



Revisiting the Rest Cure Treatment: Narratives Against Medical Negligence

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Abstract:

The paper analyzes the depiction and critique of the rest cure method within the literature and focuses on its insinuations for women's health and individual identity in the framework of medical orthodoxy. The rest cure method was first described and also prescribed in 1873 by Dr. S. Weir Mitchell. The method was representative of a patriarchal medical framework that often-overlooked women's voice and intervention. Through the analysis of key literature, the paper discloses literary works that challenges conventional medical narratives by reflecting on the nuanced portrayals of resistance, mental illness and the expedition for autonomy. The paper accentuates the role of literature as an impactful medium for assessing medical practices and advocating for a more holistic understanding of mental health through the positioning of the rest cure as a nature of conflict among individual experience and societal expectations. In the end, the paper argues that literary responses to the rest cure not only mirror the difficulties of women's survived experiences from the medical negligence but also contribute to continuing contemporary conversations regarding mental health and its treatment. By revisiting the treatment through literature, the paper highlights the wider aspects of gender oppression and negligence in medical history and demands for more empathetic and comprehensive approaches to healthcare.

Keywords: *Autonomy, Literature, Mental Health, Mental Illness, Rest cure, Women*

Introduction:

In the late 19th and early 20th century, an extensively used medical treatment was developed and named rest cure. The treatment was primarily arranged for the women suffering due to the conditions like anxiety, depression, hysteria and nervous exhaustion. Dr. S. Weir Mitchell, an American neurologist, developed this treatment that was based on the regimen of enforced bed-rest for six to eight weeks in the complete isolation from family and friends, having high-calorie diet (often included milk and eggs) and prohibiting any intellectual physical activity or stimulation like exercising, reading or writing. The development of treatment came at a time when the medical field was expanding its understanding about the mental and nervous syndromes predominantly in women. The treatment was founded on the belief that women's mental health issues were parallel with their physical health, this emotional turmoil often



attributed to physical weakness or fatigue. As a result, the rest cure stressed on the total physical and mental rest as the key to recovery and healing. However, the treatment was originally envisioned to promote and recuperate mental and physical health but it became a tool of patriarchal society to have control over women's bodies and especially their minds. The condition like, neurasthenia, that is characterized by the anxiety, headaches, fatigue and depression was common especially among the middle and upper class and was often called as 'disease of civilization'. The physicians usually believed and linked these conditions to overstimulation of the nervous system, particularly in women who are emotionally fragile then men. The rest cure treatment's theory was based on the idea that this condition could deplete the nervous energy and restoring the energy would require a duration of complete physical and mental rest. The treatment involved to rebuild the strength by disregarding all forms of exertion-physical, mental or emotional. The rest cure entailed of many strict key components that were enforced under the guidance of physicians or any nurse:

- Bed rest- the primary component of the treatment was complete and enforced bed rest, that often lasts for six to eight weeks. Patients were restricted to their beds for the whole time, along with prohibition from sitting, walking, standing or even moving around the room. This was planned to preserve their nervous system energy.
- Isolation- the patients were kept away and isolated from their families and friends. They were socially disassociated to prevent them from any emotional or intellectual stimulation. There were restrictions on the visits from the families, as the patients were kept in solitude to ensure a state of calm and quiet.
- High-calorie diet- the rest cure treatment involved high-fat and calorie diet, that often consisted of milk, butter, cream. Eggs and meats. They were forced to have only milk and raw eggs for one week and later, the diet involved the goal of gaining the weight as it would restore mental stability. Some patients had to go through the forced feeding if they refused to have their diets.
- Massage and electrical stimulation- since there was no moving or physical activity involved in this treatment, massage and sometimes electrical stimulation of muscles were involved to sustain physical circulation and tone muscle. Even during this component, the patients were supposed to be inactive and not react to prevent atrophy of energy.
- Prohibition of intellectual and creative activity- intellectual activities like reading, writing or even thinking deeply were dejected. Dr. Mitchell believed that these creative



activities might overstretched the mind and lead to nervous exhaustion, due to that the patients were forbidden from such engaging creative exercises. This prohibition was mostly targeting women, who had creative or any intellectual dispositions, because they were seen as vulnerable to mental fatigue.

The rest cure rapidly expanded its popularity in the United States and Europe during the 19th century. Dr. Mitchell popular book *Fat and Blood: And How to Make Them* that came out in 1877, charted the principles and components of the rest cure and was globally read by the medical experts. They started adapting and using the treatment for women, and it became there go-to treatment to cure metal distress. As it gained the popularity, opposition started too, especially from the patients who had suffered due to this treatment and faced the oppressive regime as prescribed. The emphasis on the passivity, isolation and intellectual withdrawal caused mental and emotional harm in most of the cases. During the Victorian period around 19th century, the psychological and emotional struggles of women were often observed through the lens of gendered medical beliefs that attributed their torment to reproductive functions or female weakness. While men, on the other hand, were treated with the prescription of either west cure or work cure treatment, an active treatment that involves journey to nature, involve into physical labor, having intellectual engagement and etc.

In the treatment of women, medical negligence has deep historical roots. The 19th and 20th centuries were marked by a dominant patriarchal medical framework that often marginalized and overlooked women's voices. They were diagnosing women with the conditions like neurasthenia, hysteria or nervous exhaustion, that reflects their both medical negligence and social fear about women's autonomy. During this time, the cases and experiences of women on medical negligence were rarely recognized or authenticated. However, literature has always provided a crucial space for these narratives and letting women to articulate their struggles and challenge the overriding medical discourse. Literature has been serving long as a powerful way for exploring the complexities of human experience that includes disturbing intersections between healthcare and individual identity, as it is the mirror to the reflection of the society. The narratives about the medical negligence, exclusively concerning women's health, reflects on the societal norms, profound implications and institutional authority by rejecting patients' voices. Through the popular fictional yet noteworthy narratives, writers reflect on the ways in which medical expert can undermine the autonomy and aggravate mental health issues of their patients.



Charlotte Perkins Gilman, experienced the rest cure firsthand, was one of the most vocal critics who depicted the damaging effects of rest cure in her semi-autobiographical short story *The Yellow Wallpaper* (1892). She was the beginning of critique on rest cure, who highlighted how the treatment emphasizes on the passivity and dependence, that challenges the women's autonomy and underpinning their roles as passive and domestic caregivers. Gilman herself had to go through the rest cure treatment as it was prescribed to her by Dr. Mitchell when she was suffering from postpartum depression. In her story, the unnamed woman is confined and restricted to a room in a different environment with secluded mansion by her physician, who was also her husband. To treat her 'temporary nervous depression', her husband insisted on undergoing the rest cure treatment for better recovery. She was forbidden from the reading, writing, and engaging in any intellectual or creative activity, as mentioned, "Live as domestic a life as possible. Have your child with you all the time. ...Lie down an hour after each meal. Have but two hours' intellectual life a day. And never touch pen, brush, or pencil as long as you live" (Gilman, 1892). Due to extreme ways of treatment, she becomes obsessed with the presence of yellow wallpaper in her room and eventually descend into the madness and crawled all over the room, as depicted, "And I've pulled off most of the paper, so you can't put me back! Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time!" (Gilman, 1892). Later in 1925, Virginia Woolf published her modernist novel *Mrs. Dalloway*, where she reflected on the theme of mental illness and inadequate treatment suggested to those going through psychological distress. She talked about a veteran who is suffering from post-traumatic stress disorder (PTSD), who is suggested a rest cure treatment, mentioning the complete rest and isolation from his wife and surroundings which made him feel,

numb and has developed a disillusioned view of humanity and the world. He has become a vicious and desperate place in which human beings have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment (Woolf 1925).

This treatment through isolation leads to him finding a strange peace in the isolation of suicide and he started believing that he has been condemned to die for his failure to feel. The end result of the treatment in this case leads to him committing suicide as he started feeling terrified by the surroundings and started finding peace in death, as stated, "appalling crime and had been



condemned to death by human nature” (Woolf, 1925). One of the very famous and popular writers, Sylvia Plath, also critiques the 20th century treatment of mental illness in her semi-autobiographical work, *The Bell Jar*, published in 1963. She questioned and critiqued the continuing gendered assumptions about the treatment of mental illness in the case of women through rest cure. The novel depicts the story about Esther Greenwood, a young woman suffering from depression and anxiety and was seeking for, “What a man is is an arrow into the future and what a woman is is the place the arrow shoots off from...The last thing I wanted was infinite security and to be the place the arrow shoots off from. I wanted change and excitement and to shoot off in all directions myself” (Plath, 1963). She tried to commit suicide, but after her failed attempt, she was hospitalized and prescribed with anesthesia-free electroconvulsive therapy (ECT) and other treatments. When she goes through ECT, she hates it and in order to not get it further she decides to pretend that she is fine and has no mental distress. She falls into the indecisiveness scenario and decides to not worry about her future anymore by trying to commit suicide.

The criticism this treatment faced is due to its dehumanizing and oppressive nature that focuses more on the passivity and dependence, which undermines women’s autonomy and reinforce their role according to gender norms in the patriarchal society. The rest cure treatment was not mere a medical practice but also a depiction of deeply ingrained societal norms about mental illness, gender norms and beliefs. The treatment arose when women were progressively challenging traditional roles about seeking education, employment and pursuing their creative thinking. The medical establishment responded by prescribing the treatment to women for their emotions and ambitions by stating the condition of ‘hysteria’ and ‘neurasthenia’, which showcases rest cure as medical negligence; one of the most common conditions that diagnoses under the prescription of rest cure treatment and was historically allied with women and their reproductive systems. The term was derived from the Greek word ‘hystera’, which means uterus or womb, that reflects how women’s mental health was inseparably linked to their biological condition and especially with their reproductive organs. The treatment view women through the medicalized lens as biologically weak, vulnerable and less proficient of managing intellectual or emotional stress than men. The rest cure presence in the mainstream medical practice mirrors women’s position in the society-confined, docile to domestic chores and dependence on the male members. Doctors like Mitchell and their prescription of isolation and prohibition of intellectual activities showcases silencing of women voice and preventing them from contributing in social or intellectual life that was mostly accessible for men. The



prominence placed by the treatment on physical rest rather than intellectual or emotional stimulation mirrored attempts by society to keep women confined at home and exclude from the growing areas of inspiration in public, professional and academic life. Intentionally prescribing the treatment with the gendered ideologies showcases the negligence of medical practitioners to control and suppress women.

Objectives

- To examine the portrayal of the Rest Cure treatment in the select literary works and analyze the narratives as critiques of medical negligence.
- To explore the Rest Cure treatment as a gendered practice that strengthened patriarchal dominance by restricting women's autonomy, emotional expression and intellectual engagement.
- To study how the portrayal of the Rest Cure in the literature mirrors broader societal insouciances towards women's mental health and the trivializing treatment of the women by the medical institution.
- To apply feminist and psychoanalytic approaches together in comprehending the psychological impacts of the Rest Cure on women characters and how isolation and confinement affected their mental health.
- To analyze how the literary critiques of the Rest Cure anticipate and align modern feminist critiques of healthcare, predominantly in the contexts of gendered medical neglect and patient autonomy.
- To determine how literature serves as an intermediate for challenging oppressive medical practices and encouraging for more empathetic and inclusive approaches to mental healthcare.

Literature Review

Elaine Showalter (1985) and Ann Douglas (1977) discussed the origins of the Rest Cure treatment within a historical background that pathologized women's expressions of mental suffering and linking them to ideas of femininity as characteristically frail and emotionally unstable. In *The Female Malady*, Showalter (1985) showcases how the Victorian era psychiatry which was underpinned by the "cult of true womanhood" which reinforced the idea that women's role in the society is limited to the domestic spheres and attributing psychological unrest to an imbalance between their intellectual and domestic lives. Douglas (1977) expanded this idea in *The Feminization of American Culture*, illustrating that the Rest Cure's



prescriptions of passive bed rest and isolation mirrored societal efforts to regulate women's role in the society which reinforce the notion of patriarchy that women's proper space is the home. While discussing about Rest Cure's application, Susan Bordo (1993) critiques the medical institution's propensity to marginalize women's experiences. In her work, *Unbearable Weight*, she emphasizes that medical discourse has historically constructed women's bodies as unstable and delicate which positions the Rest Cure as an extension of social mechanisms that shore up dependency and passivity in women. This idea aligns with feminist outlooks signifying that the Rest Cure reflected broader cultural anxieties about women's autonomy and independence which positions their intellectual aspirations as threats to social stability (Bordo, 1993).

Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) has been generally and widely interpreted as a literary critique of the Rest Cure, emphasizing its negative influence on women's mental health. In *The Madwoman in the Attic*, Sandra Gilbert and Susan Gubar (1979) argues that Gilman's narrator experiences increasing isolation and repression as a result of the Rest Cure which is a striking critique of patriarchal rule over women's minds and bodies. They depict the wallpaper as a metaphor for the restrictive social and medical boundaries which are imposed on women, demonstrates how the protagonist's forced passivity exacerbates her psychological distress that eventually leads to a symbolic rebel through her identification with the trapped figures in the wallpaper (Gilbert & Gubar, 1979). Similarly, Septimus Warren Smith, a protagonist in Virginia Woolf's *Mrs. Dalloway* (1925), experiences psychiatric therapy that is similar to elements of the Rest Cure which allows the novel to be examined and analyzed for the themes of medical authority and gender bias. Woolf's depiction of Septimus shows how psychiatric therapies of the time ignored patient agency that reflects patriarchal control over women's mental health even if Septimus does not directly have to fall under the prescription of Rest Cure Treatment (Woolf, 1925). Many scholars contend that Woolf's criticism of medical negligence exposes a wider social rejection of patients' individual experiences and implying that the criticism also applies to how women like Woolf were treated by medical institutions that were unresponsive to their agency and voices (Showalter, 1992). *The Bell Jar* (1963) by Sylvia Plath illustrates how Rest Cure concepts persisted in mental treatment in the middle of the 20th century. Similar to the Rest cure, Plath's protagonist, Esther Greenwood is treated with isolation and intellectual engagement limitations. According to Middlebrook (1991), Esther's narratives criticize the medical establishment's propensity to disregard women's goals by arguing that this disregard amounts to a structural degradation of



women's mental health. By showing how therapies like the Rest cure repressed women's autonomy by associating it with instability, this picture challenges the ongoing gender bias in psychiatric procedures (Middlebrook, 1991).

Further understanding the psychological effects of the Rest Cure which can be gained through psychoanalytic interpretations. In *Black Sun: Depression and Melancholia*, Julia Kristeva (1989) makes the case that domination brought on by isolation can intensify psychological issues within oneself that leads to an existential crisis that are similar to those depicted in *The Yellow Wallpaper* and *The Bell Jar*. The implications of enforced inactivity are examined by Caruth's (1995) psychoanalytic analysis in *Unclaimed Experience*, which contends that trauma and identity destruction are aggravated by the domination of personal action. According to this perspective, the Rest Cure is a method that deprives women of the connections and pursuits that help them develop their sense of self and therefore worsening their psychological injuries (Caruth, 1995). Barbara Ehrenreich and Deirde English (1978) in *For Her Own Good*, analyzed the Rest Cure as a type of medical malpractice that was part of a larger trend in medicine to ignore the opinions of women. They contend that rather than encouraging true recovery the Rest Cure imposed dependency and disregarded the unique needs of female patients. According to Ehrenreich and English (1978), the Rest Cure is an example of a larger historical tendency of ignoring women's mental health needs. They draw attention to the patriarchal attitudes of male doctors who considered women's symptoms to be insignificant. Scholars in medical humanities supports the argument that Rest Cure's isolative nature established psychological injury rather than healing and lends credibility to the criticism (Shorter, 1997). The genuine therapeutic progress was hampered by the Rest Cure's isolation and passivity which reflected the patriarchal belief that patient's understanding of their issues could be superseded by the medical authority. Accordingly, Rest Cure may be seen as an institutional control mechanism that ignored women's autonomy and viewpoints when it came to issues pertaining to their mental health (Showalter, 1985).

Modern feminist reinterpretations of Rest Cure narratives include Janice Radway (1984) and Helene Cixous (1976) highlighted literary acts of revolt as subversive reactions to patriarchal and medical control. In *The Laugh of Medusa*, Cixous argues that writing in secrecy is a kind of defiance against enforced isolation and passivity as represented in *The Yellow Wallpaper*. The protagonist challenges the Rest Cure's silencing effects by asserting her agency through her writing. This viewpoint supports Radway's (1984) claim that literature gives women a forum to criticize and oppose repressive behaviors that diminish their voices and independence.



Charlotte Perkins Gilman's *The Yellow Wallpaper*

The Protagonist is an unnamed woman who is suffering from postpartum depression and is under the prescription of Rest Cure Treatment by her husband, John, who is also her doctor. He insisted to refrain her from any kind of writing or engaging herself in creative activities that might weaken her body and also confines her to a closed nursery where she becomes obsessed of the wallpaper. Gilman's work is a striking feminist critique of the Rest cure that demonstrates that such therapies maintained patriarchal control over women's bodies and brains. John's control over his wife's treatment reflects a larger cultural trend of infantilizing women which reduces their autonomy and imposes passive obedience under the pretense of medical authority. The protagonist lack of control over her treatment indicates a loss of agency which is a metaphor for women's marginalization in the medical and social worlds. The protagonist's incapacity to make decisions about her health, activities and environment exemplifies how women's needs and voices were ignored. Her husband's detention exemplifies how women's mental health difficulties have been ignored as she is seen as a figure to be controlled rather as a patient in need of assistance.

Through a psychoanalytic lens, the wallpaper represents the protagonist's thoughts with the hideous patterns symbolizing her captivity and increasing psychological suffering. Her fixation on the wallpaper mirrors her decline into psychosis as she begins to project her sense of confinement onto the imaginary figure, she sees herself trapped within it. As the protagonist sees a lady attempting to escape from the wallpaper and her quest to free the figure represents her own suppressed need for autonomy and mental liberation. The projection and association with the captive figure emphasize her suppressed rage and irritation for her situation. Gilman's story challenges the medical institution's disregard for women's voices and mental health issues. Gilman demonstrates the suffering caused by a paternalistic approach to medicine by portraying John as spouse and physician both. The masculine authority figure assumes what is best without actual understanding or empathy.

Virginia Woolf's *Mrs. Dalloway*

Woolf's *Mrs. Dalloway* examines the repressive mechanisms that surround mental health treatment notably in post-World War I England. Woolf uses the figure of Septimus Warren Smith to highlight the isolation and marginalization of people suffering from mental illness as well as to condemn power dynamics in psychiatric settings. Septimus, a war veteran suffering from the post-traumatic stress is coerced into psychiatric treatment that ignores his personal



history. The lack of compassion demonstrated by medical practitioners such as Dr. Holmes points to a larger issue of how psychiatry may dehumanize and disregard individual needs in favor of a one-size-fits-all approach. Though Clarissa is not directly subjected to the Rest Cure but her observations and her circumstances depict a society that expects women to comply and passively participate. Her concealed concerns, sense of imprisonment within societal duties and consideration of life options reflect the limitations placed on women's autonomy. Clarissa's knowledge of her social restrictions mirrors Gilman's critique since she sees her existence as confined by conventional expectations. Woolf's Clarissa tackles the internalized oppression caused by gendered expectations which has an impact on women's mental health even without overt medical intervention. Septimus's experience with mental care demonstrates the disregard experienced by persons whose experiences deviate from societal expectations. Woolf criticizes the British medical system's contemptuous attitude toward mental health particularly its tendency to confuse nonconformity with disease supporting a punitive rather than supportive approach to treatment. Septimus's suicide is the result of the medical establishment's incompetence and failure to understand or empathize with his pain and it serves as a forceful condemnation of a system that is more concerned with control than genuine treatment.

Sylvia Plath's *The Bell Jar*

Esther Greenwood, the protagonist of Plath's semi-autobiographical work navigates mental illness and the isolating experience of receiving psychiatric care in America in the middle of the 20th century. Esther's encounters with mental health specialists expose a system that frequently medicates and pathologizes instead of understanding and healing. The way Esther was treated is indicative of the persistence of gendered medical procedures that put control over comprehension. The depersonalization and disdain that define the Rest Cure are reflected in the use of electro convulsive therapy (ECT) which is performed without any proper care. Plath criticizes the way society especially medical profession demands women to play traditional roles then brands them as mentally ill when they are not. The pressure women experience to conform to socially mandated roles are reflected in Esther's battle with marriage, work and femininity norms which exacerbates mental health issues. Esther's experiences highlight how rather than meeting individual needs psychiatric care can be used to enforce conformity. The gendered presumptions that undercut women's autonomy in medical settings are highlighted by her doctor's lack of interest in her opinions or agency. According to psychoanalytic theory, Esther's sadness and identity crisis are a result of a society that compartmentalizes female identity. Her ambition and desire to identify herself outside of



societal norms contrasts with the medical fields' emphasis on normalizing behavior which indicates a conflict between personal autonomy and institutional control. The bell jar itself is a potent metaphor for Esther's confinement that is representing the suffocating consequences of society expectations and medical care that erode her sense of identity. The novel contends that like Rest Cure, modern psychiatric techniques can confine individuals to rigidly defined identities.

Discussion

The analysis of these works indicates a parallel between their critiques of the Rest Cure and contemporary feminist critiques of healthcare, notably in terms of gendered medical neglect and patient autonomy. These works show the inadequacies and paternalism inherent in historical mental health treatments for women by criticizing a long-standing pattern of marginalization which is silencing women's voices in healthcare. These narratives through the protagonists' experiences with limiting and dismissive medical interventions foreshadow and resonate with feminist appeals for a medical model that values individual agency and personal sense of health and well-being. In *The Yellow Wallpaper*, Gilman reveals the gendered dynamics underpinning the Rest Cure in which her protagonist is diagnosed with hysteria and subjected to forced rest and isolation which was ostensibly to treat her nervous ailment. At its most extreme, therapy comprised confining women to a bed and discouraging them from reading, writing or indulging in any stimulating cerebral pursuits. This approach reinforced the dominant social ideas of women as weak, emotionally unstable and in need of continual supervision and care (Robson & Miller, 2021). This therapy pathologizes her genuine emotional responses by supporting the idea that women's mental health concerns are excessive, hysterical or unworthy of serious medical attention.

Modern feminist critiques echo this viewpoint and claiming that even today women's pain and mental health issues are frequently minimized or dismissed. The Rest Cure's mandated inactivity significantly reduced women's autonomy and voice which according to contemporary feminist healthcare critiques coincides with broader concerns of medical paternalism and patient disempowerment in the treatment of women (Summer, 2020). Women's symptoms being more likely to be attributed to stress, emotional fragility or psychological factors than men's which is resulting in delays in diagnosis and treatment. This current feminist position indicates a persistent prejudice in healthcare with evidence indicating that women are more likely than males to have their physical pain and symptoms misread or trivialized by



medical personnel. Gilman's depiction of the protagonist's experience with the Rest Cure anticipates this feminist critique since her declining mental state represents the negative effects of dismissive and patriarchal medical methods. Furthermore, the critique extends to women's lack of autonomy in healthcare which is major concern for feminist today. Gilman's protagonist is not only forced to take the Rest Cure but she is also denied any say in her treatment; her husband, a doctor, controls her behavior, from prohibiting intellectual involvement to managing her social connections. She becomes a passive recipient of medical intervention which mirrors the modern feminist concerns that patient autonomy is critical to ethical treatment. This paternalistic control is not just a relic of past centuries; modern feminist critiques reveal that women still face similar control and lack agency in various healthcare decisions especially in areas like reproductive health where restrictive laws and paternalistic attitudes continue to undermine women's right to self-determination.

Sylvia Plath's *The Bell Jar* expands on the issue by examining how mental health treatments might serve as tools of control rather than healing when individuals have little say in their treatment plans. The protagonist, Esther Greenwood, receives electro convulsive therapy without being fully told about the process which makes her feel punished rather than assisted. This lack of informed consent- a vital feature of patient autonomy- is at the heart of modern feminist healthcare disputes in which activists contend that transparency and respect for patient's choices are essential for ethical treatment. In many healthcare contexts of modern society, feminists urge for patient-centered care that respects individual needs and consent which is an alternative to the often-dehumanizing treatments women have historically experienced. Plath's depiction of Esther's experience is closely aligned with these feminist demands which highlights the need of healthcare personal respecting patient's autonomy and including them in decisions about their own mental health rather than treating them passively.

Mrs. Dalloway by Virginia Woolf expands on the research by demonstrating how society and medical authority routinely undervalue patients' displays of trauma. The character of Septimus, a war veteran, serves as a vehicle for Woolf's condemnation of a medical institution that prioritizes rigorously defined diagnostic labels over individual suffering. While Septimus is not a female character, his treatment by the doctors reflects the gendered indifference faced by women since his trauma symptoms are dismissed as mere nerve trouble rather than understanding the severe psychological wounds of his wartime experiences. Woolf's critique is consistent with feminist views that patient care must consider the complexity of trauma and lived experience which are frequently disregarded by patriarchal medical practices. Modern



feminist perspectives emphasize the importance of trauma-informed treatments that recognize each patient's experiences as unique and meaningful calling her healthcare that goes beyond standard therapy protocols. Woolf's depiction of Septimus's struggles highlights the dangers of medical neglect caused by dismissing patient experiences, a critique that is consistent with feminist healthcare reform initiatives that advocate for gender empathy, trauma awareness and individualized care in modern medical practice.

Together these literary critiques deliver a striking indictment of medical paternalism and the suppression of patient voices, the issues that foreshadow feminist critiques of modern healthcare procedures. By emphasizing the Rest Cure and other therapies that reduced women's autonomy and pathologized their pain. These literary works foreshadow feminist demands for a healthcare system that is not just inclusive but also mindful of women's specific health needs. These historical concerns are consistent with current requests for monotonous, inclusive and patient-centered care that values women's voices and needs (Pearce, 2021). This alignment emphasizes the importance of narratives and literature as forerunners of the feminist healthcare movement by demonstrating the historical roots of today's calls for compassionate, patient-centered and autonomy-respecting medical care.

Conclusion

The paper concludes through the analysis of the literary critiques of the Rest Cure presented in the *The Yellow Wallpaper*, *Mrs. Dalloway* and *The Bell Jar* highlight significant historical and contemporary issues related to medical negligence, gendered healthcare disparities and the marginalization of patient voices. These testimonies reveal the oppressive features of paternalistic medical practices and emphasize how such institutions repressed and pathologized women's lived experiences in the name of therapy. Using feminist and psychoanalytic frameworks, this paper showcases that these literary works foreshadow feminist critiques of healthcare and emphasize on patient autonomy, empathy and a trauma-informed approach to treatment. The parallels between these historical literary critiques and current feminist healthcare issues highlight the ongoing need to combat systematic prejudices in medical practices. Each scenario demonstrates the negative repercussions of ignoring patient agency and individuality especially for women who are frequently disproportionately harmed by these practices. The paper underlines that literary works advocate for a healthcare model that prioritizes listening to patients, respecting their autonomy and treating their specific needs with compassion and dignity. Ultimately, this research demonstrates the ability of literature to



criticize, inform and inspire change in social systems including healthcare. By revisiting these experiences, the research not only emphasizes the lasting importance of these critiques but it also adds to the larger discussion of gender equity and patient-centered care in modern medical practices. These works serve as reminders of past lessons as well as calls to action for a future in which healthcare is empathic, inclusive and really responsive to all patients' needs.

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