The Creative Launcher

Journal URL: https://www.thecreativelauncher.com/index.php/tcl
ISSN: 2455-6580
Issue: Vol. 8 & Issue 6 (December, 2023)
Publisher: Perception Publishing
Published on: 31st December, 2023
Peer Reviewed, Refereed, Indexed & Open Access: Yes
Journal DOI: http://dx.doi.org/10.53032/issn.2455-6580
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Article History: *Abstract Received on: 8th November 2023 | Full Article Received on: 14th November 2023 | Revision received on: 16th November 2023 | Plagiarism Checked on 18th November 2023 | Peer Review Completed on: 28th November 2023 | Article Accepted on 10th December 2023 | First Published on: 31st December 2023*

Research Article

Understanding 'Insanity' in Literature as a Case Study and Philosophical Counseling as Emerging Therapy

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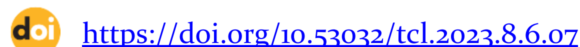
https://doi.org/10.53032/tcl.2023.8.6.07

Pages: 55-67

Abstract

This article is an attempt is to understand insanity, melancholy, madness, sorrow as the offshoots of gender discrimination and stereotype roles prevailing in the society. Such issues, being claimed as the subject of clinical psychology, have been analyzed popularly from the Freudian point of view, but in this paper, the researcher endeavors to philosophize the issue of insanity and attempts to offer a kind of solution to the problem which seems more ethical and moral in nature. The researcher proposes 'philosophical counseling' as an active practice to avoid such mental conditions. Since the study focuses on the gender-biased understanding of insanity, researcher will choose only women as the case of study. It is usually suggested by the scholars such as Terry Eagleton (in *Literary Theory: An Introduction*) and Edward Said (in his

seminal work, *Orientalism*) that any literary work has to be studied and interpreted in its appropriate socio-cultural and intellectual background.

Keywords: Insanity, Melancholy, Pathology, Neurasthenia, Psychiatry, Philosophical Counseling, Talk therapy

The context plays a vital role in analyzing the text and exclusivity of the characters. If we consider literary characters as representative cases of different ages, we would find that any mental disorder has a clear connection to the stereotype standards or rules of masculinity and femininity; and a slight deviation from the established standards might be considered as insanity, mental disorders or mental illness (Chesler), although the importance of biological reactions can also not be neglected in the symptoms of mental illness (Wilson).

Looking back into the depiction of mental illness in the history of English literature, we find three very important terms (especially in Elizabethan and Jacobian period) i.e. mental illness, madness and melancholy; these terms were used interchangeably during these periods (Gardner, 38). One of the most celebrated medical works during Elizabethan period, *The Anatomy of Melancholy* by Robert Burton presents 'melancholy' and 'madness' as close or allied terms and projects them as a 'disease of mind' (Burton, 17). Robert Burton executes a piece of research about the cause-and-effect of melancholy and identifies various traumatic experiences as set-off for melancholy. Even unpleasant worldly affairs may lead one to melancholy and despair. Burton says: "I hear new news every day, and those ordinary rumors of war, plagues, fires… murders, massacres, comets, battles fought, so many men stain… a vast confusion of vows, wishes… new books everyday… now plenty, then again dearth and famine" (Burton, 17)

Not only this, Burton assumes 'Madness' as a universal phenomenon and that no one should claim being untouched of it: "Now go and brag of thy present happiness, whosoever thou art, brag of thy temperature, of thy good parts, insult, triumph, and boast; thou sets in what a brittle state thou art, how soon thou mayst be dejected, how many several ways, by bad diet, bad air, a small loss, a little sorrow or discontent, an ague, & c.; how many sudden accidents may procure thy ruin, what a small tenure of happiness thou hast in this life, how weak and silly a creature thou art… know thyself, acknowledge thy present misery, and make right use of it…" (Burton, 231)

Judith Kegan Gardner in her work "Elizabethan Psychology and Burton's Anatomy of Melancholy" endeavors to analyze the effects of Elizabethan concept of lunacy and its impact on various authors and readers of the time. She concludes: "It is not… clear that Shakespearean characters… transcribe the personalities and motivations of Renaissance persons… Nor… that they usefully represent all other contemporary literary characters" (Gardner, 376).

That is why, for a deeper analysis of mental illness during Elizabethan period, an interdisciplinary approach seems more appropriate. The side-by-side study of Burton's medical text with Shakespeare's depiction of various characters is significant to comprehend the assumptions of professionals and the way authors and readers understood them. Having a close observation of the character of King Lear by William Shakespeare, we understand the relevance of Burton's idea of 'universality of mental illness'. Most of the audience of Shakespeare were from aristocratic upper class, upper or lower middle strata of society; for them, this character

was like a fact that aging with power can bring mental instability. More than a fear, it could prepare the audience for such mental conditions. King Lear confesses in the later scenes that: "Pray do not mock me... I fear I am not in my perfect mind... I think this lady to be my child Cordelia" (Shakespeare, 277).

Shakespeare's depiction of the character of King Lear, here, conveys two different messages. Firstly, it presents the possibility of old age dementia and secondly, it generates a sympathetic attitude towards such people. In other words, it can be said that Shakespeare presents a moral aspect in dealing with mentally unstable people. Apart from reflecting insanity in men, Shakespeare also presents 'mad women' in many of his works, such as Ophelia in *Hamlet*, Katherine in *Taming of the Shrew*, Lady Macbeth in *Macbeth*, Cassandra in *Troilus and Cressida* etc. These characters portray their madness as an outsider's tag that is given to them because of their deviated roles. Heather Frohelic reproaches construction of 'mad woman' (Act 5, Scene 2) or 'mad women' (Act 5, Scene 2) in *Richard II, Merchant of Venice*, and *Timon of Athens*. All these plays deal with tagged-madness. In *Richard II*, a husband tags his wife as 'mad woman' (105) for not being obedient; Apementus in *Timon of Athens* calls women mad for dancing and lastly, Portia the 'mad woman' (4.2) uses off-record utterances with reference to herself out of her disguise. In all these instances, the image of women is projected as if they are out-of-mind and can be proved dangerous for early modern assumptions of societal structure (Frohelic).

Subordination of women in early modern European writings seems to be inspired mainly by Aristotle's conceptualization that the distribution of gender roles in the historical patriarchial Greek household is natural (in *Politics*) and thus, his reasoning of biological gender. The Medieval theorists such as Clement of Alexandria and Saint Thomas Aquinas tried to develop their elemental theory on the grounds provided by the Aristotelian perspective. According to this theory, the human body was supposed to be governed by four elements- air, fire, earth and water." Of these, first two were considered warm, dynamic; and therefore masculine; the later pairs were cold, moist, feminine" (McDonald, 252).

Addressed with various names like witches, evil or carriers of magical superpowers, women have always been the subject of insanity. Their mental disorders were pathologized with distinct terminologies such as neurasthenia, hysteria and schizophrenia (Appignanesi, 1). Women's condition in different periods is not unknown. When women were not even allowed to participate in theatres, men disguised as witches in plays. Even a dramatist like William Shakespeare presented many women suffering from such mental disorders, which sometimes invokes the questions like why Macbeth has only witches and no wizards? Even Lady Macbeth was given another name as the 'super witch' by the famous German poet Goethe (Cheng, 1). As we can see here, the terms like insanity, madness, mental disorder, melancholy are not taken in their very critical and clinical sense. It is, therefore, much expected to philosophize the issue of insanity and attempts to offer a new kind of solution to the problem which seems more ethical and moral in nature.

For the sake of clarity and precision, this study has been divided in two sections: While section I grapples with different women writers and their characters which are drawn as the case-studies, Section II considers philosophical counseling as the prospective practice to avoid such situations.

Section I

There is considerable number of 19th century feminist writers such as Walter Scott (1771-1832), Charlotte Bronte (1816-55), Emily Bronte (1818-48), and Charlotte Perkins Gilman (1860-1935), who pursue mental illness as 'the cultural understanding of gender discrimination and typical roles defined for them' in their works *The Bride of Lammermoor, Jane Eyre, Wuthering Heights, The Yellow Wallpaper* respectively (Thelandersson, 33). Phyllis Chessler, in her book *Women and Madness* says: "What we consider madness, whether it appears in woman or in men, is either the acting out of the devalued female role or the total or partial rejection of one's sex role stereotypes" (Chessler, 56). In other words, Chessler seems to believe that when this stereotype role is not performed in its well-designed and defined structure, the behaviour of the women has to be categorically referred to as 'mental disorder'. In delineation of insanity as a gender-biased issue, the idea of biological insanity cannot be ignored, but one can also not ignore that insanity or any other mental disorder is strongly aired by the social environment of patients. Insanity does not start in vacuum; rather it pushes the patients into the vacuum. There is always a society around, and being the family or surrounding, it is one's ethical responsibility to treat every human being as a significant unit of the society.

To study insanity as a gender issue, it is important to look at thinkers like Elain Showalter, Virginia Woolf, Sandra Gilbert and Susan Gubar whose works are the milestone of the transition from 18th to 19th century and give birth to recent concept of mental disorder which is based on gender issues (as discussed later). Not only this, we find many writers dealing with the autobiographical theme of insanity. This transition brings newer epistemology to understand madness. Madness is no more taken or treated as something 'evil or animalistic' (Thalandersson, 35), rather the patients were taken and treated as 'humans'(Ibid); their insanity was no more a subject to enchain and alienate from the real world. The treatment is done with a belief that they would return to their normal lives (Ibid).

Regarding the gender-based discriminations in later 18th and 19th century, Elain Showalter raises her point as, "...the dialectic of reason and unreason took on specifically sexual meanings, and... the symbolic gender of the insane person shifted from male to female" (Ibid). In other words, reason was regarded as the masculine attribute and unreason to be a feminine attribute. To give proper attention to mental illness, women are preferred to be kept in confinement, but ironically, being rationally superior person, a male had to take care of them.

For a better understanding of Showalter's opinion, Charlotte Perkins Gilman's short story *The Yellow wallpaper* can be used for illustration. This story is significant for its psychoanalytical parallelism between the unnamed protagonist and the author herself. The author Charlotte Perkins Gilman, if taken as a case-study, seems to assert that no depression or mental disorder is generated instantly. Rather, it is a result of long historical incidences of life. To understand mental condition of a person, it is important to delve deeper down into the details of the past. Perkins's loneliness and love-deprived childhood days are frequently discussed in many of her works including her autobiography *The Living of Charlotte Perkins Gilman*. Left by her father, Perkins was taught not to expect love and care from anyone except her mother. Spending a lot of time in public libraries, Perkins herself started writing. After her first marriage in 1984, Perkins gave birth to her first child and faced severe postpartum depression. Perkins was suggested a rest-cure by her neurologist S. Weir Mitchell, which she

followed so sincerely that she even stopped writing. The doctor sent Perkins back with a strict prescription- "Live as domestic life as far as possible" (Muhi, 5). Later on, she was also prevented from doing any intellectual work or "…touch pen, brush or pencil again" (Ibid). Perkins always preferred writing over her motherly duties and criticized male-dominating society in all its forms. She rejected the domestic duties on the grounds that she was not left with enough time and energy for writing. As a result, she left her child and husband.

Perkins wrote in her diary that her depression vanished when she started writing again. She enthusiastically participated in the feminist movements. Just like Virginia Wolf, Perkins also emphasized the need of economic independence for women. Later on, she married her cousin George Gillman who died in 1934. After the death of her husband, Perkins was detected with breast cancer and to avoid its pain, Perkins committed suicide in 1935.

Perkins's short story *The Yellow Wallpaper* beautifully depicts her depression through her protagonist who was kept in confinement for cure by her husband who happened to be a doctor. This boredom, to her proves a serious problem as the narrator says "I am absolutely forbidden to work, until I am well again. Personally, I disagree with their ideas. Personally, I believe that congenial work with excitement and change would do me good". John's authoritarian and rational position does not allow him to believe that his house was haunted (as suggested by the narrator) and he decides that his wife's journal-witting might deteriorate her mental condition. On the other hand, the narrator believes that she is putting her rationale being such thoughts in the journal. She writes, "I sometimes fancy that in my condition, if I had less opposition and more society and stimulus- but John says the worst thing I can do is to think about my condition, and I confess it always makes me feel bad". The narrator shows her love for writing to express her thoughts but at the same time, she had to be an obedient wife as well. She says "I think sometimes if I were only well-enough to write a little, it would relieve the press of ideas and rest me". Gilman herself clarified her position behind writing *The Yellow Wallpaper* in her article "Why I Wrote The Yellow Wallpaper", "Work (is) the most important activity in defining a sense of self, because what we do is greater than what is done to us" (Gilman, 19-20). Presuming this confinement as loneliness and helplessness, she develops an idea of different world behind the yellow wallpaper. It was so fascinating to her that she lost all her interest in the real world. Not only this, she discovers an imaginary woman confined behind the patterns of that yellow wallpaper. Gradually she restricted herself from going out and started putting her efforts to get this imaginary woman free to surprise her husband. According to Gilbert and Gubar, the author articulates for herself he costly destructiveness of anger repressed until it can no longer be constrained (Muhi, 11). The narrator's anger is reflected when she rejects to look out of the window mirror and says, "I don't like to look out of windows even- there are so many of those creeping women, and they creep so fast" (Ibid). Perkins's protagonist in *The Yellow Paper* maybe claimed to be kept in confinement with a very positive intention by her rational husband, but in reality, her mental condition deteriorates. She starts hallucinating about the moving patterns of the wallpaper and the woman entrapped behind them. Gradually, she hallucinates about the women coming out of the paper and creeping everywhere on the floor and wall. Severely reluctant to the outer world, she developed such a close affinity with the woman that she herself starts creeping in the room. The above reference of the Perkins's short story *The Yellow wallpaper* is a reflection of writer's own experiences of insanity.

According to Showalter (as cited in *A Historical Lineage of Sad and Mad Women* by F. Thelandersson), the concept of insanity got changed in the 18th century as she writes, “In the course of the century… the appealing mad women gradually displaced the repulsive madman, both as a prototype of the confined lunatic and as a cultural icon.” (Thelandersson, 35) Showalter draws our attention towards gender-based conceptualization of insanity by illustrating the *Statues of Two Mad Men* (both from the 17th century) and their rejection by public as a true picture of insanity in 19th century. It is notable that 17th century insanity was depicted through the Statues of Caius Gabriel Cibbers’, a famous Danish sculptor. Popularly known as ‘Raving madness (Thelandersson, 35) and ‘melancholy madness’(Ibid), statues made by Cibber in 17th century symbolized men’s insanity. The statues depict two opposite extremes of human nature i.e. aggression and infantilized condition of weakness and helplessness. These two statues were established on the very gate of Bethlem (also known as Bedlam) the hospital of lunatics in England. Showalter writes about their positioning at the hospital’s gate and addresses it as “The lunatic’s entrance into the netherworld of the insane.” (Ibid). But later in 1815, the very concept of insanity seemed to change surprisingly when these two statues were replaced by “a youthful beautiful female insanity.” (Ibid) In other words, the concept of insanity was no more defined as aggressive or infantilized rather “…[it] was becoming feminized and tamed, no longer wild, raving and dangerous, but pathetic.” (Ibid) In simple words, mental illness now had a more attractive feminine face value known as ‘women’ (Ibid).

In the 19th century, it was not only the concept of lunacy that changed. Many cases of 18th century referring to weak women drew people’s attention towards the treatment process that took the shape of institutional and legal reforms (Showalter, 10). Class discrimination in the treatment of insane was also prevailing. Showalter in this regard refers to a story of a quaker widow whose death in mysterious conditions in York Asylum drew attention of a rich philanthropist who established York Retreat- an asylum that pioneered the humane care of the insane) (Showalter, 8). Insanity and mistreatment was more concerning issue for the upper strata of society. Although, the legal and institutional reforms could not be neglected for the lower-strata of insane people. While upper-middle class insane were revolutionizing the concept and treatment process of insanity, lower class were deliberately and carefully alienated within the system. Gender and class both were responsible for geographical separation of patients in the asylum. Their intellectual thirst was also taken care of, but only on the basis of class they belonged to. While upper middle class patients had a chance to hear the poetry and biological lectures of some regional experts, the paupers were supposed to lecture among themselves (Ibid).

Not only this, class discrimination for lunatics was also visible in their diagnosis. The term ‘neurasthenia’ coined by George M. Beard in 1869 is understood as “the morbid condition of the exhaustion of the nervous system” (Thelandersson, 37) and is sheer outcome of the “American way of life, with its race for money and power, its excessive pursuit of capital and technology progress” (Appignanesi, 115). Often in the race of being regarded as rational persons like men, middle class women were diagnosed with frail nerves and treatment given to these women was known as ‘total rest’ (Thelandersson, 37) in which all kind of physical or mental activities were supposed to be stopped. The abovementioned description of Charlotte Perkins’ *The Yellow Wallpaper* is the most suitable example of such treatment process. During the

transition of insanity from 18th to 19th century, it was believed that all kind of mental illness could be cured but the social mobility was totally ignored. In early 19th century, either the women were silent or their views were projected by patriarchy. Any woman willing to have self-dependence and self-fulfillment were criticized as 'selfish, unwoman and unchristian' (Muhi, 3). Monomania and hysteria were popularly associated terms with women. Whereas monomania was concerned with excessive focus on a single idea, hysteria was associated with the women who tried to revolt against 'the cult of true women' (Ibid).

Since social affairs are dynamic, class mobility cannot be ignored. Educated and intellectual women of society were difficult to fit into preexisting stereotype roles. In such a condition, gender-biased mental illness of women cannot be understood as purely biological/ genetic or as any deviation from stereotype role designed by the patriarchy, rather they are more the consequence of culturally defined roles, experiences, and their newly emerging self.

Before 19th century, when formal education, publication by woman and stereotype role determination, equal rights for women were the prevailing questions, 19th century brought more ethical and moral questions. In this century, women seem stuck in a tug of war between the culturally defined roles and social/intellectual mobility. This war gives birth to gyno-aggression which is hardly expressed in a male dominating society. It was like a shared pain of the cult of women which was beyond the comprehension of male. In the book *The Mad Woman in the Attic; The Woman Writer and the Nineteenth Century Literary Imagination* by Sandra Gilbert and Susan Gubar this pain is expressed in the following words: By projecting their rebellious impulses not into their heroines but into mad or monstrous women (who are suitably punished in the course of novel or poem), female authors dramatized their own self division, their desire, both to accept strictures of patriarchal society and to reject them. What this means, however, is that the mad woman in literature by women is not merely, as she might be in male literature, an antagonist or foil to the heroine. Rather, she is usually in some sense the author's double, an image her own anxiety and rage. Indeed, much of the poetry and fiction written by women conjures up this creature so that female authors can come to terms with their own uniquely female feelings of fragmentation, their own keen sense of the discrepancies between what they are and what they are supposed to be" (Muhi, 4).

According to Gilbert and Gubar this diabolic or insanity of women's character in 19th century is the symbol of women's anger and revolt against the patriarchy. The women writers find their imagination locked in a room which is governed by men's law. As we see in autobiographical story of Perkins, when the narrator tries to convince her husband about what she wants, her husband used sweet words to convince her such as: "My darling", says he, "I beg of you, for my sake and for our child's sake, as well as for your own, that you will never for one instant let that idea enter your mind!... Can you not trust me as a physician when I tell you so?" (Muhi, 5).

The conflict and aggression of women presented through the fiction, as we see, has a long history. Wrapped with different names in different ages, like witchcraft in Elizabethan period, Hysteria, melancholy insanity or lunacy in the further ages, this term defines women more as the victim of patriarchal society. Even if we consider this lunacy as a result of genetic or biological factors, they are nourished by social constraints.

Not only *The Yellow Wallpaper*, but there are expositions of many insane characters (mostly women) depicted by writers like Charlotte Bronte's '*Jane Eyre*', Mary Shelley's '*Frankenstein*', Edgar Allan Poe's short story *The Fall of the house of Usher* etc. They deal with the theme of insanity and somehow, can be understood as women's reaction towards the oppression of patriarchal society. The question seems more of an ethical and moral issue than a radical one. Perhaps men do what they think is right and women do what they feel appropriate in the given situation. The very history of depressed, melancholic or sad women is worth studying. Madness, in psychological terms, is a severe condition which arises quite later when this conflict and aggression is no more tolerable.

Section II

This section attempts to look at the philosophical theories so as to understand the causal factors responsible for insanity. To avoid a severe clinical stage of melancholy and aggression, it is important to develop a healthy, positive way of thinking. Society is not just a combination of male and female contribution, but it is more like a system of block-building where every unit has to fit in its place. Each and every unit has to understand the relevance of other's freedom. It totally depends on people's schema or the life space. This goodness of fit is only possible when both are enjoying their roles. The objective of the second section of the paper is to philosophically analyze human behavior in a given situation. Therefore, the second section attempts to philosophize gender-based mental conditions and deals with the ways to avoid such extreme mental conditions of lunacy with the help of philosophical tools and theories.

To understand philosophical counseling, it is important to know what it (Philosophical Counseling) is *not*. Using the term counseling should not be miss-interpreted with psychological counseling. Also philosophical counseling, in its ideal sense, is not for any specific mental disorder. So it should not be taken as a clinical term or therapy. The main objective of philosophical counseling is to derive a meaningful life through the implication of analytical thinking and critical thinking with an empathetic approach in our day-to-day practices. Its root is found in Hellenistic philosophers like Stoic and Epicureans, but formal practice of philosophical counseling begins with Gerd B. Achenbach in 1981. Since philosophical counselors like Ran Lahav and Lydia Amir believe that it is not a therapy and does not deal with clinical aspect of human psyche, this paper focuses more on the moral-therapy dichotomy: as it is believed that human problems cannot be moral and lunatic at the same time.

Before the discussion begins, it is important to have a general idea of how philosophical counseling is different from psychological counseling. While psychological counseling deals with mental health and disorders, philosophical counseling is concerned with morality and various other values which determine the human outlook. For conventional psychological therapies, cure of patients purely depends on some medical framework. For them, studying the distinctive features of normal and abnormal state of mind is important. On the other hand, philosophical counselors use philosophical tools and techniques like discourse, clarification of concepts, arguments and reasoning behind the values and seeking/developing new outlook towards life.

As far as philosophical counseling is concerned, it is not just a theory-based practice. If practiced in a certain direction, it might have a path for a happy and healthy life. Not only this, but a person who has all the possibilities of mental illness (as we see in the Section I) can be

saved from extreme critical situations. It has a direct relation with health. Dealing with any mental or biological issues related to human, one should understand that not all problems are the problem of psychiatry. Likewise, not all the problems of psychiatry can be considered as madness. In this regard, Lou Marinoff keeps this point very strongly in his prominent work *Not Prozac!: Applying Philosophy to Everyday Problem*; not only he criticizes overestimated concept and practices of psychiatry, but also raises question against the common practices of psychotherapy; "Too much of psychology and psychiatry have been aimed at 'disease-ifying' (that is, medical zing) everyone and everything in sight, looking to diagnose each person who walks in the door and find what syndrome or disorder could be the cause of their problem (Marinoff, 11).

Marinoff here seems to be inspired by the radical thoughts of Thomas Susan's argument that mental illness is nothing but a myth and every genuine mental disorder is influenced by the biological factors; they are not psychological (16, 27-28). Mocking the Diagnostic and Statistical Manual of Mental Disorders (DSM) by various psychiatrists, he ridicules the list of 400 mental imbalances, considering emotional stress, irrelevant behavior and character flaws as diseases or personality disorders (Marinoff, 18). He strictly opines that most of the people having such issues are subject to philosophical counseling; they "need dialogue, not diagnosis", "contemplation, not medication" (Mainoff, 46).

Most of the times, it is seen that psychotherapists are dealing with the issues like—how to deal with love partners; how to face the repercussions of divorce, women's mental conditions while giving birth to a child, unhappiness, raising voice against a corrupt employer, religious crisis, social criticism, dealing with new situations after marriage, sexuality and deriving the meaning of life.

In spite of the clear anti-therapeutic inclination of his books, Marinoff frequently proposes therapeutic vocabulary in describing philosophical counseling. He addresses philosophical counseling as a 'top-therapy' and its practitioners' "healing" depression (Marinoff, 33).

The term 'depression' has a wide range and form that incorporates the major clinical issues with reference to our day-to-day conflicts and is subject of study for all kinds of counselors. As an observer's remark, "Depression has over taken anxiety as our presiding discontent" (Michael Miller, ii).

Although there might be some questions regarding categorization of depression as a subject to be patholized (or in some other broad offensive term). According to Louis Marinoff, the answer to such questions might be found in its 'root cause' (Martin, 8). Marinoff suggests four kinds of depression. Here, one has to understand the nature of 'underline problem'(Ibid), as:

1. If it is the outcome of some generic abnormality of brain,
2. If the abnormality is induced in the form of outer source, like drug / alcohol abuse,
3. Any traumatic condition of the past (especially in childhood days),
4. Some unbearable painful situation or event of present time like issues related to professional crisis, unexpected financial loss, broken relationship or some conflict related to moral or ethical issues.

According to Marinoff, first two types of depression are subject to clinical psychology or psychiatry; they might need medical attention. But the last two kinds are purely subject of talk-therapy. The third depression can be seen with both the perspectives: psychological as well as philosophical. But as far as the fourth type of depression is concerned, Marinoff strongly stands with philosophical counseling and says "... in the fourth scenario—by far the most common one brought to counselors of all kinds—philosophy would be the most direct route to healing." (Marinoff, 33)

Referring back to Charlotte Perkins, it becomes important to seek that were the problem lies or in which category of depression, Perkins can be kept in. As per the Marinoff's instructions, Perkins's depression begins in the childhood days. Thrown away by her father, Perkins is suggested not to hope for love. Now, digging deep into the situation, it is not just a case of Perkins, rather it is Perkins's mother who has to be made subject of the study. The divorce of the mother seems to fall under the fourth category of depression. Is it not a good idea to seek her for philosophical counseling, to remove her depression by talk of and discussion on positive life? The issue worth-pondering is neither the case of mother nor Perkins' individually. We need to understand that thought-process does not develop instantly. It takes time or can be transferred from one generation to another. And gradually, this chain of thought which is called a kind of depression takes the form of genetic depression and falls under the first two categories of depression. In a nutshell, Philosophical Counseling may prove to be a great way of dealing with depression at the initial stage, before it becomes the subject of psychotherapy or medication.

As discussed earlier, society as an intact entity, it is important to develop the idea of positive health. Mere the absence of disease (popularly known as negative health) cannot serve the purpose. As per the definition of positive health by United Nations World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Preamble to the Constitution of World Health Organizarion, 100). Even humanist school of psychology talks about the significance of moral values. Erich Fromm and Abraham Maslow look at the mental health as inseparable from moral values. Plato writes in his well known work *Republic*, "It appears then the virtue is as it were the health and comeliness and well-being of the soul, as wickedness in disease, deformity and weakness". (Cornford, F.M., *Plato,* 444E).

Looking back to the predecessors of philosophical counseling like Stoics and Epicureans, it is observed that philosophical counseling or philosophy serves no purpose, if it is not curing the human suffering. They believe "Empty is that philosopher's argument by which no human suffering is therapeutically treated". (Epicurus, 13).

A human well-being (irrespective of gender) is multidimensional. It is not possible to achieve well-being in its most absolute form, but most of the practices of counselors (especially philosophical counselors) revolve around those elements which are integral for positive health. In this regard, Marie Jahoda, a famous social psychologist, proposes six elements of human well-being as:

1. Positive attitude
2. Accurate perception
3. Environmental mastery

4. Personal integration
5. Autonomy
6. Ongoing self-growth (Martin, 11)

These, as a compound, support the definition of health as provided by WHO.

Now the question arises how does philosophical counseling work? As we discussed earlier, most of the mental problems and their values are interwoven, therefore it becomes important for a philosophical counselor to take both into account. Referring to Jahoda's first element of well-being i.e. self esteem (which philosophical counselors take as 'self respect'(Ibid)) is a quasi-moral idea that describes the rejection of extremes (of Mechanism and Narcissism) and makes person understand his actual appropriateness. Any kind of confusion concerning the values may cause depression and subsequently lead to mental imbalance. This is what we see in the case of women writers of Victorian period, who are struggling in between two equally important values (to play their assigned and socio-culturally assigned roles and to quench their intellectual thirst). For such situation, Marinoff suggests that "Philosophical practitioners can help restore moral order and with it mental health… Moral order isn't drug but it does have wonderful side-effects" (Frank & Frank, 40-43).

In addition, Philosophical counseling mainly concerns with the help-oriented discourse. Known as counseling, it has similarity with psychotherapy. Carl Rogers, a popular psychologist iterates three well-knitted elements: Genuineness, Caring and Empathetic understanding. Here, congruence or genuineness denotes therapist's cordial and open presentation to the client. Carl Rogers says that the therapists are also supposed to share their own feelings 'without facades'. Marinoff further says, "A good therapist of any stripe will provide sympathy, empathy and moral support, which can go a long way towards healing. Something as simple as dialogue with another caring individual is a balm in many cases. It isn't expertise that makes a good counselor; expertise isn't even necessary. More important is the ability to listen, too emphasize, to understand what another person is saying to offer some new way of looking at it, and to proffer solutions or hope" (Nussbaum, 49).

Although there might be confusion regarding consideration of philosophical counseling as a new version of psychotherapy or if philosophical counseling as practical or therapeutic aspect of ethics. To analyze its nature, one should understand that it is a new version of counseling that mainly focuses on philosophical skills, concepts, theories, approaches and demands proper training in the stream.

While Philosophizing the problem of women subjugation in a patriarchal society (irrespective of a space and time), philosophical counselors would have to keep a few dimensions in account. First of all, the respective root cause of their melancholy is to be investigated. One has to understand that which childhood experience, most of the times, flows from one generation to other in which both male and female both play their equal contribution. Looking back to above mentioned autobiographical works, we find that the problem does not arise for one woman rather it is wave of thoughts where male are supposed to be strong, dominating and rule makers while women have to be kind, submissive and emotional. In such a situation philosophical counseling may be proved more effective, when implied to a right person at the right time.

Conclusion

For gender-biased ideology, conflict and lunacy in society (as mentioned earlier) at least three major components are to be taken care of:

- Firstly, the exploiter and their world view.
- Secondly, the exploited and their world view.
- And thirdly the post traumatic condition and their inclusion in society.

While talking about philosophy as a practice and therapy, it is difficult to use it collectively. The only way to change some stereotype mentality or worldview is to analyze them with ethical and moral perspectives. For practical issues like violence, abortion or gender-biased discriminations, philosophers stress on some general principles, careful definition of terms and logical reasoning rather than specific cases and detailed answers. Still, we find Socrates in *Crito* dealing with a 'particular problem' (Jowett, B. 26) (about drinking hemlock as punishment or saving his life with the help of a friend) to be included in our day to day practices like its inclusion in education, crash courses etc. As a therapy, philosophical counseling has to work in all above three directions.

As a concluding remark, it needs to be asserted that while dealing with gender-based discrimination or insanity, one has to remember that any insanity or suicidal temperament does not arise merely out of childhood experiences (as in the case of Judith Shakespeare), but their perception of whole society has also to be worked on. There are many philosophers like Plato, Aristotle, Sartre, Aquinas etc. who seemingly projected a different opinion rather than surrendering to the concept of hidden unconsciousness as the only cause for insanity. For them, it is more logical to understand and cope with the world in appropriate manner. In other words, the chief aim of philosophical counseling is not to resolve the immediate problem of their clients, but infuse newer, clearer and positive perspective and worldview towards life, so that the client could see the worldly affairs with healthier attitude and could resolve their problems independently.

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