinction we have grown to consider most human attributes as masculine attributes, for the simple reason that they were allowed for men and forbidden to women" (Gilman, 1898, *in* Edles & Appelrouth, 2005, p221).

Conclusion

In the 21st century the need for treatment approaches based on feminine psychology is as great as it has ever been. With women's issues being used as a political stake in elections, issues such as abortion and funding for planned parenthood being used in presidential debates to win votes. I am concerned about therapeutic support services for women who have been a victim of sexual abuse. Comments made by US Republican Representative

Todd Akin (2012) regarding "legitimate rape" may have caused scandal and have given the late night political satire television shows fuel, but they show that there is still need for education on the subject matter. In an interview author Naomi Wolf defended the need for further study of female sexuality:

> "'Vagina' has been taken away from us, which is why I feel like I've gotten so much criticism. Because I'm saying, 'Fuck that shit.' We have to name, we have to own, we have to speak in the first-person-sexual when it's appropriate, we have to interview other women about their sexual experiences when it's appropriate, we have to be sexual subjects and not sexual objects, and we need to create names for our own experience."
>
> (Wolf, 2012)

Psychotherapy treatment options are now recommended, sometimes in conjunction with other measures, to treat the many conditions once broadly called female hysteria. It is important that these options are made available to women throughout their many life stages. While in the United States we might take this and other victories of the feminist movement for granted, we need to ensure that progress continues. The continuing battle for women's psychological rights may not be as clear-cut as the suffragist movement or the fight for reproductive freedoms, but it is no less important. In literature it is important for women to let their voices be heard, particularly in cultures that do not encourage them to speak out. By demystifying "female" psychological conditions and distancing them from historically supported stigma we can move into an era where women's psychological wellbeing is free from moral and political assumptions.

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