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Gilman's "The Yellow Wallpaper": Role of Emotional Health in Women's Empowerment and Self-Actualization

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Abstract

Aims: *This paper aims to demonstrate that women can achieve a balanced and fulfilling life by prioritizing their physical and mental health alongside a successful career, economic independence, and civil rights. It highlights the importance of holistic self-care for women's empowerment and self-actualization.*

Methodology and Approaches: *The study uses Charlotte Perkins Gilman's short story *The Yellow Wallpaper* (1892) to contextualize and foreground the neglect of women's emotional health by caregivers. The analysis is supported by insights from Sichel and Driscoll's *Women's Moods* (1999) and Christiane Northrup's *Women's Bodies, Women's Wisdom* (2010), alongside Abraham Maslow's *Theory of Human Motivation* (2017), originally propounded in 1943. These sources collectively argue that women's empowerment extends beyond external achievements to include attention to emotional and psychological well-being.*

Outcome: *The findings emphasize that despite progress made through the Four Waves of Feminism, many women globally continue to suffer from physical and emotional health complications. They struggle with feelings of inadequacy, unregulated emotional states, and the need for social validation. Societal pressures on youth, beauty, appearance, and fulfilling multiple roles exacerbate these challenges.*

Conclusion and Suggestions: *The Feminist Movement and Women's Liberation have underscored the need for giving women agency through legal rights and social recalibration. However, true empowerment requires equal focus on mental and emotional health. The study suggests that through holistic self-care and balanced attention to emotional well-being, women can achieve self-actualization, empowerment, and a more integrated life.*

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In her essay 'On Illness', Virginia Woolf rhetorically questions why illness has not become "one of the prime themes of literature" like love, war, and jealousy (23). Through a series of brilliant images, she writes how illness brings about a "tremendous spiritual change" (23) in people through which the patients explore "undiscovered countries" (24) or experience being devoured by the bottomless pits of death, of being submerged in the waters of annihilation to discover angels and godliness. In an introductory note to the book *On Being Ill* (2012), Jan Freeman remarks that Woolf's essay describes the "transformational effects of illness in a world that often pushes this universal experience deep into the shadows" (7). The autobiographical essay critiques the line of treatment given to women who were believed to be suffering from hysteria. Woolf's mental illness led to her suicide in 1941. In her death note to her husband, Leonard Woolf, she wrote, "I feel certain I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So, I am doing what seems the best thing to do..." ("Dearest, I Feel Certain I Am Going Mad Again": The Suicide Note of Virginia Woolf Advances in Psychiatric Treatment Cambridge Core").

Charlotte Perkins Gilman remarked in *The Man-made World* (1911), "We have been so taken up with the phenomena of masculinity and femininity that our common humanity has largely escaped notice. We know we are human, naturally, and are very proud of it; but we do not consider in what our humanness consists..." (13). 'The Yellow Wallpaper' throws light on the suffering caused by the misdiagnosis of a woman's emotional health after childbirth. It is written as a secret diary by a young married woman suffering from "temporary nervous depression—a slight hysterical tendency" (Dock 47). A reputed physician, her husband "John" diagnoses her illness and advises her to take "rest cure", the preferred treatment for hysteria and neurasthenia made famous by Dr. S. Weir Mitchell. Hughes (2012) remarks that the story "created fireworks" when it appeared in the 1892 edition of 'New England Magazine'. Dr Mitchell's "punishing regime for depressed middle-class female patients involved strict bed rest with no reading, writing, painting and, if it could be managed, thinking. His

theory was grounded in the pervasive belief that if modern girls stopped wanting things – education, the vote but, above all, “work” – they would become happy, which is to say docile, again” (Hughes). Anne Stiles recounts how the claustrophobic treatment caused anxiety in patients, which became further exacerbated through the oppressive rest cure involving a restricted diet, massage, electrotherapy, and no work. Stiles notes:

Historians now view Mitchell’s “Rest Cure” as a striking example of 19th-century medical misogyny. While Mitchell put worried women to bed, he sent anxious men out West to engage in prolonged periods of cattle roping, hunting, roughriding, and male bonding. Among the men treated with the so-called “West Cure” were poet Walt Whitman, painter Thomas Eakins, novelist Owen Wister and future U.S. President Theodore Roosevelt. (American Psychological Association, 2012).

Stiles states that the male patients sent on the “West cure” benefitted from outdoor activities and returned reinvigorated. In contrast, the “rest cure” worsened the condition of women. The contrast in treatment for men and women for the same illness of neurasthenia reflected the limited roles and acts allowed for women.

Feminist literary writings by acclaimed authors like Virginia Woolf, Sylvia Plath, Anne Sexton, and Charlotte Perkins Gilman suffered from mental illness. They had to undergo treatment from physicians such as Dr. Mitchell. Their writings offer a glimpse of the innumerable women who suffered similarly but did not have the agency or the medium to express their agony.

This article posits that women’s emotional and mental well-being plays a significant role in their empowerment. Gilman’s short story “The Yellow Wallpaper” contextualizes the detrimental effect of neglecting mental health and highlights its impact on women’s emancipation. The argument is grounded in Maslow’s hierarchy of needs as outlined in his 1947 work, *Theory of Human Motivation*. Maslow’s (2017) concept of self-actualization has been used to emphasize the need for women ‘to be what they can be’ (20). In developing the central argument of this paper, the tenets of positive psychology and revelations

from Dr. Christiane Northrup's 2010 work, *Women's Bodies, Women's Wisdom*, have been instrumental and provided significant support.

Sichel and Driscoll (1999) concluded through their study that twice the number of women were susceptible to mood swings and depression than men. Christiane Northrup (2010) identified a definite correlation between physical, mental, and emotional health in women. Bondi and Burman (2001) noted that "what is considered 'normal' or typical or acceptable 'mental health' remains unspecified and shrouded in mystery", and even these assumptions are gendered and prejudiced (7). In her preface to the book *The Feminine Mystique* (2001), Betty Friedan identified melancholia gripping women in America in the 1950s and 1960s, which she called the 'problem that has no name'. Kelly (2023) emphasized the role of emotional health in empowering women with the help of positive psychology. Empowerment has been defined by Simon (1987) as the ability "to counter the power of some people or groups to make others "mute". To empower is to enable those who have been silenced to speak" (374). Kaber (2005) and Batliwala (2008) have similarly focused on the need for women to be empowered through resilience and well-being. Emotional regulation has a definite role in strengthening self-belief. Ekman et al. (2005) have noted that "emotions strongly influence people's thoughts, words, and actions and that, at times, they help people in their pursuit of transient pleasures and satisfaction" (59).

Charlotte Perkins Gilman (1860-1935), the American author, won international acclaim as an author, lecturer, and leading activist for women's rights. She was one of the leading voices of women's emancipation; her works, such as *Women and Economics* (1898) and *His Religion and Hers* (1922), were translated worldwide. Though her popularity diminished gradually, the rebirth of the feminist movement in the 1960s provoked renewed interest in Gilman's works.

Her short stories were serialized in 'The Forerunner' from 1909 to 1916. "The Yellow Wallpaper" (1892), published in *New England Magazine*, is among a woman's most anthologized American short stories. It is drawn from her personal experience when she was prescribed the "rest cure" for postpartum

depression by Dr. Mitchell after the birth of her daughter. Through the story, she raises questions about female identity and explores how the protagonist was deprived of agency through spatial and discursive confinement. Initially read as a gothic tale, modern feminist interpretations emphasized the inherent sexual politics in the story. It critiques the oppressive treatment customized for neurasthenia by Dr. Mitchell. In an essay titled “Why I Wrote ‘The Yellow Wallpaper’”, published in 1913 in ‘The Forerunner,’ she wrote that Dr. Mitchell changed his approach after reading the story. She stated that the story’s purpose was to save people from being driven crazy, and it worked (Dock).

The story’s narrator, an ailing woman, is prescribed a rest cure by her physician husband, John. During her treatment for melancholia, she is advised to refrain from any work or companionship so that her brain and body may recover. However, she believed that “congenial work, with excitement and change, would do me good” (48). Confined in a rented, secluded colonial mansion for three months, away from her baby and family, she was advised to control her moods before her husband, John, which implied putting on an act of geniality even when she felt miserable from within. With its intricate hideous patterns, the yellow wallpaper in the secluded room made the room claustrophobic and sickly. Gilman describes the wallpaper as “I never saw a worse paper in my life. One of those sprawling flamboyant patterns committing every artistic sin” (49). The words used to describe it are “repellent”, “revolting”, “shouldering”, “unclean”, “strangely faded”, “lurid orange”, and “sickly”- suggestive of the narrator’s disapproval and extreme unhappiness with her situation. The patronizing, well-meaning husband disregards her state as a manifestation of her illness, laughs off her feelings of strangeness about the mansion as her fanciful imagination and is impervious to her missing her infant. Gilman writes, “I always fancy I see people walking in these numerous paths and arbours, but John has cautioned me not to give way to fancy in the least... So, I try (51). The compliant wife stares at the “horrid” wallpaper and is transfixed by the image of a “broken neck” and “two bulbous eyes” staring at her. “Up and down and sideways they crawl, and those absurd, unblinking eyes are everywhere” (51).

Her domineering husband informs her that she will be sent to Dr Mitchell if she is not cured. The protagonist narrates, “I had a friend who was in his hands once, and she says he is just like John and my brother, only more so!” (52). Patriarchal disregard for a woman’s emotional needs is presented through the three figures: the doctor, the husband, and the brother. Each exercises authority over the subservient woman. She “cries” at nothing and does so all the time. Her angst at her sense of captivity is palpable in the following lines:

I lie here on this great immovable bed—it is nailed down, I believe—and follow that pattern about by the hour. It is as good as gymnastics, I assure you. I start, we’ll say, at the bottom, down in the corner over there where it has not been touched, and I determine for the thousandth time that I will follow that pointless pattern to some sort of a conclusion (53).

The “nailed down bed” and the labyrinthine patterns on the wallpaper where she finds herself helplessly trapped convey her immovability. The narrator in the story is forced to deceive the “wise” and “loving” husband by pretending to like the wallpaper and having a good appetite to tell him that she is improving. Her mental state worsens, and she starts imagining faces in the wallpaper. On the last day of her three-month stay at the secluded mansion, she finds herself alone when her husband is at work. It is her only chance to liberate the women she imagined being caged like herself in the intricate patterns of the sickly wallpaper. She decides to peel off the paper with a vengeance:

Then I peeled off all the paper I could reach, standing on the floor. It sticks horribly, and the pattern just enjoys it! All those strangled heads and bulbous eyes and waddling fungus growths just shriek with derision! I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise, but the bars are too strong even to try. (62)

The narrator contemplates suicide by jumping out of the window, but she feels caged in with iron bars on the windows. She peels off the paper and throws the key to the door lock outside through the window. The husband pounded at the door, and when he entered the room, he was shocked to see the wallpaper ripped.

Gilman reports the woman's conquest over her condescending and controlling husband with childlike innocence. She writes:

I kept on creeping just the same, but I looked at him over my shoulder. "I've got out at last," said I, "in spite of you and Jane! 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! (63).

The fainted husband becomes a symbol of the subversion of male authority. The wife reclaims her freedom to "creep" as she pleases. The movement in the story moves from the man to the woman, who is gaining control. She reclaims her agency through her movement, and the hysteria is transferred from the woman to the man who faints at the end. The story draws attention to the treatment given to women for an emotional state, commonly referred to in modern times as postpartum depression. Due to hormonal imbalance in the body after delivering a baby, women may experience mood swings or complain of lassitude and emotional exhaustion. Such ailments are not uncommon but often misconstrued due to a lack of awareness.

Gilman's story contextualizes the emotional turmoil that women often undergo during their lifetime due to their biological and hormonal cycles. Ignoring this condition worsens its severity, causing mood swings or feelings of worthlessness. Misdirected treatment, like that administered by Dr Mitchell, can be very harmful. Taking proper care of the emotional turbulence caused by natural hormonal changes in a woman's body at different stages of her life is imperative for her holistic well-being.

Sichel and Driscoll (1999) conducted an exhaustive study of women's emotional state from pre-puberty to the menopausal stage. Through a study of female patients in America, they deduced that mood swings and depression were rampant in the country, and twice as many women as men were afflicted by it. They suffer in silence or are misdiagnosed, often unaware of its serious consequences. Women's unique brain chemistry makes them vulnerable to unregulated moods. The book offers insights into factors that include the brain's

sensitivity to female hormones, life stresses, reproductive events, and a woman's genetic history, all of which affect their emotional health. The book does not advocate being too strong for too long. The metaphor of an earthquake is used to illustrate the upheaval underneath the surface, which may create fault lines leading to disastrous health-related issues if left unattended. Pretending to be "strong" may not be the best solution if the underlying malady remains untreated. Properly understanding the biochemistry of the female brain can lead women to healthy physical, emotional, and spiritual lives. The preface to the book mentions that:

Using the metaphor of an earthquake, with its ominous precursors-tremors-we have been able to anticipate the impact of life experiences, stress and reproduction hormones on the biochemical processes of the brain. The brain is the major organ of the body, yet it is sadly mistreated and ignored in the area of well-being and health...mood and anxiety disorders can emerge throughout the female reproduction years, from your first menstrual period to menopause. (xii)

Christiane Northrup's *Women's Bodies Women's Wisdom* (2010) offers a comprehensive view of the correlation between overall body, mental, and emotional health with one's life experiences. She writes:

Following a special diet or running three miles a day will not make a woman feel well if her health is being adversely influenced by a subconscious belief that she isn't good enough, or that she is the wrong gender, or that it's a woman's lot in life to suffer. If she has experienced incest and hasn't allowed herself to feel the emotions that are often associated with that history, or if she was unwanted or abused as a child, then no prescription drugs exist that will heal that wound and the physical aftereffects that often result. (22)

Northrup emphasizes the role of 'consciousness' in determining a person's thoughts. Since thoughts guide one's behaviour, it is essential to realize that positive and uplifting thoughts create healthy biochemistry while the opposite does the reverse. There exists a "seamless unity between our beliefs, behaviours,

and physical bodies” (25). Hence, it is crucial for women to critically examine, identify and change any “health-eroding beliefs and assumptions” that have unconsciously been inherited and internalized from one’s parents and culture. She advises women to have “compassionate dialogue” (32) with themselves. Humans are a product of many processes throughout their life span, which Science is incapable of fathoming. Northrup implies the importance of “connection with our own inner guidance and emotions” (39), which is the most reliable indicator of how well one feels. Dr. Northrup, herself a medical practitioner, offers a rather valuable viewpoint. She says:

Not acknowledging our needs for rest, intimacy, touch, good nutrition, acknowledgement, and so on—and not knowing how to get these needs met directly—prevents us from being connected with our inner guidance. This disconnection, in turn, keeps us in a state of pain that increases the longer we deny it. It takes a lot of energy to stay out of touch with our needs. (39)

It has been observed that validation and approval-seeking behaviour hinder the realization of one’s self-worth. The pressure of being “good” and “perfect” leads women to self-sacrificing behaviour to earn love and acceptance, but it is often counterproductive because Northrup writes, “our bodies were designed to be healthy to the extent that we follow our hearts’ desires—not meet the needs of others at our own expense” (42).

Women’s Body Women’s Wisdom (1994) transcends conventional boundaries of healthcare literature. It offers profound insights into the intricate patterns of women’s physical, emotional, and spiritual well-being. Women’s hormonal cycles connect the body with the mind. The author promotes the need to reclaim agency over one’s health and advocates a more multi-dimensional approach to treatment that includes spiritual and emotional well-being apart from conventional medical treatment.

Emotional health refers to accepting and handling challenges with resilience and fortitude. Health includes physical, emotional, social, and spiritual dimensions. In the article, ‘What is Emotional Health?’ Miller Kelly (2023)

explains, “Daily life offers a continuous series of ups and downs. Like ocean waves, our days come with highs and lows. An emotionally healthy individual will be able to ride the waves of feelings without being disrupted by a big, emotionally disruptive wave”. The World Health Organization describes mental health as a state of well-being that “enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (“Mental Health”). It is a fundamental human right crucial in developing people, society, and the community. Mental health is not merely the absence of mental illness; it entails positive feelings and functioning as its fundamental determinants.

Keyes (2006) differentiates between external/objective and internal/subjective factors in defining 'well-being'. Career, wealth, and education comprise the former, while the latter includes the investment made by an individual to the “quality of life”. Well-being has always been paramount, but it became an area of scientific inquiry after the World Wars. Subjective well-being is determined by psychological, social, and emotional factors (Keyes and Waterman 2003). Keyes (2006) remarks, “The world’s recovery from the manifold devastation - physical, psychological, social, and moral - of the world war encouraged a commitment to social welfare, the diversity of people and viewpoints, and a greater appreciation of the individual” (2). The article, ‘Toward a New Definition of Mental Health,’ (2015) mentions that cultural and geographical differences govern the concept of wellness. The National Library of Medicine defines mental health as the:

...dynamic state of internal equilibrium, which enables individuals to use their abilities in harmony with the universal values of society. Basic cognitive and social skills; ability to recognise, express, and modulate one’s own emotions, as well as empathise with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent essential components of mental health which contribute, to varying degrees, to the state of internal equilibrium.

Positive psychology advocates the creation of “internal equilibrium” through positive emotions. Eva Langeland (2016) asserts that positive emotions “broaden people’s attention and thinking and thought-action repertoires, undo lingering negative emotional arousal and fuel psychological resilience, build consequential personal resources, and fuel psychological and physical well-being.” (1875). Human beings can “flourish” through such an upward spiraling of positive emotions, and lead to better health.

Therapists often encourage and prescribe mindfulness through meditation and relaxation techniques to achieve “internal equilibrium”. In this regard, a fascinating study has been made by Ekman et al. (2005) in an article, ‘Buddhist and Psychological Perspectives on Emotions and Well-being’, in which the authors draw a parallel between Indo-Tibetan Buddhism and positive psychology. According to Buddhist belief, emotions that are conducive and give pleasure are called “sukh”, and those which because agony are called “dukh”. “Sukha “arises from mental balance and insight into the nature of reality. Rather than a fleeting emotion or mood aroused by sensory and conceptual stimuli, *sukha* is an enduring trait that arises from a mind in a state of equilibrium and entails a conceptually unstructured and unfiltered awareness of the true nature of reality” (60). *Dukha*, according to Buddhism is caused by a person’s vulnerability to the suffering caused by “misapprehension of reality” (60). It is possible to attain positivity through mindfulness. Ekman et al. (2005) describe the Buddhist Practice as given below:

Buddhists believe that the radical transformation of consciousness is necessary to realise *sukha* can occur by sustained training in attention, emotional balance, and mindfulness so that one can learn to distinguish between the way things are as they appear to the senses and the conceptual superimpositions one projects upon them (60).

Emotional well-being is a composite of physiological and psychological states, which women can achieve through conscious effort, practice, awareness, and support of their loved ones. The state of internal equilibrium is a function of both the body and the mind being in tandem- to lead women to experience “*sukha*”.

The term “empowerment” has become an integral part of academic discussions since it gained popularity after being used by Roger I. Simon in 1987. “Empowerment literally means to give ability to, to permit or enable” (Simon 370). The individual’s power to act is denied when a limitation is imposed on a person’s actions, feelings, and thoughts due to “oppressive and unjust relations” (ibid.). Such an imposition is seen as “constraining a person from the opportunity to participate on equal terms with other members of a group or community to whom have accrued the socially defined status of “the privileged”/” the competent” (ibid.). Empowerment enables those silenced to speak, enabling the marginalized to reclaim their status as community members. Feminist thinkers and activists used the word ‘empowerment’ to demand gender equality. S. Batliwala (2008) summarizes how the word’s usage transformed with the popularity of post-colonial Theory and social construction theory. She comments:

The interplay of these powerful new discourses led, by the mid-1980s, to the spread of ‘women’s empowerment’ as a more political and transformative idea for struggles that challenged not only patriarchy but also the mediating structures of class, race, ethnicity - and, in India, caste and religion - which determined the nature of women’s position and condition in developing societies (558).

Naila Kabeer (2005) refers to empowerment as the “ability to make choices” (13), and she describes its embodiment through the three concepts of agency, resources, and achievements. She explains:

The concept of empowerment can be explored through three closely interrelated dimensions: agency, resources, and achievements. ‘Agency’ represents the processes by which choices are made and implemented. It is, hence, central to the concept of empowerment. Resources are the medium through which agency is exercised, and achievements refer to agency outcomes. (14).

The word “empowerment”, as described by Simon (1987), Kabeer (2005), and Batliwala (2008), highlights its significance for women’s welfare. Vanderheiden & Mayer (2023) write, “The far-reaching relevance of women’s empowerment is

undisputed in terms of the living conditions of families, access to material and psychological resources or well-being”. It is also seen as a significant contributor to sustainable change in society. It reiterates the ability to exercise power and choice to act, to claim their status as equals. These can be achieved through education, access to paid work, and political representation.

The Theory of human motivation (Maslow, 1943), also known as Maslow’s hierarchy of needs, offers invaluable insights into motivation and behaviour. Once the primary needs of food, shelter, family, finance, and love are met, one can only focus on higher-order needs such as self-esteem and self-actualization. Maslow’s pyramidal model locates human needs in ascending order, with biological and physiological needs at the bottom, safety, belongingness, love, self-esteem, and self-actualization at the top. In the words of Maslow (2017):

Human needs arrange themselves in hierarchies... the appearance of one need usually rests on the prior satisfaction of another, more pre-potent need. Man is a perpetually wanting animal. Also, no need or drive can be treated as if it were isolated or discrete; every drive is related to the state of satisfaction or dissatisfaction of other drives. (8)

The fulfilment of the first four stages is followed by self-actualization, which is not determined by material factors. Maslow says, “A new discontent and restlessness will soon develop unless the individual is doing what he is fitted for. A musician must make music, an artist must paint, a poet must write if he is to be ultimately happy” (20). He uses the term first coined by Kurt Goldstein to refer to the desire for self-fulfillment. Maslow explains, “this tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming” (20).

The primary argument of this study has been to establish the role of women’s mental health and emotional regulation in women’s empowerment and self-actualization. Gilman’s story, “The Yellow Wallpaper”, has been foregrounded in this study to illustrate how women’s emotional health is ignored due to a lack of awareness, empathy, or patriarchal and coercive practices. Dr.

Mitchell's treatment is an example of the 19th-century treatment of "hysteria" and "neurasthenia" through enforced seclusion. The groundbreaking work by Gilbert and Gubar, *Mad Woman in the Attic* (2000), gives an account of literary representations in works like *Jane Eyre* (1847) to illustrate how female emotional health was represented to project and propagate women as frail, ineffectual, nervous creatures who could only be protected by the male characters. A critical reading of these narratives reveals the patriarchal representation of women and the gender inequality to which the females were subjected. Natural hormonal fluctuations caused by childbirth, menopause and monthly cycles were presented as enfeebling and hysterical and needed extreme "rest cure", which did more damage than good.

Popular literary female characters like Shakespeare's Ophelia and Lady Macbeth, Leo Tolstoy's Anna Karenina, Charles Dickens's Miss Havisham, and Blanche Du Bois in Tennessee Williams' *A Streetcar Named Desire* are some such examples that illustrate the patriarchal portrayal of women as the weaker sex, the emotionally unstable, dependent women without agency. These fictional women suffer isolation; they are ostracized from society, are subjected to sexual exploitation, and either become mad or die or commit suicide. Mental health is a matter of grave concern. Women can claim their rights and identity and exercise their choice if they cater to their physical, emotional, and spiritual health to attain "internal equilibrium."

Authors such as Virginia Woolf, Sylvia Plath, and Anne Sexton have documented the emotional suffering of women who had committed suicide. Mental health is often ignored; people rarely acknowledge their suffering and turmoil; they resist therapy and medical attention. As explored in this paper, it's crucial for women and their families to understand the significance of mental and emotional well-being. Realizing the importance of these aspects can lead to their empowerment. The Sustainable Development Goals 3 and 5, i.e., 'Good Health and Well-being' and 'Gender Equality', can be achieved through equal paid work opportunities, education, and, most significantly, "holistic" health care.

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