

**Chapter Eight:
Women With Long-Term Exhaustion in Fictional Literature:
A Comparative Approach**

Olaug S. Lian, Catherine Robson, and Hilde Bondevik

Introduction

The main theme of this essay is depictions of long-term exhaustion, a severe form of tiredness, in historical and contemporary fictional literature. Tiredness and exhaustion are real both in a biological and in an experiential sense: the phenomena entail experiences of biological processes that go on in the human body. In this paper, however, it is the cultural dimension of these phenomena that interests us. Although our perceptions are individually and subjectively perceived, they are prefigured by the socio-cultural contexts in which we are situated, and therefore infused with culturally defined norms and values. These norms and values are generated through interactions between human beings, and therefore vary between time and place. Culturally and historically contingent norms about exhaustion define rules about who has permission to be exhausted, and when, where, and how we are allowed to express it (Widerberg, 2005). These perceptions are gendered: men and women seem to handle tiredness differently and the (stereotyped) masculine response – to pull yourself together and “handle it like a man” (Widerberg, 2005, p.111) – is perceived as the culturally more legitimate form in our culture, where tiredness is seen as a sign of weakness, and the normative ideals are energy, toughness, strength, and endurance (ibid).

Cultural norms and values about how to think about and deal with experiences of exhaustion are expressed, created, maintained, and challenged in a complex interplay between different actors operating in social fields, not only in day-to-day interactions between human beings, but also in powerful fields such as the medical system and the field of fiction and the popular press.¹ One way to explore cultural norms surrounding expressions of exhaustion, then, is to study literary texts. Through creative and artistic expressions, literary texts depict, convey and create culturally and historically contingent interpretations of social realities. Sometimes, these expressions also represent wide-ranging cultural critiques of these interpreted realities (Schaffner, 2016). Literary texts are mediators between the individual subject and the larger group (Thompson, 2015), and studying these texts in a sociocultural context might help us unveil the intricate interplay between social structures and individual actors (Antoft, Hviid, Jacobsen & Knudsen, 2010). Building on this assumption, commonly found in the sociology of literature, combined with a historical sociological approach (Abrams, 1982), we explore culturally and historically contingent norms and values related to long-term exhaustion.

We approach this task through an analysis of three literary texts, all written by prominent authors and regarded as key literary works of their time: Gustav Flaubert's *Emma Bovary* (1857), Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892), and Sue Townsend's *The woman who went to bed for a year* (2012). Our main questions are these: how is severe long-term exhaustion portrayed in modern contemporary literary texts compared to nineteenth-century texts? In what ways are these texts related to medical constructions of illness, disease, and diagnosis involving these experiences, and the *Zeitgeist* of their time? And how can literary representations of this ailment serve to enlighten contemporary debates about this medically contested condition? We limit our discussion to three main themes that seem to be particularly relevant for contemporary debates about long-term exhaustion in Western societies: medicalization, normative judgments, and gender issues.

Cultural and medical constructions of long-term exhaustion

Definitions of illness as a biological phenomenon are classified as scientific, and therefore often seen as more reliable and objective than other forms. By virtue of being the authority on what illness actually is, the medical system is granted not only the power to define illness but also the power to create “the social possibilities for acting as sick” (Freidson, 1970, p.206). The biological dimension, therefore, becomes dominant in societal definitions. The relation between medical and cultural perceptions of illness, however, is reciprocal: medical definitions influence cultural definitions, at the same time as they influence them.

In the Western world, medical and cultural representations of tiredness and exhaustion have abounded since at least the time of Hippocrates (5th Century BC), who believed in a balance of etheric forces essential to the “life body”. Variants of this theory are reflected down the ages, notably in that of the “four humors” (known from the Hippocratic text corpora and further developed by the Roman physician Galen, 131-199 AD), which (in one form or another) were widely subscribed to until the late nineteenth-century. Within these theories, depletion of the “life force” or “energies” resulted in, among other things, exhaustion, tiredness, and fatigue.

By the mid-19th Century, around the time that Flaubert’s *Emma Bovary* was published, many changes were taking place in the medical arena. Medicine was professionalized, and Western nations experienced a “hospital boom” (Abel-Smith, 1964). The ill of middle-class nineteenth-century societies were usually nursed in the privacy of their own home, or other place of recuperation: the ‘sick room’. Consequently, there is a pervasive presence of the sickroom in the literature from that period (Herndl, 1993). As Bailin (1994, p.5) observes, “there is scarcely a Victorian fictional narrative without its ailing protagonist, its depiction of a sojourn in the sickroom”. Many novels from this era depict exhausted bed-ridden women who spend much of their time lying on a chaise-lounge or in a bed in a dark, quiet bedroom.²

Society more generally was also undergoing huge transitions during this period, particularly the industrial revolution, capitalism, urban living, and a changing role for women. Against this backdrop, cultural representations of tiredness and exhaustion began to shift. In 1869, the American neurologist George Beard proposed a diagnostic category for the condition, neurasthenia, describing it as an organic “lack of nerve-force” (1881, pp.5-6) caused by pathological changes in the “chemical structure” of the central nervous system (1869, p.218); and sufferers were reassured that the condition was not a mental illness: “it is a physical, not a mental state” (1881, p.17).

The potential causes of nervous fatigue were numerous, but typically considered to be brought about by modern (industrial) life; it was a disease of living too fast (Weir Mitchell, 1871). Believing physical, mental, and reproductive energies to be in competition with each other, an excess or abuse of one was considered to cause depletion or surplus of another (e.g., excessive female intellect or study could cause infertility). Beard derived his theory of neurasthenia from the “brain workers” of the American business class. Thus, in the early days at least, neurasthenia was primarily diagnosed among professional, intellectual, and upper and middle class men. By the time *The Yellow Wallpaper* was published in 1892, neurasthenia had been declared a veritable pandemic.

In contemporary Western societies, long-term medically unexplained exhaustion is medically described with diagnostic labels such as Chronic Fatigue Syndrome (CFS), burnout, and

Myalgic Encephalomyelitis (ME). All these labels refer to a medically-unexplained, debilitating long-term exhaustion that cannot be directly associated with an organic pathology. These conditions are a site of ongoing controversy, as researchers and patients differ profoundly on the degree to which the cause and course of symptoms can be understood as physical, psychological, or psychosomatic. The most common diagnosis today, ME, was originally presumed to be a viral infectious disease, but reinterpreted in the 1970s as caused by psychological factors. This change was fused by two English psychiatrists who argued that an outbreak in London (1955) had been an episode of mass hysteria that usually occur “in populations of segregated females – in girls’ schools, convents, and among female factory hands” (McEvedy & Beard, 1970, p.9). The assumed mechanism is that a lack of coping with stress can cause damage to the nervous system. Patient-led counter-movements began to develop in the late 1980s. However, initially-sympathetic media coverage soon became antagonistic as doctors and journalists proposed disparaging explanations related to the personalities of sufferers. The debate has remained polarized ever since (Aronowitz, 1998; de Wolfe, 2009).

The three novels

Madame Bovary (1857) is the French author Gustav Flaubert’s debut novel. Flaubert was accused of immorality and had to go through a trial before the over 300-page novel could be published in April 1857. However, the novel quickly became a bestseller, and today it is considered one of the most famous novels of literary realism. *Madame Bovary* has been described as one of the most unforgettable figures in all modern prose fiction (Micale, 1995).

The main character of the novel – Emma Bovary – is the daughter of a wealthy farmer and married in the beginning of the novel to graduate doctor Charles Bovary, who has his practice in rural northern France (Flaubert, 2011). Life in the province does not correspond to Emma’s expectations and aspirations, and she is disappointed with her husband. A feeling of boredom and longing for something more pulls her into two different, doomed, extramarital relationships. Motherhood does not fulfill Emma’s quest for meaning. Finally, Emma allows herself to be led towards complete self-destruction; she acquires arsenic in an apothecary (Homais) and takes her own life. Her husband is devastated and dies shortly afterwards; their daughter is left to grow up with relatives and must work in a cotton-spinning mill.

A prolific and activist writer in her time, Charlotte Perkins Gilman’s *The Yellow Wallpaper* (2016) has endured as her most well-known work. This short story became a bestseller soon after it was first published in January 1892 in *The New England Magazine*. Gilman herself was diagnosed as neurasthenic, and *The Yellow Wallpaper* was inspired by the treatment of Dr. Silas Weir Mitchell, the doctor who tried to cure her. An important aspect of Gilman’s short story is that she uses ‘nervous’ illness in a deliberately metaphorical and political way, which complicates our reading of her text.

Gilman’s short story unfolds entirely in the physical and mental confines of her bedroom. The unnamed protagonist, who also is the narrator, has been brought to the countryside by her husband John (who is a doctor) to recover after a birth with subsequent depression and fatigue (interpreted as both hysteria and neurasthenia, or what we might now identify as postpartum depression). There, she gets banished to the bed to undergo a “rest cure.” She is forbidden to work, even to take her daily diary notes or write in any way.

During her period of confinement, the protagonist glides slowly into an irrational, parallel

universe where her bedroom and the yellow wallpaper play a pivotal metaphorical function. Towards the end of the story, when inaction has transformed depression into psychosis, she imagines herself as a creature that lives in the wallpaper's pattern: her final (symbolic) act is to strip the wallpaper from the room in an effort to free the woman trapped inside - and herself.

The woman who went to bed for a year (2012) is the last novel of Sue Townsend, an acclaimed British writer, whose *Adrian Mole* book series went on to sell more copies than any other work of fiction in Britain during the 1980s. Townsend suffered ill health throughout her adult life, and when she wrote her last novel she was confined to a wheelchair with serious sight problems.

In the comic novel, we follow our heroine, Eva, a 50 year old a librarian from Leicester and a married mother of two teenagers, who decides to stay in bed for one year the same day as her children move away from home to study at Leeds University. As the novel develops, we (and Eva) learn that her husband has been unfaithful to her for the last eight years. Throughout the novel, there is fierce opposition to Eva withdrawing from the world. At the same time, Eva strives to dispel the theories of her friends, family and medical professionals that she is suffering from a mental illness (“empty nest syndrome” or a “mental breakdown” of some kind), and indeed, that she is ill at all. During her time in bed, Eva reappraises her entire life – and reflects on the absurdity of domestic life and suburban living. It is through her time in bed that she begins to understand what it means to be free. By the end of the novel, Eva has become a radical figure – a role model for others who aspire to act on their own wishes and desires.

Contextualized analysis and interpretation

Our search for convergence and divergence of sociocultural understandings of tiredness and exhaustion across the three novels revealed several interesting patterns. In the following, we discuss three of the most interesting themes.

Theme 1: Medicalization

Medicalization is a sociocultural process (Illich, 1975) through which a human experience is culturally redefined from an experience to a medical condition. In our case, medicalization implies 1) viewing and describing long-term exhaustion through the use of medical terminology (i.e. diagnosis); 2) using medical explanations to explain its causes; and/or 3) using medical technology to try to cure it (Conrad, 1992). We ask, in what ways and to what extent are long-term fatigue presented in a medicalized manner in the three novels?

Diagnosis and etiology: assigning a label and searching for a cause

Flaubert (2011) does not rest on a medicalized understanding of Madame Bovary's situation. Written before Beard's diagnostic labels became widely used, Flaubert does not label Emma Bovary with diagnostic categories like neurasthenia, hysteria or “nervosité”, but occasionally he uses the word “nerveuse” (Flaubert, 2011: chapter five). Instead of diagnostic labels Flaubert describes specific physical problems Emma suffers from, such as exhaustion, dizziness, weak spells, heart palpitations, and bouts of nerves. Flaubert describes her “*mélancolie morne*” (Flaubert, 2011: chapter seven), her moods, her nervous laugh and frown, and her rapid mood-swings, but as expression of her character traits, and not an illness. He describes how she some days chattered on and on with febrile energy, and how this overexcitement would then suddenly give way to a state of torpor, when she would lie

without speaking or stirring (Flaubert, 2011: chapter nine). When Emma's illness is viewed through a medical lens, Dr Bovary's clinical mode of analysis rests on subjectively assessing her symptoms. We occasionally find Dr Bovary trying to think what could be the matter with her, imagining it must be a nervous complaint, and following a bout of vomiting, to think he recognized the first symptoms of cancer (Flaubert, 2011: chapter thirteen). However, these conjectures are few and far between, and – important to note – *not* conveyed to Emma.

Penned after Beard's taxonomy, Gilman's protagonist is interpreted as having hysteria and neurasthenia as well as postpartum depression, a "temporary nervous depression – a slight hysterical tendency" (p.5). In the novel, from the doctors' perspectives (both her husband and brother are doctors), her symptoms sometimes take a back seat to the diagnostic labels assigned to them. Nevertheless, the doctors rarely speculate on the underlying cause of the protagonist's illness. Instead, the (potential) cause is subtly presented, via the circumstances in which her symptoms arose (post-partum) and the diagnostic labels attached to these (nervousness, hysteria).

In Townsend's modern-day novel, the evolution of diagnostic categories and the decisive divide between physical and mental health is clearly rendered. Eva's symptoms (exhaustion) are labeled a symptomatic feature of psychological distress, of mental illness. Uncovering the underlying cause of Eva's symptoms is a central theme throughout the novel. Family and friends render the cause apparent from the beginning: "empty-nest syndrome" (p.4) resulting in a "nervous breakdown" (p.5). As her mother tells the doctor, "There's nothing much wrong with her, Doctor. It's that syndrome. Empty nest" (p.70). Likewise, Nurse Spears also informs Eva, "in my opinion, you are having a breakdown of some kind" (p.285). These interpretations of Eva's actions are common in contemporary medicine: when so-called objective scientific proof of biological pathology is lacking, ailments are easily classified as psychosomatic, and the victims not only blamed for their illnesses but also held responsible for sorting it out.

Psyche-soma dualism

Following this theme, we see an increased divide between narrative descriptions and medical interpretations of psyche (mind) and soma (body) across the three novels.

In *Madame Bovary*, we find less dualistic psyche and soma imagery than that seen in Townsend's, and to a lesser extent, Gilman's renderings. We are told on one occasion that Dr Bovary considers Emma's illness as physical. However, Flaubert rarely distinguishes between physical or psychological etiology when describing Emma's symptoms and experiences. Flaubert depicts Emma's prostration as signifying that her body and her soul together sought repose after all the turmoil they had known. He explains how it was her heart that hurt, now her chest, now her head, now her limbs.

In *The Yellow Wallpaper* we see a growing tendency to conceptualize illness in *either* physical or mental terms. Gilman's protagonist is direct in her rendering of the doctors' dualistic beliefs, dismissing her "nervous" symptoms as not indicative of "real" (physical) disease: "You see he does not believe I am sick!" (p.5). Her husband's and brother's doubt that she has a "real" illness seems to rest on assumptions about the inherent weakness of the female character and psyche.

In Townsend's novel we see clear divides (if not rifts) between how psychological and physical aspects of illness are viewed, diagnosed, and treated. One doctor tells Eva that her

mother has told him there is nothing wrong with her, physically – and he can't find anything physically wrong either. When another doctor asks the district nurse to “visit a healthy woman who wouldn't get out of bed... The thought of a healthy woman wallowing in bed made her sick, it really did.” (p.113). When the nurse visits Eva in her bed, the latter explains that she is not ill, but the nurse is not convinced:

Eva said, ‘Thank you for coming, but I am not ill.’
 ‘Have you undergone medical training?’ asked Nurse Spears.
 ‘No,’ said Eva, who could see where this exchange was leading. ‘But I am fully qualified to have an opinion about my own body, I’ve been studying it for fifty years.’ [...] ‘I am not ill,’ she said again.
 ‘Not physically ill, perhaps, but there must be something wrong with you. It’s certainly not *normal* to want to stay in bed for a year, chewing toffees, is it?’ (p.115-116).

The medical consultations Eva receives are also divided between a “thorough physical examination” and a “mental health evaluation” (p.117). An “approved mental health professional” and forcible intervention (“mental health unit”, “section four”) is recommended (pp.429-30).

Treatment

In both of our nineteenth century novels, the clinical focus centers on treating the women's physical symptoms. Emma Bovary is encouraged to seek repose by spending days in her bed, and Gilman's protagonist is banished to bed for “perfect rest” (p.7). The main treatment for the women is rest, and if mental stimulation is not completely forbidden, it is at the very least discouraged: our protagonist is “absolutely forbidden” to work (Gilman, 2016, p.5), and Emma was to be prevented from reading novels (Flaubert, 2011: chapter seven). A variety of treatments for their symptoms (such as cold-water compresses, poultices, valerian and camphor baths, phosphates or phosphites, and tonics) are also administered.

When Gilman wrote her short-story, “the rest cure” (Weir Mitchell, 1877) was a standard treatment for neurasthenia, at least among women of the middle and upper classes. The cure was based on theories of energy exertion, which proclaimed that rest and recuperation could restore harmony. As Charles Williams wrote in 1848 (p.10): “the fatigued mind or body is peculiarly prone to suffer from causes of disease ... and when the body is extremely exhausted, even sleep, which is nature's best restorer, is disturbed ...”.

In contrast, our modern day protagonist Eva finds that those around her do not understand her need for seclusion and rest. Eva takes the decision to go to bed, and the novel is centered on the attempts of family, friends, and health professionals to get her out of it. The doctor prescribes Eva tablets to minimize her anxiety and recommends mental health assessments. This shift reflects changes in medical treatment beliefs and practices. Current treatments for exhaustion are typically derived from psychological and psychiatric understandings and consist of psychotherapy (e.g., Cognitive Behavioral Therapy) and graded exercise, often coupled with some form of mediation. When Eva refuses to accept these medical (and lay) theories and treatment plans, there are plans afoot to have her institutionalized.

Theme 2: Normative judgments

The moral quality of the main characters' exhaustion in the three novels is judged very differently, reflecting the associations between illness and behavior prevalent in each cultural moment. Flaubert described Emma Bovary and her ailments mainly in a morally neutral

manner, without judging or condemning her in any way, albeit sometimes with ironic references to the bourgeoisie. Via the worlds of Charles, her husband, her moods were provoked by outside influences: She had moods when she was easily provoked into outrageous behavior. He repeats this non-judgmental view of her in an explicit way several times, and asks himself: Why did she fly into these tempers? He blamed everything on her old nervous complaint; and, reproaching himself for confusing physical illness with defects of character, he accused himself of selfishness, and longed to go and take her in his arms.

Throughout the novel, Charles demonstrates his devotion several times. During one episode we find that for forty-three days Charles never left her bedside (Flaubert, 2011: chapter fourteen). He abandoned all his patients; he no longer went to bed. He shows empathy by weeping when he saw her eat her first slice of bread and jam, and understanding by demanding her not to tire herself, and gently urging her into the arbour by sitting down. The only exception from this non-judgmental assessment is a statement from her mother-in-law who claimed that what she needed was hard work, and manual labour. If she was obliged to earn her living like so many have to do, Madame Senior claimed, she wouldn't suffer from these vapours, which she thought came from the idle life she lived and all the ideas she filed her head with.

Emma herself tries to compensate for her ailment through embarking on various extramarital relationships, and spending money on material goods. However, her efforts are in vain. All these bring her are unhappy love affairs and economic bankruptcy. At less than 30 years old she ends her life by taking poison. Still, Flaubert did not present her adultery, material consumption, or eventual suicide as self-imposed, morally improper actions. Madame Bovary's character demonstrates the ways in which the cultural circumstances of bourgeois society (as opposed to individual free will) determined the position of women at that time: the home and the family were status symbols (measured against the rude commercial world), the center of virtue and the cornerstone of an appropriate life for middle- and upper-class women.

In *The Yellow Wallpaper* we see a greater degree of social mistrust of individuals with exhaustion than that seen in *Madame Bovary*. Gilman's protagonist tells the reader, "Nobody would believe what an effort it is to do what little I am able..." (p.8). A growing tendency to blame the (female) victim for their ailment is also reflected in the novel. The protagonist tells us that her physician-husband holds her responsible for her ailment and for sorting it out: "He says no one but myself can help me out of it, that I must use my will and self-control and not let any silly fancies run away with me" (p.13).

By contrast, a main theme in Townsend's novel is the lack of understanding and acceptance in the society and among people around Eva for her actions. People around her confront her with a mixture of outrage and puzzled disbelief. Her mother reacts with a mix of despair and moral condemnation: "Look at her now! Lolling about in bed like the Queen of Sheba. [...] I didn't bring her up to be a lazy cow" (pp.101-102), and advises Eva's husband (Brian), "If I were you, I'd starve her out of bed" (p.154). At the same time, those around Eva explain her actions as an expression of a mental illness. Eva's efforts to combat this understanding of her situation can be interpreted as a cultural critique of this kind of medicalization and psychologicalization of the human condition.

Theme 3: Femininity as a Disease – the division between feminine madness and masculine rationality

Which gendered sociocultural norms are expressed in the three novels, and how are these

embedded in the descriptions of tiredness and exhaustion?

Ideas about women's constitution

Both *Madame Bovary* and *The Yellow Wallpaper* express nineteenth century views of women as constitutionally weaker than men. At that time, “to be a woman is to be ill” (Michelet, 1853, p.52), and “... every woman is, according to temperament and other circumstances, always more or less an invalid” (Allan, 1869, p.cc) Rest and relaxation were regarded as treatments for tiredness and exhaustion, but were also behaviors expected of women.

In *Madame Bovary*, this view of women is explicitly expressed a number of times: Women get upset over nothing because their nervous system is so very much more sensitive than ours, Monsieur Homais proclaims to Charles. The expressed cultural views on women in *The woman who went to bed for a year* are not very different from what we see in the nineteenth-century novels. Though rarely made explicit in the novel, Eva's portrayal bears strong resemblance to contemporary stereotypes of fatigue as a gendered condition: exhausted well-educated women with jobs outside their homes are unable to cope with the stress and pressure they impose on themselves when they fail to respect the limits of their capacity (Lian & Bondevik, 2015).

The myth of female fulfillment

Each of the novels tells a tale of female domestic fulfillment—as wives and mothers—that did not come to fruition and that leads, one way or another, to the women staying in bed, tired and exhausted. We see in the novels that the intellectual passions of these women are thwarted by their gender and domestic circumstances. We find that, as a young girl, Emma Bovary “devoured” novels and spent six months breathing the dust of old lending libraries, enthralled by all things historical; the protagonist in *The Yellow Wallpaper* was a keen writer and thinker (as was Gilman); and Eva is a university graduate and had a career as a librarian. However, the women's circumstances, not only during, but leading up to their illness, discourage intellectual activity and pursuits. As modern day Eva tells us, “I haven't used my brain for so long the poor thing is huddled in a corner waiting to be fed” (p.41). Moreover, we find that the women's “thinking” (searching for something other than domestic life), might have in some way caused, or contributed to, their exhaustion and unhappiness.

In the late nineteenth-century, the mental labor of “brain workers” was often cited by Beard and others as a cause of nervous disease and exhaustion. This was especially the case for women: “Many women never get over a long and ambitious course of study... Many a brilliant student or vigorous athlete has been thus wrecked, perhaps for life - especially among women” (Allbutt & Rolleston, 1905-11, p.151). Weir Mitchell's rest cure reflected his patriarchal convictions and general distrust of women, and his seemingly contradictory respect for women's domestic work. Weir Mitchell himself said of neurasthenic women: “She is not fairly up to what nature asks from her as wife and mother (1871, p.141). After she had completed her treatment, Weir Mitchell himself gave Gilman the infamous advice to “Live as domestic a life as possible. Have your child with you at all the time ... Have but two hours' intellectual life a day. And never touch pen, brush or pencil as long as you live” (Gilman, 1935, p.96).

One might expect that the theories of the past have no grounds in contemporary thinking. However, similar theories resonate in the present day. In *The woman who went to bed for a year*, everyone around Eva immediately assumes that she is suffering from “empty nest

syndrome”. Her exhaustion and need for solitude and rest are explained by a change in domestic circumstance. Moreover, Eva, like Emma and Gilman’s protagonist, is discouraged from “thinking”. From her husband’s perspective, she has no need:

Eva: “I can’t think with you in the house” ...

Brian: “What have you got to think about? ...

Eva: “Everything ...”

Brian: ... “I’m the Mensa member. I can do your thinking for you” (pp.104-105).

Rejection of patriarchy and medical authority

All three women in our novels are married to doctors (medical or academic), whose needs, wants, and desires eclipse their own; and across the novels we can see a progressive rejection of medical authority and patriarchy. In our interpretative context, this is shown through the women’s fight for the right to free will and self-determination, and their rejection of marital trappings, domestic drudgery, and prescribed medical treatments.

In Flaubert’s novel *Emma* often seems to comply with Charles’ medical recommendations. At points in her illness Emma refused any kind of treatment; however, few negotiations are present on this front. We also find in *Emma* a woman who rejects her domestic situation. Following her illness, Emma just let everything in the house go. Always in the past so fastidious and refined, she spent whole days even without dressing properly. Later, she seemed to take no interest in anything beyond her own health, to the point where she would hardly even bother to give her child a kiss. The dinner wasn’t ready, but she didn’t care.

In *The Yellow Wallpaper* the protagonist is confined to the room that functioned as the nursery of the house (the “atrocious nursery”, p.4), which can be read as symbolic of the entrapment of motherhood, marriage, and domesticity. The protagonist often disagrees with the doctors, but rarely explicitly: “Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good” (p.6). She confides to us: “I lie down ever so much now. John says it is good for me ... It is a very bad habit, I am convinced, for you see I don’t sleep” (p.16). When she does express disagreement, John invokes his medical (and male) authority: “Can you not trust me as a physician when I tell you so?” (p.15). It is not until the very end of the novel that the protagonist truly defies her husband – and doctor - when she strips the wallpaper to free the woman, her alter-ego, whom she believes is trapped inside. In her own life, Gilman explicitly linked her ailments to male patriarchy and domestic life: her sickness vanished when she was away from her husband and child, and returned as soon as she came home again (Gilman, 1935).

At the beginning of *The woman who went to bed for a year*, our modern-day protagonist is also found to be trapped by her gender and domestic circumstances. Before Eva takes to her bed she pours tomato-soup all over her most precious chair. She is unhappy in her marriage, and with what her life has become. When her mother declares the diagnosis “empty nest syndrome”, Eva objects and explains that she was “glad to see the back of them” (p.19) and that she had “been counting the days until they left home from the day the moment they were born!...It felt as though I had been taken over by two aliens” she said (p.70). Eva explicitly expressed her actions as a result of a free choice: “All I wanted to do was go to bed alone and stay there for as long as I liked” (p.70). Eva also gives up any sense of domestic duty, as her husband Brian says to Alexander, Eva’s soon-to-be lover: “Ignore the mess, man, the missus is pulling a sickie!” (p.86).

Contrary to the nineteenth-century novels, Eva has no qualms about directly confronting medical authority, rejecting both lay-diagnoses and what health professionals tell her. Throughout the novel Eva maintains that she is not ill, and that there is nothing wrong with her. Eva also completely refuses to comply with treatment; the doctor gives her a prescription of a drug that is supposed to minimize her anxiety, which she rips up the minute he leaves the room.

Synthesis of main findings

While looking for similarities and differences across the three novels in relation to our three main themes we find several interesting patterns. First we see how representations and understandings of long-term exhaustion have shifted from culturally positioned phenomena (contextualized human experiences) to symptoms that need to be viewed through an individualistic medical and diagnostic lens. This change mirrors the medicalization of long-term fatigue that appeared in the medical system: in the second part of the 19th century, long-term exhaustion became defined as a medical condition with the diagnostic label of neurasthenia. With the label and the medical attention, the ailment became medicalized and thereby made relevant for intervention. We also see how the nineteenth-century perception of exhaustion as a physical disease shifted to a modern day understanding of (unexplained) exhaustion as a somatic symptom caused by psychological factors. Facets of this medicalization are particularly evident in Townsend's novel. The story about Eva and her self-chosen year in bed is a typically *modern* story with clear traces of our time. The most obvious sign is how people around her seek medical explanations for her actions. Her "action" is explained not as a chosen action (a self-imposed withdrawal from the world) but as an expression, that is, a symptom, of an illness. In contemporary Western societies, there is no other way to make her actions intelligible than via medical theories. Because this illness cannot be seen and validated through medical, technological findings, it is classified as mental disorder.

Connected to this medicalization, we can trace how normative judgments about exhaustion have changed over time, most notably that in contemporary society people have to fight to legitimize their symptoms (exhaustion), and their need to rest. As rest has become increasingly viewed as a morally loaded solution to exhaustion, we see across the novels how representations of social empathy and understanding of exhaustion have declined over the years, accompanied by an increased tendency to blame the victim. By modern, mainstream medical and cultural standards, it is no longer acceptable to sojourn in the "sick room". Today, tiredness and exhaustion are signs of weakness that must be fought and hidden (Widerberg, 2005). In this cultural context, psychogenic explanations of long-term exhaustion run the risk of stigmatizing the sufferer.

Across all our novels we find that the women's ailments are presented as a 'female malady', and the problem lies with the female character and psyche. In all three novels, the women's sexual-socioeconomic circumstances are also presented either (subtly or implicitly) as a causal explanation for their illness. Flaubert's and Gilman's texts reflect the nineteenth-century view of woman saying that "to be a woman is to be ill". In Townsend's text we see the silhouette of the upper-class woman of the nineteenth century imposed on the body of the woman of the twenty-first, a legacy of failure to cope with the stress of expending her energy both in and out of her home.

By synthesizing these key findings, a core pattern emerges: long-term exhaustion changed from being portrayed as a character trait associated with upper-class women (partly a natural feature and partly a result of their socioeconomic position), to an illness associated with well-educated women working for wages who are unable to cope with the stress and pressure they impose on themselves when they fail to respect the limits of their capacity. Changes identified through the analysis of the three literary texts are very similar to changes identified in medical constructions of long-term medically-unexplained exhaustion. Today, the epidemiology of this condition has been described as reflecting “an excessive risk for educated adult white women”, sometimes with “unachievable ambition” and “poor coping skills” (Straus et al., 1988, p.791). The typical patient is often portrayed with a ‘female touch’ and stereotyped as a well-educated and previously successful middle-class woman with an ambitious and perfectionist personality (Hart & Grace, 2000). This is the energy theory of the 1800s, dressed in modern individualist clothing. Hence, the stigmatizing view of women as particularly receptive to this condition has prevailed but with a major difference: while nineteenth-century women were seen as determined, partly by nature and partly by culture, to be particularly vulnerable, lack of coping is the key element in Townsend’s novel. This change reflects the modern neoliberal individualistic perspective on health and illness: through our individual lifestyle choices we are solely responsible for preserving our health and preventing illness. The condition has become more medicalized, but instead of removing blame, as medicalization often does, the ailment is now portrayed in a harmfully judgmental manner.

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¹ Medical and fictional representations might be closer connected than usually assumed: Steven Heath (1992) has argued that Flaubert used medical textbooks and was inspired by their descriptions of hysteria when he formed the character of Emma and her symptoms, and also that medical textbooks later used Flaubert's descriptions in their describing of hysteria (Heath, 1992; Bondevik, 2007).

² Among the most famous novels are Dumas' *La dame aux camélias* (1848), Flaubert's *Madame Bovary* (1857), Tolstoy's *Anna Karenina* (1873-77), Bjørnson's *Over Ævne I* (1883), Ibsen's *The lady from the Sea* (1888), and Gilman's *The yellow wallpaper* (1892).