



The Rest Cure: Repetition or Resolution of Victorian Women's Conflicts?

Author(s): Ellen L. Bassuk

Source: *Poetics Today*, Vol. 6, No. 1/2, The Female Body in Western Culture: Semiotic Perspectives (1985), pp. 245-257

Published by: Duke University Press

Stable URL: <https://www.jstor.org/stable/1772132>

Accessed: 06-11-2018 21:48 UTC

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



JSTOR

Duke University Press is collaborating with JSTOR to digitize, preserve and extend access to *Poetics Today*

THE REST CURE: REPETITION OR RESOLUTION OF VICTORIAN WOMEN'S CONFLICTS?

ELLEN L. BASSUK

Psychiatry, Harvard Medical School

INTRODUCTION

During the late nineteenth century, Victorian doctors frequently administered S. Weir Mitchell's famous "rest cure" to women with severe nervous symptoms. These included patients diagnosed as hypochondriacs, hysterics, and most commonly, neurasthenics.¹ Supposedly, many benefited but others, such as Charlotte Perkins Gilman and Virginia Woolf, became even sicker and condemned both Mitchell and his treatment.² Certainly, the rest cure was less barbaric than leeching, cauterization and "normal" ovariectomy-procedures that were also used to treat women with nervous ailments (Bassuk unpublished; Currier 1886). But it too seemed sadistic, controlling, and intrusive.

The analysis of any treatment, however, must be carried out within the context of its time. To understand how Victorian doctors and patients rationalized the widespread use of the rest cure, one must explore underlying medical, cultural, and social assumptions about women. Only by examining primary medical texts and journals can we begin to unravel the symbolic meanings of this treatment. Such an analysis can also provide important insights into how medical care is often strongly influenced by prejudicial, culturally-

1. Victorian doctors' conception of nervous disease was markedly different from ours. They believed that hysteria, neurasthenia and hypochondria imperceptibly merged into each other, had similar exciting causes and resulted from structural lesions in the brain cortex. The inability to identify the organic defect was ascribed to unsophisticated detection techniques, or to the fact that the problem only occurred at the molecular level. Psychodynamic concepts of etiology had not yet been introduced.

2. For detailed description of Mitchell's unsuccessful treatment of Charlotte Perkins Gilman, Jane Addams, Winifred Howells (daughter of William Dean Howells), and Virginia Woolf, see Poirier (1983); also Sicherman (1977).

bound beliefs about women and their bodies. After describing the physical and psychological aspects of the rest cure, this essay explores the medical rationale for Mitchell's treatment and ends with a discussion of the symbolic meanings of both the nervous symptoms and the cure.

PHYSICAL ASPECTS: REST, SECLUSION, AND EXCESSIVE FEEDING

Early in August, 1885, S. Weir Mitchell, a prominent Philadelphia neurologist, was asked to see Mrs. S., aged 37, whose history can be summarized as follows:

As a girl of 16 she had a severe neuralgic illness, extending over months: excepting that, she seems to have enjoyed good health until her marriage. Soon after this she had a miscarriage, and then two subsequent pregnancies, accompanied by albuminuria and the birth of dead children. During gestation I was not surprised at all sorts of nervous affections, attributing them to uremia. The next pregnancy terminated in the birth of a living daughter, now nearly 3 years old; during it she had curious nervous symptoms—e.g., her bed flying away with her, temporary blindness and vasomotor disturbances. Subsequently she had several severe shocks from the deaths of near relatives, and gradually fell into the condition in which she was when I was consulted. This is difficult to describe, but it was one of confirmed illness of a marked neurotic type. Among other phenomena she had frequently recurring attacks of fainting. These were not attacks of syncope, but of such general derangement of the balance of the circulation that cerebration was interfered with. She was deaf and blind; her face often flushed, sometimes deadly cold; her hands clay-cold, often blue, and difficult to warm with the most vigorous friction. These attacks passed off in from twenty minutes to a couple of hours (Mitchell 1885b:136ff).

Despite consultation with various physicians, her condition worsened. Because of an ill-defined uterine problem and acute tenderness of the spine, she could no longer sit, stand, or ride in a carriage. Completely bed-ridden, she was unable to care for herself or her family. To complicate matters further, her nervous irritability increased to the point where the ringing of a bell, the sound of a voice or the light touch of her husband's hand made her cry out. In short, she became untouchable. S. Weir Mitchell was called to evaluate her weakening condition. After careful examination, he wrote: "She was a naturally fine and highly cultivated woman, greatly emaciated, with a dusky sallow complexion and dark rings round her eyes. I could find no evidence of organic disease of any kind" (Mitchell 1885b:140). He recommended the rest cure, carried out in London away from her country house. Because of the severity of her symptoms, she was anesthetized during the entire 200 mile trip. One week after Mitchell began treatment, Mrs. S. felt markedly better and in five weeks was driving around London comfortably seated in an open carriage for two hour periods. Three months later, she had embarked on a world tour with her husband via India, Japan, and San Francisco.

What was this seemingly remarkable treatment? In 1872 S. Weir Mitchell developed the rest cure or rest treatment, as it was called, to treat soldiers with battle fatigue (Mitchell 1904). It remained popular for the next 50 years. Theoretically used to treat both men and women, most patients described in the literature were nervous females who were suffering from battle fatigue on the homefront (Mitchell 1885a:57ff). Although doctors were unable to identify structural defects associated with hypochondria, hysteria and neurasthenia, they nevertheless believed that these ailments involved lesions of the brain cortex (Byford 1897). In addition to nervous diseases, Mitchell broadened the indications for the rest cure to include cardiac (valvular disease), renal (Bright's disease), and neurologic disorders (many illnesses such as meningitis, chronic myelitis, and locomotor ataxia). In practice, the majority of women treated in this manner were similar to Mrs. S.; they had severe or "obstinate" nervous symptoms and chronic pelvic complaints (Mitchell 1885a:265). But many were not as fortunate as Mrs. S.; they did not recover.

Before beginning treatment, the doctor promised the patient a "positive cure" provided that she relinquished control to the physician and "concerned herself with nothing but following directions" (Byford 1897:182). Mitchell made it clear to his patients that he was in total control and that their feelings, questions, and concerns must be disregarded. As Mitchell commented "she credits you with knowing, and so wins the fight" (Mitchell 1888:132).

Once the doctor established control, he began treatment which consisted of complete rest, seclusion, and excessive feeding (Martin, 1887). Its cornerstone was bed rest for six weeks to two months, but the length of time and completeness of rest were individually determined. Mitchell made use of "every grade of rest . . . from repose on a lounge for some hours up to entire rest in bed. At first, and in some cases for four to five weeks, I do not permit the patient to sit up or to sew or write or read, or to use the hands in any active way except to clean the teeth. . . I arrange to have the bowels and water passed while lying down, and the patient is lifted onto a lounge for an hour in the morning and again at bedtime, and then lifted back again into the newly-made bed" (Mitchell 1900:66). The nurse spoonfeeds the patient, gives her a sponge bath, administers vaginal douches and rectal enemas, and may read to her for brief periods. After a fortnight, Mitchell allowed these readings to occupy from one to three hours per day.

To offset the ill-effects of prolonged immobility and confinement to bed, the patient was subjected to various passive exercises such as massage, electricity, and hydrotherapy. In addition to preventing muscle atrophy without tiring the patient, these exercises were thought to act systemically by stimulating the nutritive processes,

thereby restoring vital energy and general health (Mitchell 1875). Sometimes to facilitate rest and relaxation, the doctor administered specific medicines such as sleeping pills. Tonics, stimulants and nutriments were given to improve general health and promote digestion; none were thought to act specifically. Their therapeutic effectiveness and safety when used alone were always a subject of debate.

To ensure complete rest, the patient was removed from her usual environment and assigned to the care of a professional nurse who was the doctor's agent. If Mitchell thought it advisable, close relatives were either excluded or allowed only brief visits. To eliminate any possible sources of worry and anxiety, news from home was carefully censored. Mitchell believed that major relationships and responsibilities contributed significantly to the formation of the patient's nervous disorder. Seclusion from the family, he thought, was invariably beneficial.

Once under Mitchell's care and confined to bed, the patient was started on an exclusive diet of milk, administered in four-ounce doses every two hours (Karrell 1866:102). Its effect was to fatten the patient. Although Mitchell admitted that he did not understand the relationship between adipose tissues and the general state of health, he assumed that each person should have some surplus fat to fight moral or mental strain and fevers (Mitchell 1900:28ff). Gaining weight, he felt, was associated with an improvement in the quantity and quality of blood, and was always accompanied by a ruddier color — a certain sign of physical health. Mitchell (1891:33) complained that it was a "physical failure," particularly of city-bred women, to be thin, this and probably interfered with their capacity to produce healthy children. Unlike today, the ideal Victorian woman was obese.

PSYCHOLOGICAL ASPECTS: "MORAL REEDUCATION"

Although the rest cure may seem needlessly controlling and intrusive to us, Mitchell's uses of various psychotherapeutic approaches, which he called moral reeducation, and his attention to the interaction between the patient and her caretakers were unique for this period. Reeducation consisted of teaching the patient "principles of philosophy, patience, resignation and consolation" (Hartenberg 1914:152). This was accomplished through the use of various techniques such as suggestion, logical argument, and support of the patient's will power. Most important, the doctor discussed with the patient ways in which she expressed and managed emotions and how she scheduled daily activities.

Mitchell thought that for physicians to administer the rest cure successfully they must have certain personality characteristics. These included an eye for detail, earnestness, firmness, tact, patience,

persistence, and an ability to determine and implement the sick-room schedule. Although these are certainly admirable qualities, Mitchell went much further. Rather than viewing women as consumers with right to ownership of their bodies, he felt that they should abdicate control of treatment to their doctors, who were usually male. This was particularly necessary with bedridden nervous women who, Mitchell thought, were profoundly selfish and tyrannical. As Oliver Wendell Holmes said, they were like “vampires sucking the blood of the healthy people of a household” (Mitchell 1877:31). Their impulses were evil, exerting a negative influence on everyone around them, and therefore must be curbed. Although invalids demanded constant pity, Mitchell (1888:45) warned physicians that expressing sympathy would only be “enfeebling to energetic utility.”

Once the patient began to benefit physically from the rest cure Mitchell began the process of “moral reeducation,” which focused on a discussion of how to keep feelings under control. Mitchell’s objective was “to make clear to her how she is to regain and preserve domination over her emotions” (Mitchell 1888:8). Women, he thought, were too emotionally expressive, perhaps even “hysterical,” certainly prone to inappropriate displays of feeling which weakened physical endurance. The “habit of yielding too easily to the expression of all and any emotion, or of cultivating to excess the outward manifestation of feeling” (Mitchell, John K. 1909:38) was thought to be a predisposing cause of nervous disorders. Therefore, women had “to regain and preserve domination over their emotions” and avoid any loss of self-control (Mitchell 1888:8). Mitchell wanted his patients to promise that they would fight “every desire to cry, or twitch or grow excited” (Mitchell 1885a:38), and for those women whose illnesses were precipitated by their self-sacrificing role as caretaker for a sick family member, they had to learn to control their excessive maternal impulses. Similarly, women should be stopped from sharing their feelings with others – a habit that not only made “matters worse” but inevitably bored the listener (Mitchell, John K. 1909:41).

To counteract women’s “shortcomings,” Mitchell advocated a system that encouraged order, control, and self-restraint. He felt that women should model their lives on the principles underlying the rest cure. John K. Mitchell, S. Weir’s son, summarized this approach in his book, *Self-Help for Nervous Women* (1909). Consistent with his father’s treatment, he advocated that women acquire good habits by repatterning their routine daily activities. Just as the rest cure carefully scheduled every minute of the day, a woman should methodically plan her time including leisure activities: “A system is what is wanted, a methodical planned system, elastic enough to be livable, and yet exact enough to hold one to the performance of certain duties at certain stated times. Hours for rest, hours for

leisure, hours for pleasure, must enter into such a schedule as well as appointments for work and food and duty. Rise at a certain time, have meals punctually; if you go out, go out with a list of what you intend to do in the order in which you mean to do it" (Mitchell, John K. 1909:91).

Both father and son advocated that women be more like men, but not equal to them. They should run their households and their domestic lives according to male "rules." In psychiatric jargon, they should become less hysterical and more obsessional. Hysteria, which is sometimes considered a caricature of femininity, is characterized by a specific style of expressing feelings and organizing thoughts.³ Hysterics are flamboyant, expressive, superficially seductive, and prone to inappropriate outbursts of emotion. Cognitively, they process events in a global and impressionistic manner, paying little attention to detail. In contrast, an obsessional style, more characteristic of men, is somewhat rigid and intellectualized. Unlike the hysteric, the obsessional person focuses on the smallest details and is often involved in moral imperatives or "I shoulds." Within this system, feelings, spontaneity, and whimsy are restricted. Generally speaking, the Mitchells as well as many of their contemporaries believed that the obsessional characteristics of "masculinity" were more desirable than the emotional and expressive style of most women.

MEDICAL RATIONALE

Mitchell's use of rest was consistent with Victorian assumptions about the causes of disease in both men and women. To remain healthy, persons must achieve a harmonious relationship with their environment and a balance among bodily organs. Anything that upset this balance, causing undue strain, might decrease a person's resistance and impair nutrition. Rest, proper diet, and exercise were necessary for maintaining good health and preserving the "golden mean." To prevent disease, a person must lead a measured and temperate existence, allowing no indulgences or excesses (Gray 1885a, 1885b; Yellowlees 1885).

In 1871 Mitchell wrote an article for Lippincott's Magazine that he later converted into a book, *Wear and Tear, or Hints for the Overworked* (Mitchell 1891). Like other physicians of this period, he believed that the accelerated pace of contemporary life, ushered in by rapid industrialization, heightened Victorians' vulnerability to disease. To prove his point, Mitchell noted that deaths from nervous diseases in Chicago had increased almost 21 times from what they

3. Hysteria may be a so-called "normal" personality style. If hysterical patterns are greatly exaggerated, combined with severe bodily complaints, or manifested by dissociative or conversion symptoms, they may form a hysterical neurosis necessitating treatment.

had been in 1852. He felt that this was due to “the strain on the nervous system resulting from the toils and competitions of a community growing rapidly and stimulated to its utmost capacity” (Mitchell 1891:28ff). He listed five major causes of nervous disorders in women. These included: sudden shock, severe domestic strain (usually nursing a sick family member), acute illness, chronic disturbances of nutrition, and normal reproductive physiology (Mitchell 1888:119).

Like his contemporaries, Mitchell believed that women were fundamentally inferior to men and that their nervous systems were more irritable; both “facts” contributed to a woman’s greater susceptibility to disease. And female irritability was firmly rooted in women’s reproductive physiology and sexuality. “The great physiological revolutions of a woman’s life” such as menstruation, menopause, lactation etc., were viewed as a frequent cause of nervous disorders (Mitchell 1888:119). In fact, normal female functions or femininity were considered diseases (Loewenthal 1886; Smith-Rosenberg 1974).

Unlike in men, women’s organs were not considered equal; the reproductive organs dominated. With increasing knowledge of endocrine function, the ovary began to supplant the uterus as the ruling organ and was viewed as the offending agent in various diseases (Barnes 1890). Physicians believed in a theory known as “reflex irritation”: a sympathy or connection existed between all bodily organs (Bassuk unpublished; Decke 1881; Englemann 1877). Thus, nervous symptoms such as those experienced in hysteria or neurasthenia could be caused by a local irritation in the ovary or uterus that was then transmitted electrically via nerve impulses to the brain (Clarke 1894; Sims 1893; Wells 1886). Mitchell believed that diseases of the reproductive organs were an inextricable part of nervous disorders in women, thus accounting for the necessity of vaginal douches and other local gynecological treatments in those receiving the rest cure (Currier 1886; Tauszky 1881).

The belief in the primacy of the reproductive organs in women was used to support the notion that a woman’s major responsibility was to propagate the race. Because doctors also assumed that each organism possessed a finite amount of vital energy and was a closed system, anything that diverted women’s energy from the reproductive function, such as education or work outside the home, must be avoided (Foster 1900; Smith-Rosenberg 1974). An 18 year old girl, for example, who became tense about an upcoming examination was diverting energy from normal physiological functions such as menstruation. Her worries might ultimately impair her ability to bear sturdy children.

In his writings, Mitchell (1891) questioned the wisdom of the school curriculum, suggesting that it severely overtaxed the average

girl. "There are in the physiological life of women disqualifications for continuous labor of the mind" (Mitchell 1885a:15). He implied that women developed illnesses precisely because of their unfeminine strivings (Wood 1974). He recommended shortening a woman's school hours and modifying her course of instruction. Mitchell also strongly opposed the progressive idea that every woman be given the opportunity to become a teacher. Instead, he felt that the function of school was to prepare women for their role as the "source and center of the home" (Mitchell, 1891:55).

Mitchell insisted that women were irreversibly constrained by their bodies and should not aspire beyond traditional domestic roles. He commented that "the woman's desire to be on a level of competition with men and to assume his duties, is I am sure, making mischief, for it is my belief that no length of generations of change in her education and modes of activity will ever really alter her characteristics. She is physiologically other than the man. I am concerned with her now as she is, only desiring to help her in my small way to be in wiser and more healthful fashion what I believe her Maker meant her to be, and to teach her how not to be that with which her physiological construction and the strong ordeals of her sexual life threaten her as no contingencies of man's career threaten in like measure or like number the feeblest of the masculine sex" (Mitchell 1888:13). Any attempt by a woman to seek "equality" to a man was destined to fail.

THE SYMPTOMS AND THE CURE: SYMBOLIC MEANINGS

Imagine such a treatment. Under the paternalistic, authoritarian control of a male physician, the Victorian woman regressed physically and emotionally. Isolated from her family and children and her usual responsibilities, she was put to bed and taught complete submission; even her arms and legs were moved for her. Every orifice was invaded — by vaginal douches, enemas and milk feedings. Then when she was fatter and ruddier, she was told what to think and how to express her thoughts. Yet, some women, like Mrs. S., recovered. Others, such as Charlotte Perkins Gilman (1892, 1935), bitterly decried both Mitchell and the rest cure. In "The Yellow Wallpaper," a short story that appeared in the 1892 issue of *The New England Magazine*, Gilman described her experience by inventing a female protagonist who starts to go mad as a result of the "cure." While undergoing the treatment, Gilman herself felt that she was teetering on the edge of a nervous breakdown. Only when she resumed her normal work three months later did she finally recover.

Why did many women seem to improve while some became even more ill? Although Mitchell and others (Allen 1977; Veith 1977) claimed that most women benefited, no long-term data are available. Perhaps a significant percentage of these women relapsed over time.

If they improved, as Mrs. S. appeared to, it would be useful to analyze the curative aspects of the treatment. However, without access to the patients or to data, we can only speculate about reasons for the positive outcome.

To understand the rest cure, we must try to decode the symbolic meaning of the symptoms. Symptoms often represent compromise solutions, ways of negotiating contradictory or warring impulses. A wish is sometimes met with a prohibition or defense; if the conflict is not successfully resolved, the opposing desires may be condensed into a symptom.

What were Victorian women struggling with? Because of their physiology, Victorian women were taught to view themselves as inferior to and dependent on men. They were told only to strive for a domestic life focused on the needs of husband and children. But not all women were prepared for the sometimes overwhelming responsibility of running a household. Neurasthenic and hysterical symptoms may have served several "purposes." Rather than functioning as capable household managers, some Victorian women regressed and became bedridden, thus abdicating their role as caretakers and ensuring that they were cared for and protected by others. Similarly, some women may unconsciously have "used" their symptoms to avoid their own "forbidden" desires and, in certain cases, the sexual demands of authoritarian husbands. By regressing to a more infantile position that was primarily aimed at being taken care of, Victorian women avoided confronting their own sexual feelings and conflicts.

Perhaps these symptoms also had a more adaptive function. They may have helped women to escape from the more repressive aspects of family roles, as well as from difficult physical demands, particularly the pain and risks of childbearing. Although adaptive in a sense, the end result of the symptoms was costly. It reinforced the Victorian image of the delicate, sickly woman who could not even take care of her family responsibilities — frequently, the only source of her self-esteem (Smith-Rosenberg 1972:671).

During the late nineteenth century when the rest cure emerged, many middle class women had started to question traditional roles. Conflicts between autonomy and dependence, sexual expression and repression, activity and passivity, may have been more intense than during earlier periods. Paradoxical impulses and wishes had actively surfaced and stereotyped views of masculinity and femininity were starting to be questioned. Women experienced greater autonomy and power at home, reflected in part by the smaller size of families (Smith 1974). As Linda Gordon (1974, 1977) has documented, it was also during this period that the concept of "voluntary motherhood" enjoyed increasing popularity. Its proponents wanted to make it possible for women to gain some control over their bodies by providing a way to avoid pregnancy. Birth control did not mean

the use of devices; it implied periodic or complete abstinence. But it allowed women the right to refuse their husbands and to participate in decisions about sexuality and motherhood. "What gave the concept [of voluntary motherhood] substance was that it was accompanied by another, potentially explosive, conceptual change: the reacceptance of female sexuality" (Gordon 1974:56). Women began to believe that their sexual drives were "natural" and that these impulses could be indulged "without the intention of conceiving children" (Gordon 1974:64).

Within the context of potentially increased independence both inside and outside the family and the possibility of greater sexual expression, many women developed emotional symptoms, became bedridden and then received the rest cure. True resolution of Victorian woman's conflicts meant that she must abandon her symptoms and transcend both her physiology and traditional domestic roles. Does the story of Mrs. S. imply such an outcome? Some authors believe that stories such as this confirm the curative nature of Mitchell's treatment and the personal growth of his patients (Allen 1977; Veith 1977). They argue that Mitchell was an intuitive, empathic therapist who encouraged libidinal gratification, permitted regression and countered overly severe superego injunctions from the mother (Allen 1977:294). Although such an analysis accurately reflects various components of the treatment, it does not explain why women like Mrs. S. improved.

Was the rest cure merely a controlled recapitulation of Victorian woman's conflicts, but this time "played out" with the physician? In modern day language, was it a transference cure? — a theory that might provide an explanation of why some women improved. According to psychoanalysis, this concept implies that the patient developed an idealizing or narcissistic transference to the therapist (Paolino 1981:113). At the same time, the relationship between the patient and physician reactivates earlier unresolved preoedipal and oedipal conflicts with parents (Goldberg 1980:330).⁴ Freud wrote "often enough the transference is able to remove the symptoms of the disease itself, but only for a while — only for as long as it itself lasts. In this case, the treatment is a treatment by suggestion. . . ." (Freud 1913:143). In other words, the transference becomes the vehicle of change. And because of the power projected onto the therapist by the patient, he can effect change by using various psychotherapeutic techniques, such as suggestion. These techniques, however, do not attempt to resolve the underlying conflicts.

4. The broadened concept of transference to include reactivated preoedipal concerns — namely the unsuccessful resolution and completion of the earlier stages of development (i.e., separation-individuation) — derives from Heinz Kohut's contributions to self psychology. A discussion of Victorian women's conflicts, therefore, should go beyond sexual conflicts to issues involving autonomy and identity — psychology of the self.

What were the ingredients of Mitchell's treatment that might qualify it as a transference cure? First, the relationship between the physician and patient was central to the outcome (Mitchell 1888). The doctor took over. His charisma ensured the rapid establishment of rapport and trust. We can speculate that the physician embodied both the wishes for the full-breasted nurturant mother (through the agent of his nurse who fed the patient an exclusive milk diet) and for a powerful, all-knowing man who told her what to feel and how to behave.

Second, one of the major components of Mitchell's approach was the use of suggestion. He scoffed at the idea that suggestion was merely manipulation; rather, it comprised "the whole range of persuasion, counsel and many forms of appeal" (Mitchell 1908:2035). Mitchell described how he convinced the patient to exercise more self-control and to abandon her symptoms. "We may reason, implore, counsel, appeal to duty, affection, taste, desire for health and what it brings; and, as the case suggests, be a sternly judging moralist or the humorous comrade of the minute and despatch (sic) some sad symptom with the disguised counsel of a jest" (Mitchell 1908:2036). Mitchell used any technique that seemed to work, but he did not explore the meaning of the symptoms. He was unimpressed with the "etiological role of sexual deprivation. Although he spoke of the 'false relationships with husbands' that could cause neuroses, he nevertheless categorically rejected all sexual implications. He described Freud's writings as 'filthy things' that could be consigned to the fire" (Veith 1977:53).

Although Mitchell rejected the role of sexuality in hysteria and neurasthenia, his treatment can be viewed as libidinally gratifying, but in a controlled and manageable way. Undoubtedly, some women may have felt physically assaulted and severely threatened by the need to submit physically to a man or to a woman (vaginal douches, rectal enemas etc). In fact, their sexual conflicts may have been reenacted. Others however, clearly felt safe and cared for.

Mitchell's genius was that he seemed able in general, to intuit the proper balance of treatment ingredients, including effective supportive psychotherapeutic approaches. For many women, he offered care and protection, a respite from adult sexuality and sexual expression, and a prescription for dealing with troublesome desires and wishes. Rather than retreating to bed, the Victorian woman could now retreat to her physician who was idealized and credited with extraordinary power and knowledge.

We can speculate that for some Victorian women the rest cure recapitulated elements of the patient's earlier conflicts with parents and later with husband and family, but within a safer context and with a more successful outcome. Not only did it offer an acceptable model for avoiding independent strivings and sexual expression, but

it also reinforced the Victorian viewpoint about the inferiority of women without undermining their self-esteem. Once "cured," the Victorian woman could assume a pseudo-independent style of functioning at home. Since her behavior was entirely dictated by rules established by her all-knowing doctor, she did not have to take responsibility or to assume "ownership" of seemingly autonomous activities — or, for that matter wishes and desires. She now ran her home according to a rigid schedule while maintaining an infantile dependence on her doctor. Aspirations that threatened the tranquility of domestic life no longer constituted a threat; they were ruled out by overcontrol and suppression. But superficial adaptation was also costly; it affirmed the success of Mitchell's "moral reeducation" and the women's resignation to the limitations of traditional domestic roles.

It now appears more clear why Charlotte Perkins Gilman and some other early feminists did not benefit from Mitchell's treatment. Their unwillingness or inability to form idealizing transferences to their physicians may have provided a vehicle for escaping traditional domestic roles. Their refusal to be "cured," although painful and entailing its own costs, ensured greater personal growth and the potential for identifying and working through conflict rather than putting it to rest.

REFERENCES

- Allen, David S., 1977. "Basic Treatment Issues," in: M.J. Horowitz, ed., *Hysterical Personality* (New York: Jason Aronson Inc.), 285–328.
- Barnes, Robert, 1890. "On the Correlations of Sexual Functions and Mental Disorders of Women," *The British Gynaecological Journal* 6, 390–430.
- Bassuk, E.L. (unpublished). "'Normal' Ovariectomy, 1872–1893: Sadism or Humanitarian Health Care?"
- Byford, H.T., 1897. *Manual of Gynecology*, Second edition (Philadelphia: P. Blakiston, Son and Co.).
- Clarke, Augustus P., 1894. "The Relation of Hysteria to Structural Changes in the Uterus and its Adnexa," *American Journal of Obstetrics* 30, 477–483.
- Currier, A.F., 1886. "Local vs. General Treatment in Gynaecology," *New York Medical Journal* 43, 258–262.
- Decke, T., 1881. "The Condition of the Brain in Insanity," *American Journal of Insanity* 37, 361–392.
- Englemann, G.J., 1877. "The Hystero-neuroses with Especial Reference to the Menstrual Hystero-neuroses of the Stomach," *Transactions of the American Gynecological Society* 2, 483–518.
- Foster, G.W., 1900. "Common Features in Neurasthenia and Insanity. Their Common Basis and Common Treatment," *American Journal of Insanity* 56, 385–417.
- Freud, S., 1953–1974 (1913). "On Beginning the Treatment," in: *Standard Edition* 12: 121–144 (London: Hogarth Press).
- Gilman, Charlotte Perkins, 1980 (1892). "The Yellow Wallpaper," in: Ann. J. Lane, ed., *The Charlotte Perkins Gilman Reader* (New York: Pantheon).
- 1972 (1935) *The Living of Charlotte Perkins Gilman: An Autobiography* (New York: Arno Press).
- Goldberg, Arnold, ed., 1980. *Advances in Self Psychology* (New York: International Universities Press Inc.)
- Gordon, Linda, 1974. "Voluntary Motherhood; The Beginnings of Feminist Birth Control

- Ideas in America," in: M.S. Hartman and L.W. Banner, eds., *Clio's Consciousness Raised* (New York: Harper and Row) 54–71.
- 1977 *Woman's Body, Woman's Right* (England: Penguin Books).
- Gray, John P., 1885a. "Hints on the Prevention of Insanity," *American Journal of Insanity* 41, 295–304.
- 1885b "Insanity: Its Frequency: And Some of Its Preventable Causes," *American Journal of Insanity* 42, 1–45.
- Hartenberg, P., 1914. *Treatment of Neurasthenia* (Edinburgh, Glasgow, London: Henry Frowde and Hodder and Stoughton).
- Karell, P., 1866. "On the Milk Cure," *Edinburgh Medical Journal* 12, 97–122.
- Loewenthal, R., 1886. "A New Explanation of the Process of Menstruation," *Journal of the American Medical Association* 7, 93.
- Martin, F., 1887. "Hystero-Neurasthenia, or Nervous Exhaustion of Women, Treated by the S. Weir Mitchell Method," *Journal of the American Medical Association* 8, 365–368.
- Mitchell, John K., 1909. *Self-Help for Nervous Women* (Philadelphia: J.B. Lippincott and Co).
- Mitchell, Silas Weir, 1877. *Nurse and Patient, and Camp Cure* (Philadelphia: J.B. Lippincott and Co).
- 1885a *Lectures on Diseases of the Nervous System Especially in Women* (Philadelphia: Lea Bros. and Co).
- 1885b *Fat and Blood*, Fourth edition (Philadelphia: J.B. Lippincott and Co).
- 1888 *Doctor and Patient* (Philadelphia: J.B. Lippincott and Co).
- 1891 *Wear and Tear, Or Hints for the Overworked*, Fifth edition (Philadelphia: J.B. Lippincott and Co).
- 1900 *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria* Eighth edition (Philadelphia: J.B. Lippincott and Co).
- 1904 "The Evolution of the Rest Treatment," *Journal of Nervous and Mental Diseases* 31, 368–373.
- 1908 "The Treatment by Rest, Seclusion, etc., In Relation to Psychotherapy," *Journal of the American Medical Association* 50, 2033–2037.
- Paolino, T., 1981. *Psychoanalytic Psychotherapy* (New York: Brunner Mazel).
- Poirier, S., 1983. "The Weir Mitchell Rest Cure: Doctor and Patients," *Women's Studies* 10, 15–40.
- Sicherman, B., 1977. "The Uses of a Diagnosis: Doctors, Patients, and Neurasthenia," *Journal of History and Allied Sciences* 32, 33–55.
- Sims, H. Marion, 1893. "Hystero-Epilepsy. Report of Seven Cases Cured by Surgical Treatment," *Transactions of the American Gynecological Society* 18, 282–297.
- Smith, Daniel Scott, 1974. "Family Limitation, Sexual Control and Domestic Feminism in Victorian America" in: M.S. Hartman and L.W. Banner, eds., *Clio's Consciousness Raised* (New York: Harper and Row).
- Smith-Rosenberg, Carroll, 1972. "The Hysterical Woman: Sex Roles and Conflict in Nineteenth Century America," *Social Research* 39, 652–678.
- 1974 "Puberty to Menopause: The Cycle of Femininity in Nineteenth Century America" in: M.S. Hartman and L.W. Banner, eds., *Clio's Consciousness Raised* (New York: Harper and Row).
- Tauszky, R., 1881. "The Causes and Treatment of Metrorrhagia and Menorrhagia," *American Journal of Medical Sciences* 81, 67–82.
- Veith, Ilza, 1977. "Four Thousand Years of Hysteria," in: M.J. Horowitz, ed., *Hysterical Personality* (New York: Jason Aronson Inc.), 9–93.
- Wells, T. Spencer, A. Hegar, and R. Battey 1886. "Castration in Mental and Nervous Disorders, A Symposium," *American Journal of Medical Sciences* 92, 455–490.
- Wood, Ann Douglas, 1974 (1973). "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America" in: M.S. Hartman and L.W. Banner, eds., *Clio's Consciousness Raised* (New York: Harper and Row).
- Yellowlees, D., 1885. "The Causes and Prevention of Insanity," *British Medical and Surgical Journal* 113, 145–147.