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No Rest For the Wicked—Only The Women: The evolution of female autonomy from the 19th to 21st century as portrayed in literature through the madwoman trope.

For centuries, the madwoman trope has been a central figure in feminist literature. As Lindsay Haralu explains, “The figure of the madwoman is characterized by her apparent insanity and extreme emotion; however, the madwoman can further be examined as a character in opposition to the norms and values of a society” (Haralu ii). This archetype is explored across the 19th, 20th, and 21st centuries in “The Yellow Wallpaper,” *We Have Always Lived in the Castle*, and *My Year of Rest and Relaxation*. Through the portrayal of isolation, these works demonstrate the role of autonomy in the perceived madness of their female protagonists, mirroring the evolution of female autonomy from the 19th through the 21st centuries. These women are not merely victims of oppressive systems but participants in shaping their own mental landscapes through compliance, resistance, or retreat. The madwoman, then, is not a static figure, but a reflective surface that reveals both societal pressures and individual responses to them.

The “madwoman” trope lends critical historical context to the views of women’s mental health and the treatment practices of different eras. Before the 19th century, “madness” was a concept that was primarily attributed to men, however this shifted towards the end of the 18th century. In her book, *The Female Malady*, Elaine Showalter describes how, following the first psychiatric revolution at the end of the 18th century, “the dialect of reason and unreason took on

specifically sexual meanings, and that the symbolic gender of the insane person shifted from male to female.” (Showalter 8). This shift resulted in patriarchal structures that exerted strong control over women’s autonomy in the 19th and early 20th centuries, particularly concerning women’s mental health diagnoses and treatments.

“The first wave of feminism was defined by the push for women’s political and property rights. Previously, women lacked voting rights and equal citizenship. This was especially relevant in the context of madness as women were often forcibly treated or institutionalized by their husbands or by male doctors, or confined within their own homes, and had little to no say in the matter as they had no rights of their own.” (Haralu 30).

The lack of legal and personal autonomy deeply influenced how women’s mental health, or “madness”, was perceived and treated during these centuries.

The patriarchal structure of the medical field during this time led to many women being misdiagnosed with hysteria or madness. When analyzing a study called *Madness as a Protest*, Muhammed Ijaz et al. assert that “The study finds that women’s non-compliance of patriarchal patterns leads them towards being bracketed as mad, outcast and hysteric... The study seems to conclude that mad or hysteric women are unconsciously rebelling against their lack of freedom and patriarchal suppression.” (Ijaz 65). Rather than understanding women’s dissatisfaction as a rational response to limited rights and societal restrictions, medical and social institutions labeled any deviation from expected behavior as evidence of mental instability. Acts such as expressing anger, seeking intellectual fulfillment, or resisting domestic expectations were often misinterpreted as symptoms of hysteria. As a result, the diagnosis of madness frequently served to reinforce existing gender hierarchies by pathologizing women’s attempts at autonomy.

Charlotte Perkins Gilman's *The Yellow Wallpaper* offers one of the most notable critiques of 19th-century treatments for women's mental health, particularly the "rest cure." Developed by physician Silas Weir Mitchell, the rest cure enforced strict bed rest, prohibited intellectual or creative activity, and removed the patient from family and friends, all under the supervision of male doctors. As Akiko Kimura explains, "The rest cure was designed to treat depression by focusing on its symptoms rather than its causes, and the cure included enforced bed rest, removing all liberties from the patient. Mitchell developed the rest cure for nervous diseases in treating Civil War cases of acute exhaustion." (Kimura 20). The goal of the rest cure was to completely isolate the patients, removing all other influences besides that of the husband or physician. Jamie Lovley describes that "Complete separation from friends and family is key to gaining 'moral influence' over the patient...A rest cure was a combination of psychological treatment and moral reconditioning through segregation and a breaking down of female willpower or rebellion." (Lovley 27). Despite its original use as a treatment for Civil War soldiers, the rest cure became closely associated with the treatment of middle- and upper-class women, reflecting the period's belief that female independence or ambition contributed to mental illness.

In *The Yellow Wallpaper*, Gilman uses the physical and emotional isolation of the narrator to demonstrate how the patriarchal structure of society (and the resulting lack of female autonomy) causes her condition to worsen, leading to her descent into diagnosable "madness". Confined to a single room in a colonial mansion, the narrator is forbidden from working, writing, or making decisions about her own health. Her husband John, who is also her doctor, insists that "there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency", dismissing her concerns and prescribing the rest cure as the only solution (Gilman 3). Stripped of control over her body and mind, the narrator becomes increasingly obsessed with the room's yellow wallpaper, seeing strange figures lurking behind it.

At first, the narrator's passivity reflects a form of compliance, internalizing society's belief that women's emotional distress is irrational and must be managed by male-determined solutions. Rather than resisting these views, she attempts to function within them, trusting her husband's authority and following his prescribed treatment. This quiet submission ultimately proves unsustainable, as it deepens her isolation and accelerates her psychological unraveling.

Because of the patriarchal structure of society at the time, there is a power imbalance between John and the narrator which makes it impossible for her to advocate for herself, deepening her isolation and accelerating her decline. "When John interacts with his progressively more agitated spouse, it is not simply as a husband; it is as a medical authority who has the power to determine the course of her treatment and its outcomes. His words, therefore, possess a social weight that easily undermines the credibility of his wife's anxieties, making them appear trivial and arbitrary." (Kessler and Tuttle 213). Even when the narrator protests that the rest cure is making her worse, John's insistence on obedience traps her further inside herself. The lack of intellectual and emotional stimulation leads to a fracturing of her sense of reality and she begins to imagine that there is a woman trapped behind the wallpaper, shaking the bars in an attempt to escape. "I suppose I shall have to get back behind the pattern when it comes night," the narrator muses, merging her identity with the imprisoned figure (Gilman 18). Her isolation becomes so complete that by the end of the story, she can no longer distinguish herself from her hallucination.

The isolation experienced by the narrator, while intended to promote recovery, instead acts as a tool of patriarchal control, reinforcing the idea that female autonomy and independence are dangerous. Ivy Poitras asserts that "Confinement, a theme seen throughout this exploration of literary madwomen, is essential to the social maddening or enforcement of madness in women, and vital to the task of using the realities of madness to expose and provide

commentary on the patriarchal ideology of female oppression” (Poitras 87). Gilman’s portrayal of the narrator’s collapse makes it clear that the treatment’s enforced isolation is not therapeutic but destructive. The narrator’s passivity reflects a form of compliance, internalizing society’s belief that women’s emotional distress is irrational and must be managed by male-determined solutions. Rather than resisting these views, she attempts to function within them, trusting her husband’s authority and following his prescribed treatment. This quiet submission ultimately proves unsustainable, as it deepens her isolation and accelerates her psychological unraveling. The isolation and lack of autonomy erode her mental state, leaving the narrator physically free but mentally imprisoned within her own mind. Through the narrator’s breakdown, Gilman exposes how denying women autonomy under the guise of care ultimately leads not to healing, but to deeper psychological harm.

While the narrator of *The Yellow Wallpaper* is forcibly isolated under the guise of medical care, Merricat Blackwood in *We Have Always Lived in the Castle* chooses to isolate herself as a form of self-preservation. Yet, even self-imposed isolation carries its own psychological costs. Shirley Jackson’s novel explores how autonomy over one’s isolation can become both a shield and a prison, reflecting a shift from external control over women’s bodies and minds to an internalization of fear and distrust of society. Like Gilman’s narrator, Merricat’s relationship to physical space reveals how isolation can entrench madness rather than heal it. Through Merricat, Jackson illustrates how the aftermath of trauma and social ostracization can drive a character to seek safety in solitude, even as that solitude deepens her alienation from reality.

In *We Have Always Lived in the Castle*, Shirley Jackson portrays Merricat Blackwood’s isolation as a response to both the trauma of her family’s deaths and the social ostracization that she and her sister Constance experience due to their refusal to conform to social expectations. After the poisoning that killed their family, the Blackwood sisters are branded as

outcasts by the village, and their retreat into the Blackwood estate is not completely a matter of choice. Merricat's attempt to create her version of autonomy through isolation is a direct reaction to the community's rejection. However, as quoted earlier, "Confinement... is essential to the social maddening or enforcement of madness in women" (Poitras 87). Merricat's withdrawal from society is framed as both a defense mechanism and an assertion of agency, but it is ultimately a form of resistance born out of the constraints placed upon her by societal judgment. Unlike Gilman's narrator, Merricat does not attempt to reintegrate or comply with social norms. Her past crime (the poisoning of her family) functions as a radical act of rebellion against both patriarchal and domestic authority. But this rebellion gives way to withdrawal. Merricat and Constance recede from the world into an almost hermetically sealed space of their own making. In Jackson's mid-century portrayal, madness shifts from a form of protest to a means of self-preservation, suggesting that women's responses to social alienation have come to include withdrawal as a way to reclaim control.

This use of isolation as an act of survival can be further explained through the lens of the "Gothic home". Gizem Akçil explains that "in Shirley Jackson's novels, the Gothic mansions appear not only as symbols of domestic entrapment but also as subversive hideouts and as representations of self and fantasy that contradict the outside socio-cultural order and its norms." (Akçil 31). While the "Gothic home" traditionally symbolizes domestic entrapment, in Jackson's novel, it also becomes a site of rebellion against societal norms. The mansion shields Merricat and Constance from the villagers' scorn, allowing them to preserve a fragile sense of agency within its boundaries. "The Blackwood sisters are able to convert their mansion into a private, enclosed Gothic castle—the only place where they remain away from social judgment." (Akçil 32). This refuge, however, shows that even though the sisters have control over their isolation, they still do not have true autonomy. Their isolation is a response to external hostility rather than a fully self-determined choice.

Despite her attempts to exert control over her environment, Merricat's autonomy is constantly undermined by the external forces that reject her and Constance. Gamze Tatar states that "women who challenge the norms of the patriarchal order, defy traditional gender roles, or seek more control over their lives, are often stigmatised as mentally ill by the patriarchal system, and locked up in psychiatric hospitals as outcasts." (Gamze 164). While they are not forced into psychiatric care, the Blackwood sisters' refusal to live according to the social expectations (marriage, domesticity, and public interaction) makes them outcasts in the eyes of the villagers. Jackson shows that Merricat's mental state deteriorates not just because of her isolation, but because of the weight of this social ostracization. She says, "I never turned; it was enough to feel them all there in back of me without looking into their flat grey faces with the hating eyes." (Jackson 8). The villagers' collective gossip, judgment, and suspicion contribute to Merricat's growing paranoia, and she comes to believe that the only way to protect herself and Constance is to shut themselves off from the world completely. When Helen Clarke tries to convince Constance to pay visits to some of the villagers, Merricat notes:

"Constance had looked as though, suddenly... she had come to see that it might be possible, after all, to go outside. I realized now that this was the third time in one day that the subject had been touched, and three times makes it real. I could not breathe; I was tied with wire, and my head was huge and going to explode." (Jackson 26).

Her increasing withdrawal is tied to her sense of rejection, where the perceived autonomy she seeks by staying away from others only deepens her mental fragmentation.

The story demonstrates how Merricat's autonomy is constrained by external forces, as her rejection of societal norms leads to both her self-imposed confinement and her sense of powerlessness. Merricat's rejection of societal norms casts her as an unreasonable woman, or even mad, in the eyes of others. Her refusal to conform to expected gender roles is seen as a

form of rebellion, and in the eyes of the villagers, it justifies her and Constance's ostracization. Merricat may believe she is asserting control over her life by avoiding the outside world, but this isolation actually reflects the limits of her autonomy and how she is trapped by the social structures that deem her actions unacceptable.

While Merricat's isolation emerges as a defensive response to communal judgment and trauma, the narrator of *My Year of Rest and Relaxation* by Ottessa Moshfegh isolates herself as an experiment in radical detachment. Her withdrawal is not prompted by societal rejection, but by a profound sense of apathy and disillusionment with a world that appears hollow and performative. While Merricat clings to her sister and her home as anchors of meaning, Moshfegh's narrator seeks to strip herself of all attachments, including identity, memory, and even time. In both cases, the women choose solitude as a means of self-protection. Still, where Merricat's retreat reflects fear of society's cruelty, Moshfegh's protagonist exhibits a more modern kind of nihilism. This shift portrays a further evolution in the madwoman archetype from confinement by patriarchal authority, to self-seclusion as rebellion of social standards, to an erasure of the self altogether in a world that no longer demands conformity. Moshfegh's narrator neither submits to societal expectations nor openly defies them. Her decision to sleep for a year is not dramatized as an act of resistance but as an intentional withdrawal from the pressures of modern femininity, identity, and grief. In her case, madness is not a defiance or a submission but a quiet disengagement. It is a rejection of a culture in which even rebellion feels commodified. In this final iteration of the madwoman, autonomy becomes the freedom to opt out entirely, a form of resistance through self-imposed isolation that is both chilling and poignantly self-aware.

Ottessa Moshfegh's *My Year of Rest and Relaxation* marks a significant turn in the portrayal of the "madwoman" figure by presenting a protagonist who chooses isolation in the name of healing. Unlike the narrators in "The Yellow Wallpaper" and *We Have Always Lived in*

the Castle, who are either trapped or forced into exile, Moshfegh's narrator enters her year-long hibernation with calculated intent, stating "In fact, it was the opposite of suicide. My hibernation was self-preservational. I thought that it was going to save my life." (Moshfegh 7). She is financially supported by her inheritance and lives in a Manhattan apartment, seemingly free from external pressures. However, this autonomy is steeped in apathy and self-erasure. She declares, "I was neither scared nor elated in that space. I had no visions. I had no ideas. If I had a distinct thought, I would hear it, and the sound of it would echo and echo until it got absorbed by the darkness and disappeared." (Moshfegh 39). Her withdrawal from the world is not about healing in the traditional sense but about annihilating her consciousness, numbing herself to a world that feels meaningless and overdetermined.

By choosing to react to external pressures by isolating herself rather than being forced into it, the narrator in *My Year of Rest and Relaxation* retains agency, even as her dependence on prescription drugs introduces a subtle distortion of her control. Unlike the medical control imposed on the narrator of "The Yellow Wallpaper," the narrator in Moshfegh's novel willingly accepts the drugs as part of her strategy to cope. However, what begins as an effort to numb her emotional pain through sleep gradually shifts into a complex relationship with personal agency, as the drugs induce sleepwalking. "In November, however, an unfortunate shift occurred. The carefree tranquility of sleep gave way to a startling subliminal rebellion—I began to do things while I was unconscious" (Moshfegh 85). While this sleepwalking might seem like a loss of control, it still reflects her ongoing attempt to navigate her mental health, as she ultimately chooses the drug-induced state as a form of isolation. Her dependence on the medication does not completely erase her agency, but rather highlights the complexity of her choices, where the boundaries between autonomy and control become blurred in her effort to survive emotionally and psychologically.

Like the decision to use drugs as a coping mechanism, her decision to lock herself in her apartment under the care of the artist Ping Xi also introduces a complex dynamic of control. “Though, like an artist, he clearly believed that the situation we were in together—he the warden of my hibernation with full permission to use me in my blackout state as his ‘model’—was a projection of his own genius” (Moshfegh 262). Though she allows him to use her as a model for his art project, she still maintains a degree of autonomy in her choice to submit to his control. By giving Ping Xi control, the narrator reclaims a form of agency within her isolation, choosing to surrender her autonomy temporarily as a way to navigate her psychological struggles. Her decision to allow Ping Xi to use her for his project, just like her choice to manage her drug intake, is not one of total exploitation but rather an active choice within her larger effort to control her life. In this way, the narrator’s isolation becomes a space where she can reassert her autonomy, even if it involves surrendering it to Ping Xi or the drugs for a time.

Even though the narrator has autonomy through her choices, those choices don’t lead to real healing. Her isolation, while self-directed, ends up making her feel even more empty and disconnected. Through this, Moshfegh critiques the cultural fantasy that detachment and control can lead to renewal. As the narrator distances herself from relationships, work, and even the passage of time, her project becomes less about rest and more about disintegration. “Sleep felt productive. Something was getting sorted out. I knew in my heart—this was, perhaps, the only thing my heart knew back then—that when I’d slept enough, I’d be okay. I’d be renewed, reborn.” (Moshfegh 51). But her detachment is not liberating, it is self-nullifying. The narrator’s isolation does not return her to the world with newfound clarity but rather highlights how her choice to surrender control, in the hope of finding relief, ultimately fails to restore her sense of purpose. Barbora Polensa states, “It is unknown if the protagonist is truly able to return to normal life after everything she has been through. While she managed to achieve a new

appreciation for life, she still has underlying issues that were not properly addressed.” (Polensa 52).

Unlike the narrator of *The Yellow Wallpaper*, who fights against confinement, or Merricat, who reshapes her exile into a source of power, Moshfegh’s protagonist learns that autonomy without purpose becomes its own kind of prison. Her retreat into isolation reveals not just a desire for rest, but a deep ambivalence toward the self, and toward any social world she might rejoin. The story ultimately suggests that while autonomy may shield the self from external pressures, it cannot produce wholeness or healing. Like the other madwomen before her, this narrator’s madness is shaped not by a lack of control alone, but by the consequences of having too much of it, untethered from community or care.

In the 21st century, women now have control over their physical and mental health, and Moshfegh’s *My Year of Rest and Relaxation* mirrors this shift. However, inequalities still exist within the medical field. Lyndsey Fletcher states that “Whilst diagnoses of hysteria may be a thing of the past, a continuing lack of education about female anatomy and women’s health makes it clear that inequalities persist in the 21st century.” (Fletcher). Today there is a significant lack of female representation in medical research, including the use of primarily male mice in testing because of the “hormonal complications” present with the use of female mice. This leads to incomplete testing of drugs and other treatments, resulting in insufficiently documented side effects in women. “It is also still shockingly common for health problems in women to be attributed, wrongly, to the menstrual cycle or hormonal issues, with accurate diagnoses often taking years following a slew of inappropriate treatments and lack of testing.” (Fletcher). There is still a large gender gap within the medical field, but it closes a bit every day, with one significant step being the introduction of more female doctors. “more and more young women are signing up to medical courses at universities, and so the gender gap within the field should

shrink even more in the coming years.” (Fletcher). The introduction of more female doctors into the medical field will help to stop the spread of misinformation regarding women’s health, and with continued advancement and research, this gap will continue to close in hopes that women are provided with even more control over their physical and mental healthcare.

The evolution of the madwoman trope through “The Yellow Wallpaper”, *We Have Always Lived in the Castle*, and *My Year of Rest and Relaxation* reveals a complex journey of female autonomy. The confinement experienced by Gilman’s narrator symbolizes the patriarchal control over women’s bodies and minds. Merricat’s self-imposed isolation in Jackson’s novel presents a shift, where a woman’s withdrawal is an act of defiance against societal rejection, but it, too, reinforces the idea that autonomy is not so easily obtained. Finally, Moshfegh’s protagonist takes the search for autonomy into an extreme of self-erasure, seeking detachment from not only societal pressures but from herself, highlighting the dangers of autonomy unmoored from meaningful connection. Through their different experiences of isolation, whether forced or chosen, these women’s stories show how female autonomy plays a role in how their madness is seen.

In examining these works, we can trace how changing views of women’s mental health across the 19th, 20th, and 21st centuries influence the portrayal of female protagonists’ isolation and autonomy. In the 19th century, as seen in “The Yellow Wallpaper,” mental illness is often understood as a product of women’s inherent fragility, a view shaped by societal restrictions that limited women’s autonomy. The forced isolation of the protagonist reflects a time when women’s mental health was often ignored or misdiagnosed, with confinement viewed as a necessary means of control. By the 20th century, *We Have Always Lived in the Castle* begins to challenge this view, showing that isolation can be a response to societal rejection, not just madness. Merricat’s retreat from the outside world is not imposed by medical authorities but instead

chosen as a form of survival against a hostile society. Her autonomy is constrained, yet it begins to emerge through the act of withdrawal, portraying isolation as both protective and defiant. In the 21st century, *My Year of Rest and Relaxation* further shifts the narrative, presenting a protagonist who chooses isolation as a form of self-preservation and a way to cope with the overwhelming pressures of modern life. Unlike her predecessors, she actively designs the terms of her solitude, reflecting a more modern understanding of mental health that embraces psychological complexity and women's right to self-determination.

Each of these women is labeled mad, but what changes is the source of that label and the degree of autonomy each woman has. The madwoman figure, then, becomes a way to trace not only how society has viewed female mental health, but how women themselves have responded to those views. Sometimes with compliance, sometimes with rebellion, and sometimes with quiet withdrawal. What remains consistent is that madness, in all three works, is less about illness and more about the world's inability or refusal to understand women who step outside its expectations.

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