

Part I.

Women in perspective

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CHAPTER 1

The history of the 'female mind'

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'The great question that has never been answered, and which I have not yet been able to answer, despite my thirty years of research into the feminine soul, is "What does a woman want?"'
– Sigmund Freud (Jones, 1953)

Early mythology and theology

In classical Greek mythology, Pandora was the first woman. Zeus (king of the gods) created Pandora as a curse on man, a revenge on Prometheus for stealing fire from the Gods. Hesiod (750–650BC), the Greek poet, gave us the earliest literary account: 'As fire's price I'll give an evil thing, which all shall cherish in their hearts, embracing their own scourge'. Pandora was given 'a dog-like, shameless mind and thieving ways' and, of course, her box, from which soon flowed all the evils of humanity.

In Christian theology, Eve was the first woman. Fashioned by God from Adam's rib, she was 'man's fatal partner' (Warner, 2001). All was happy in the garden of Eden until Eve enticed Adam into sin. After the 'fall' came exile, disease, mortality and hardship. From these beginnings emerge the founding myths of woman's place in Western history, told in a variety of forms: woman as original sin, created by and for man, and the weaker sex – morally, physically and psychically.

In the Middle Ages, the *Summa Theologica* by St Thomas Aquinas (1225–1274) was one of the most influential works of Christian philosophy. Woman were regarded as inferior to men, and the result of sin: 'as regards the individual nature, woman is defective and misbegotten' (Tasca *et al*, 2012). This text helped shape attitudes towards women and their

CHAPTER 1

capabilities for centuries, and its theological descriptions of woman's inferiority have been suggested as the start of a 'misogynistic crusade' in the late Middle Ages (Tasca *et al*, 2012).

Madness in the Middle Ages was either 'good' madness – exhibited by 'holy innocents, prophets, ascetics, and visionaries' (usually male) – or 'derangement' – seen as 'diabolic, schemed by Satan and spread by witches and heretics' (invariably female) (Porter, 2002). This attitude was exemplified by the witch hunts that spread through Europe, reaching their peak in the mid-17th century. They targeted women suspected of transgressing social, moral or behavioural norms, accusing them of sorcery and communing with the devil. Over 200 000 women were tortured and executed as a result (Porter, 2002). The enduring outcome was a culture that engaged in the widespread monitoring and vilification of 'abnormal' female behaviour.

'...[Any] woman born with a great gift in the sixteenth century would certainly have gone crazed, shot herself, or ended her days in some lonely cottage outside the village, half witch, half wizard, feared and mocked at. For it needs little skill in psychology to be sure that a highly gifted girl who had tried to use her gift for poetry would have been so thwarted and hindered by other people, so tortured and pulled asunder by her own contrary instincts, that she must have lost her health and sanity to a certainty.'

So wrote Virginia Woolf (1929) in her seminal essay, *A Room of One's Own*. Writing from personal experience and in frustration, Woolf responded to what she saw as a patriarchal system designed to keep women subordinate and deprived of the rights and skills necessary to be free, creatively or otherwise.

It was a world where 'how to be a woman' was defined by men and what it was like to be a woman (i.e the female mind) was, frustratingly, the preserve of male 'expertise'. The history of the world has been told almost exclusively from the male point of view, serving the aims of men. Much the same problem exists in thinking about the 'female mind', perhaps better expressed as the condition of being a woman. This definition has been owned by men, from Genesis onwards. As Marina Warner (2001) notes, 'Adam is given the power to name Eve, make her his object and project meanings onto her'.

The 'female mind' was then understood as primitive, emotional and a biological fact (and failing) of being a woman. This distinction from the 'male mind' is seen in works such as Shakespeare's *Hamlet* (c. 1600), one of the most famous literary characterisations of madness. Hamlet, Prince of Denmark, exhibits melancholy resulting from intellect (or indeed may even, clever as he is, be playing at madness). Ophelia, on the other hand, descends into a chaotic, vulgar and emotional state of madness and is completely destroyed by it.

First approaches to mental health treatment

The Enlightenment (1650–1800) introduced the empirical, naturalistic paradigm of disease and the concept of man as a rational being. It was a time of great philosophical and scientific advances, bringing radical social reform and political change. 'Madness' was brought under the auspices of science, and taken out of the hands of the clergy and superstition.

The Victorian era saw a huge shift in attitudes toward the mentally ill and psychiatric treatment. Concerns about conditions for the mentally unwell, and poorly regulated madhouses across the country, meant that in 1808, England and Wales passed the County Asylums Act, mandating that every county must have an asylum in which the insane poor could receive treatment (Showalter, 1987). The asylums quickly filled up as demand outstripped supply. Shackles and brutal treatment were viewed as barbaric and the more humanistically oriented moral therapy was pioneered by the Quaker philanthropist William Tuke. At the same time, in Paris, Philippe Pinel (inventor of the bedside manner) was famously striking the chains from the mad of the Asylum de Bicêtre and La Salpêtrière hospital in an act of compassion, ringing in the new age (Appignanesi, 2009).

Despite these changes, the position of women remained much the same. They were viewed as inherently irrational and their 'natural' inferiority to men was later granted the status of scientific fact by Darwinism. In this model, women were confined to the roles of virtuous wife and mother. The excesses of the modern age, especially mental strain (i.e. education), were thought to cause particular physiological and moral imbalances in women and were strongly cautioned

CHAPTER 1

against by medical experts. Henry Maudsley, in his 1874 essay *Sex in Mind and Education*, regarded women as incapable of the intellectual work that came to men so naturally: ‘when nature spends in one direction, she must economise in another direction’. This provoked a furious response from Elizabeth Garrett Anderson, the first female physician to qualify in Britain (in 1865). Such ideas were just as prevalent across the Atlantic, with Harvard’s Edward Clarke writing that women risked physiological damage and infertility through proper education which would be ‘neither fair to the girls nor to the race’ (Clarke, 1884).

This situation did not, however, pass without criticism. Two of the most enduring literary works from that time, Henrik Ibsen’s *A Doll’s House* (1879) and Thomas Hardy’s *Tess of the D’Urbervilles* (1891), were highly critical of the status quo and their heroines became emblematic of the hypocritical double-bind that Victorian society placed upon its women.

During the Victorian heyday of the asylums, there was a popular belief that female patients outnumbered male, but this was not the case (Appignanesi, 2009). However, there was substantial misuse of the idea of the ‘madwoman’, which was used to commit women who transgressed the social or sexual norms of the time, from illegitimate pregnancy to getting in the way of a second wife (Showalter, 1987; Appignanesi, 2009). This danger was very much alive in the imagination of Victorian England and was the subject of several notable literary works: *The Moonstone* by Wilkie Collins, *Cassandra* by Florence Nightingale and *Maria* by Mary Wollstonecraft. *Maria* was subtitled ‘The wrongs of women’ and described ‘the misery and oppression, peculiar to women, that arise out of the partial laws and customs of society’ (Showalter, 1987).

Michel Foucault challenged the idea that the Enlightenment had been a time of great improvement in the conditions of the mentally ill in his 1964 exposition *Madness and Civilization: A History of Insanity in the Age of Reason*. Instead, he dubbed this period the ‘Great Confinement’. In his analysis, the Enlightenment had acted to silence and separate madness, stripping it of its previous spiritual worth and wisdom (as exemplified by characters like the Fool in *King Lear*). He proposed that the medical model created a false category, depriving madness of meaning and, as a consequence, dehumanising the

mentally ill (Foucault, 1964). Foucault makes few references to women or gender, but his social constructionist critique of mental illness and his emphasis on the discourse of power have been influential in the feminist movement.

Jean-Martin Charcot (1825–1893), the famous neurologist of La Salpêtrière, is best remembered for his work on hysteria and hypnosis. La Salpêtrière was a huge institution housing almost 8000 women (1% of the total population of Paris) and was originally established to imprison prostitutes, debauched girls and female adulterers (Appignanesi & Forrester, 1992). Hysteria wasn't a new term (having been coined by Hippocrates to mean 'wandering womb'), but during this time it came to take on a very specific meaning and set of symptoms, rendering hysteria the 'female malady' *par excellence*.

Charcot believed that hysteria had a neurological basis and was due to a hereditary weakness, the key feature being extreme susceptibility to hypnosis. He studied and photographed his 'hysterics' with obsessive detail, and paraded them in front of huge public and medical audiences in what now seems like an exceptional piece of theatre. On stage, Charcot would use hypnosis to literally 'take control of the women's minds', and the women seemed compelled to do his bidding for the crowd, performing various degrading acts, such as stamping on imaginary snakes or kissing the hospital chaplain (Hustvedt, 2011). Although the witch hunts of the 17th century were no more in the 19th century, the misogyny behind them remained (Porter, 2002). The charge of witchcraft was replaced by that of hysteria.

A powerful symbolism emerges: man as puppet-master, creator of not just the acts, but the thoughts of women. Foucault was the inventor of the term 'medical gaze', which describes the power dynamic implicit in the doctor–patient relationship: a penetrating and objectifying gaze in which the doctor is party to a special and elite knowledge of the other, which he may or may not reveal (Foucault, 1973). The 'male gaze' was a term later coined by feminist film theorist Laura Mulvey to refer to the way cinema employs an almost unwavering central paradigm of the male subjective position, 'woman as image, man as bearer of the look' (Mulvey, 1975). Writer John Berger (1972) similarly identified this idea: '*men act and women appear*. Men look at women. Women watch themselves being looked at.' (p. 47)

CHAPTER 1

Freud and women

Freud famously regarded women as a mystery, opening his lecture on the topic by saying, ‘Throughout history people have knocked their head against the riddle of the nature of femininity. [...] Nor will *you* have escaped worrying over this problem – those of you who are men; to those of you are women this will not apply – you are yourselves the problem’ (Freud, 1933).

As one of the most influential figures of the 20th century, Freud redefined the psyche and psychology and dramatically altered the landscape of our cultural lives. Alongside the concepts of the unconscious, mental conflict and repression, one of his central theories was the sexual drive theory of development. This was a phallocentric thesis in which women were re-cast as ‘stunted men’. ‘Women oppose change, receive passively, and add nothing of their own’ (Freud, 1925). Almost 100 years later, this reads as little more than an extension of classical and religious conceptions of women, designed to maintain and legitimise the governing male status quo.

Freud’s provocative theories of female sexuality and psyche have mostly been discarded, but a complex legacy remains. Feminist critiques of the 1960s were vicious, decrying his misogyny and patriarchal contempt of female sexuality, but modern readings are usually more generous, for there is a paradox at the heart of Freud’s attitude towards women.

Freud was among the first to give voice to a previously unheard, oppressed group of women. He listened without judgement, faithfully recording the inner workings of women’s minds in their own words. He recognised these ‘hysterics’ as intelligent and creative, and explicitly criticised the social and sexual restrictions of his time, blaming Victorian society for much of their unhappiness. In this way, Freud was radically progressive – even if he remained very much a Victorian man of his time. As psychoanalyst Hanna Segal (1991) said:

‘I think Freud’s theory that little girls think they have got the penis and then discover they don’t is bunko. On the other hand, Freud was the first to treat women as human beings in the sense that he gave a proper place to female sexuality. He didn’t consider them asexual beings. And even more important, I think, psychoanalysis is the first organized profession in which from the beginning women were treated exactly the same as men.’

It is worth remarking that it was a woman, Anna O, one of Freud's most famous patients (although he didn't actually analyse her on his own, but in collaboration with Josef Breuer), who was instrumental in originating his famous method of 'free association'. She suggested it as a technique that might help her to unlock the source of her misery (Breuer & Freud, 1895; Appignanesi & Forrester, 1992). Anna O, under her real name of Bertha Pappenheim, became an important social reformer and champion of women's rights. Appignanesi & Forrester (1992) point out that psychoanalysis came from women, and that without those that gave their time generously, there would have been no theory:

'from this vantage point, psychoanalysis, like feminism, emerges as a response to the "hysterical" women whose condition was emblematic of a collective malaise, and in turn a response to the untenable place of women in the late nineteenth century'.

Feminism

'Feminism has many mothers but only one father.' – John Stuart Mill (Reeves, 2007)

In 1869, against the background of a rising feminist movement, Mill published the essay *The Subjection of Women*, demanding an end to the oppression of women on moral and political grounds and passionately defending the right of women to vote (Mill, 1869).

Headed by Emmeline Pankhurst, the 'suffragettes' campaigned tirelessly to win the vote, along with simple social and property rights for women. After many failed bids to get even the most basic equality legislation through Parliament (the argument against was that women were too emotional and, as such, incapable of thinking as logically as men), the suffragettes turned to 'deeds, not words' (Purvis, 1995). They chained themselves to railings, set fire to postboxes, defaced Royal Mint coinage and even detonated bombs. A significant number were arrested and detained at HM Prison Holloway (Purvis, 1995). Refused their rightful recognition as political prisoners, many went on hunger strikes in protest and were subsequently force-fed. Women over 30 finally gained the right to vote in the UK in 1918, and this right was extended to

CHAPTER 1

women over 21 (the same age as for men) in 1928 (Crawford, 2001). In France, women won the right to vote in 1944. Astonishingly, Switzerland did not allow women to vote in national elections until as late as 1971.

Simone de Beauvoir published *The Second Sex* in 1949, ushering in second-wave feminism with her new and original distinction between sex and gender: ‘one is not born, but rather becomes, a woman’. Quoting Kierkegaard, de Beauvoir begins, ‘What a curse to be a woman!’ It was unlike anything that had come before – the first historical and philosophical analysis of the radically asymmetrical relationship of women to men and their ordained inferiority. Anticipating the idea of the male gaze, she writes, ‘she is the incidental, the inessential as opposed to the essential. He is the Subject, he is the Absolute – she is the Other’ (de Beauvoir, 1949).

Literary critic Elaine Showalter (1987) examined the relationship between women, madness and psychiatry through the feminist lens in *The Female Malady*. Reviewing the previous 200 years, she saw the history of psychiatry as a power struggle between a patriarchal medical establishment and the women who were labelled ‘mad’ in a time when being female was increasingly pathologised. She describes a dual image of female insanity: ‘madness as one of the wrongs of woman; madness as the essential feminine nature unveiling itself before scientific male rationality’.

Showalter also drew attention to the fact that, historically, more women than men received psychiatric diagnoses and institutional care. Andrew Scull, however, disputed this claim, suggesting that the difference amounted to no ‘more than a few percent’ and was more likely to be due to a greater reluctance to discharge women and their longer lifespan (Scull, 1989).

Women have also been disproportionately subjected to invasive treatments against their will, such as insulin coma, electroconvulsive therapy and frontal lobectomy. Showalter (1987) asked:

‘But how should we interpret this fact? There have always been those who argued that women’s high rate of mental disorder is a product of their social situation, both their confining roles as daughters, wives and mothers and their mistreatment by a male-dominated and possibly misogynistic profession [...] By far the most prevalent view, however, sees an equation between femininity and insanity that goes beyond statistical evidence or

the social condition of women [...] women, within our dualistic systems of language and representation, are typically situated on the side of irrationality, silence, nature and body, while men are situated on the side of reason, discourse, culture and mind.'

Here, the woman represents insanity. This is the archetypal image of the Victorian madwoman as exemplified by the operas, such as *Lucia di Lammermoor*, and the haunting, primal figure of Bertha Rochester trapped in the attic in Charlotte Brontë's *Jane Eyre* (Showalter, 1987).

The 1960s were a time of radical social change, with the rise of the civil rights movement, widespread feminism and antipsychiatry views. These movements challenged existing hierarchies and institutions, such as the idea of female biological inferiority and women's natural lower social status. Psychiatry's scientific status was also challenged, with prominent thinkers such as Thomas Szasz, David Cooper and R.D. Laing accusing psychiatry of misdescribing undesirable social behaviour as illness. Feminist writer Phyllis Chesler argued that, despite advances, little had changed in the relationship between women and psychiatry, with a dangerous conflation remaining between the two essential concepts of 'being a woman' and 'being mad'. In this way, female behaviours and attempts to transgress restrictive social norms were pathologised as 'penalties for being "female" as well as for desiring or daring not to be' (Chesler, 1972).

Conclusions

Today, there is no doubt that the situation for the Western woman has greatly improved. Increased equality and opportunity have made much possible that would have seemed inconceivable only 60 years ago. Women have increased social power and status to define and describe their own roles and experiences. However, there remains some way to go. Mental health, and its relationship with gender, is rarely out of the headlines.

Despite official figures from the World Health Organization (WHO) showing that rates of mental illness are identical for men and women, it remains true that women are twice as likely to develop depression or generalised anxiety disorder as men (Murray & Lopez, 1996). This difference, according

CHAPTER 1

to the WHO, is one of the most robust findings in psychiatric epidemiology (WHO, 2002). The archetypal gender disparity – neurosis and depression for women, substance misuse for men – is, unfortunately, borne out by epidemiological data (Freeman & Freeman, 2013).

What does it mean that rates of some psychological disorders are still strikingly higher in women than in men? The reasons for this are complex and under-researched, but the significantly higher social adversity faced by women compared with men remains a significant contributing factor (see Chapter 2).

Freeman & Freeman (2013) point to ‘a toxic synergy between negative events, cultural values, and psychological and biological vulnerabilities’. Women’s lives are harder. There remain inequality and gender asymmetry: compared with their male counterparts, modern women still experience increased social pressures, many more domestic responsibilities, more concerns with body image and reduced career opportunities, and, with these, increased levels of mental illness.

The history of the ‘female mind’ is the history of an idea as old as civilisation itself, created by and told for men: women as emotional, irrational and sinful. This idea has been culturally sanctioned, legislated and enforced by a patriarchal society. Those who dared transgress often paid a high price. Over the past 50 years, the emancipation of women and successive waves of feminist activism have significantly changed this narrative, but there remains a way to go.

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 THE HISTORY OF THE 'FEMALE MIND'

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