

## Mental Detention: Rest Cure and Modern Prosthesis

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For centuries, the Western World has assumed a patriarchal framework, under which all facets of life exist. The Western medical establishment, in particular, exemplifies the corrupting force that such a framework exerts upon even the most necessary of social institutions. Medicine has long been weaponized against women; from accusations of madness to ignorance, medicine has frequently been employed as a justification to subjugate women. Charlotte Perkins Gilman, in her short story “The Yellow Wallpaper” (1892), writes of the alienating and coercive medical practices of her nineteenth-century contemporaries. Notably, she addresses the medical philosophy of prominent physician S. Weir Mitchell, who endorsed treatment through assertions of health, known as his “rest cure” (Stiles 1). Through the use of Mitchell’s philosophy, a physician projects a unique pressure upon the patient – one that intertwines societal stressors surrounding the power dynamic between doctor and patient as well as gender. First theorized in 1963 by philosopher Michel Foucault, the clinical gaze is the posture that the medical establishment assumes towards the patient, a posture that “gave to the clinical field a new structure in which the individual in question was not so much a sick person as the endlessly reproducible pathological fact” (Foucault 97). Women are similarly and “voyeuristically” relegated to the position of “object” by the male gaze, argues feminist film theorist Laura Mulvey (Mulvey 813). Gilman seeks to confront the pressures present at the intersection of these two gazes. Audre Lorde too, nearly a century later, writes of how the medical establishment continues to constrain her as both a patient and woman, even in the late twentieth-century. In her memoir, *The Cancer Journals* (1980), Lorde recounts her experience with mastectomy and the following expectations for her to adopt cosmetic prosthesis. Together, Lorde and Gilman illustrate the dehumanizing junction between the clinical and male gaze, demonstrating the medical establishment’s continuous and complicit participation in the subjugation of women.

In using “rest cure” to treat the unnamed narrator’s condition, her husband and physician John affirms longstanding, misogynistic stances held within the medical establishment of the nineteenth century: such treatment signals that women are incapable of truly understanding their bodily status, and in accordance with this belief, the medical establishment usurps medicinal autonomy from the female patient. At the core of this view is S. Weir Mitchell’s philosophy on the medical treatment of women. Mitchell writes, “Nervous women have, more or less, a like capacity to create or intensify pains and aches, but when a woman is assured that she only seems to have such ailments she is apt, if she be one kind of woman, to be vexed” (Mitchell 133). In making this claim, he asserts that women should not receive the same medical attention as men, for women possess a proclivity to falsely “intensify” their condition. Thus, as argued by Mitchell, physicians should simply convince female patients of their health as to negate exaggerated claims of ailment. Such medical doctrine disincentivizes true treatment of the patient, opting instead to falsely persuade the patient of her health. It is not the goal of a physician engaging in “rest cure” to actively rehabilitate the patient; rather, through such treatment, the physician seeks to frame an ill patient as healthy, refusing to regard women as autonomous thinkers, capable of understanding their bodily state. In employing these principles, the physician acts not as an actor of therapy but one of insidious deceit. Thus, not only is

treatment via “rest cure” ineffectual but it also invalidates and harms the patient’s mental return to health. Without authentic understanding between the physician and patient, no true remedy can be achieved. When explaining the extent of her condition, Gilman’s unnamed protagonist writes of this inefficacy: “John is a physician, and perhaps [...] that is one reason I do not get well faster. You see he does not believe I am sick” (Gilman 647). By asserting that the narrator is well while simultaneously failing to treat her ailment, John exerts indefinite control over her. He uses her condition to justify the measures of physical and mental isolation that he imposes upon her. Treatment via “rest cure” is no service to the patient’s healing; rather, it constrains the female patient to a medical purgatory in which the physician assumes total authority over her bodily and mental faculties. Such confinement materializes when the narrator notices a “woman stooping down and creeping about” in the wallpaper (Gilman 652). This woman functions as a manifestation of the mental turbulence that John’s treatment brings upon his wife. Confined within the very walls that demark the narrator’s purgatory, the woman within the walls embodies all that the narrator feels – discomfort in repression as well as a yearning to escape from the shackles of an authoritarian and patriarchal framework.

Similarly, the modern medical establishment, through its reaction to Lorde’s rejection of prosthesis after her mastectomy, reinforces misogynistic, dehumanizing stances held within the institution, emphasizing foremost the aesthetic rather than therapeutic rehabilitation of women. Lorde contends a stance held by an unnamed editor of the American Cancer Society’s journal, *ACS Cancer News*, who states that “a woman has to choose between her life and femininity” when faced with breast cancer (Lorde 63). Such an assertion presupposes that a woman’s femininity is wholly dependent on her cosmetic appearance. By positioning the loss of a breast as an equal to death, the editor illuminates a murky truth: the female form exists not as a functioning human body in Western society but as a fetish of femininity. Thus, with such great importance placed upon the bodily aesthetic of women, the medical establishment acts accordingly, prioritizing a woman’s cosmetic appeal over her true health. In fact, Lorde recounts a nurse admonishing her for refusing to wear a prosthetic breast: “we really like you to wear something, at least when you come in. Otherwise it’s bad for the morale of the office” (Lorde 52). While the nurse attempts at a justification, to demand a woman’s adoption of a prosthetic is an inexcusable overreach of authority. By mandating the use of wholly cosmetic prosthetics, the medical establishment exerts control over women, seizing bodily autonomy from the female patient. Further, cosmetic ‘normality’ is regarded with such great importance that any act of aesthetic dissent is treated as an impermissible threat to the social standard of femininity, fervently constraining women to a both narrow and rigid set of cosmetic standards. In demanding women to conform to this set of aesthetic standards, the medical establishment perpetuates the subjugation of women, maintaining that they are first objects of superficial performance and treatable patients second.

Just as the medical establishment’s posture towards women has deviated little from Gilman to Lorde’s time, its method of treating women has too transformed very little, becoming only more subtle. When first introducing the topic of prosthesis, Lorde states, “To imply to a woman that yes, she can be the ‘same’ as before surgery, with the skillful application of a little puff of lambswool, and/or silicone gel, is to place an emphasis upon prosthesis which encourages her not to deal with herself as physically and emotionally real” (Lorde 49). It is a truth that mastectomy alters a woman’s body, and there is nothing wrong with this change. In fact, it is natural for a

body to change with time and experience. The medical establishment, however, treats this alteration as a matter to be ashamed of. Just as Mitchell sought to incorrectly convince women of their health, the modern medical establishment, while less transparent on the matter, seeks to conceal the bodily and mental truth of women behind a facade of prosthesis. Although a woman may be comfortable with her body after mastectomy, cosmetic prosthesis' position as the default route of treatment demands that a woman reject the reality of her body and her perception of it in order to conform to aesthetically 'normal' femininity. This rejection interrupts the patient's process of acceptance as well as mental and emotional healing. In addition to cosmetic prosthesis preventing a woman from "coming to terms with the changed planes of her own body," it forces her to "mourn the loss of her breast in secret" (Lorde 50). Cosmetic prosthesis bars women who have undergone mastectomy from mutual visibility, which signals that their bodily state is both unnatural and the "result of some crime of which she were guilty" (Lorde 50). Such signaling leaves the female patient in an insular state of guilt and insecurity. Thus, those who have undergone mastectomy are relegated to the very medical purgatory that trapped the narrator of "The Yellow Wallpaper" – a purgatory in which women are left only superficially cured and to the paternalistic whims of medical authority.

The Western medical establishment has shown itself to be an integral cog in the contraption that is the patriarchy. Through generations, the institution has maintained destructive, anti-women practices that serve to exert preexisting social pressures and constraints upon women. Although a dark one, analysis of the medical establishment provides a reminder of the deep-rooted nature of the Western patriarchal framework – a framework that must be uprooted from all facets of society to achieve the liberation of women.

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