

The Technology of Orgasm: Sexuality, Maternity, and Hysteria in Sarah Ruhl's *In the Next Room, or The Vibrator Play* (2009)

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ABSTRACT:

Sarah Ruhl's *In the Next Room; or, The Vibrator Play* (2009) dramatizes the early use of electromedical technologies and focuses on the vibrator as a medical instrument to treat women diagnosed with hysteria. The play offers an incisive look into the complexities of the Victorian era regarding gender stereotypes, cultural standards, and the solidification of science, with a clear modern relevance in terms of the inevitable, yet many times violent, impingement of technology on the human body, life, and mentality. Ruhl brings on stage a profound critique of centuries-old medical interpretations of female sexual pathologies, of a cultural context of male control over the female body, and of the eternal binaries between woman—man, nature—culture, body—mind, art—science.

KEYWORDS: American women's drama; neo-Victorianism; female sexuality; technology; hysteria

When Sarah Ruhl's *In the Next Room; or, The Vibrator Play* made its premiere at the Lyceum Theatre in November 2009,¹ the audience was transported back in time, to the post-civil-war American society, when the wondrous invention of electricity had revolutionized both public and private life. In the play, electricity becomes a primary trope for shedding light onto social perspectives and cultural attitudes regarding female sexuality, marriage, and motherhood in Victorian America. Ruhl's play dramatizes the early use of electromedical technologies with a clear focus on the vibrator as a time- and energy-saving invention used by doctors to treat

¹ The play was nominated for both the 2010 Tony Award for best play and the Pulitzer Prize. For reviews of the play, see Isherwood; Lahr; Royce; Schmidt. As playwright, Ruhl has attracted the attention of a number of scholars who have approached her work from different perspectives, mainly stressing her significance as a vibrant female voice in contemporary American theatre. See Al-Shamma; Durham; Farmer; Muse.

women diagnosed with hysteria. Ruhl brings on stage a profound critique of centuries-old medical interpretations of female sexual pathologies, of a cultural context of male control over the female body, and of the eternal binaries between woman—man, nature—culture, body—mind, art—science.

In the Next Room is a successful combination of refined comedy, bitter satire of an age of rapid technological development, and painful awareness of the rigid boundaries of female sexuality. As Ruhl herself explains, in the process of writing the play she attempted to integrate historical sources with her own imaginative powers in order to repossess history, to seize the past, and to expose historical aspects previously kept under a veil of darkness, especially on the theatrical stage.² The play moves beyond documenting historical events onto a plane of imaginative engagement with history, and interrogates the characters' relation to the material conditions of their existence, allowing for the exploration of history as a lived experience.³

In her dramatization of history, Ruhl resorts to a kind of affective aesthetics in an attempt to capture the subtle nuances of the late-Victorian culture and draw her twenty-first-century audience into a performance experience of sensory stimulation. Ruhl's spectators become unwitting intruders into the most private moments of the characters' lives and the darkest recesses of their emotional world. The play's affective resonance is conveyed through Ruhl's stage directions which ingeniously serve not only to recreate a specific historical period, but, more importantly, to register the characters' physical reactions and emotional responses to the complexities of their changing everyday reality and interpersonal relations.⁴ In this way,

² In her Playwright's Notes, Ruhl explains that she consulted a number of sources before writing the play. Her main inspiration came from Rachel P. Maines's account of *The Technology of Orgasm*, while she also delved into historical material exploring the introduction of electricity in people's daily lives and experiences, the social history of wet nursing in America, and the cultural conventions and social expectations surrounding the institution of marriage in the Victorian era.

³ In his most insightful study of the emerging tendency of American playwrights to revisit history, Roger Bechtel explains that "historical consciousness is impossible outside the animating force of the imagination; the historical imagination is the means by which we receive and represent the past, read and write it, see and shape it" (20).

⁴ In her approach to stage directions through affect, Bess Rowen contends that "affective stage directions create spaces that we explore with our imagined and real bodies in order to create meaning,

the historical gap between the play's nineteenth-century setting and theme and the audience's twenty-first-century experience and outlook is somehow bridged as stage and audience share easily recognizable aspects of emotional knowledge. Throughout the play, Ruhl consistently interrupts the dialogue with insightful stage directions that aim at enhancing embodied representations of unspoken ideas and feelings. The play's realistic style, with its clear echoes of the conventions of the drawing-room comedy and its theme of rigid cultural conditioning and the dehumanizing encroachment of science, successfully meets the double challenge of conveying the tone and mood of a period-specific representation⁵ while eliciting an affective response to a distinctly different cultural context and mentality. Ruhl's stage interventions—ranging from a single sentence to more detailed directions—function as meaningful triggers for the audience's comprehension skills and imaginative powers.

In the Next Room stirs the murky waters of Victorian sexual ideology and brings onto the stage the “unspoken,” the taboo, in Victorian sexual behavior. Focusing on an era tantalized by a severe bout of “masturbation phobia,”⁶ Ruhl's choice of the electric vibrator—with all its titillating suggestion—as the main axis of her play is at least intriguing. The play draws its main inspiration from Rachel P. Maines's book *The Technology of Orgasm*, which argues that genital massage had been used as medical treatment since the time of Hippocrates. According to Maines, with the advent of electricity, Victorian physicians widely used the electromechanical vibrator as legitimate therapy for the female hysterical body.⁷ The

and this is what makes them exciting avenues for our creative expression within the world of a given play” (326). Furthermore, Bruce McConachie's examination of theatre and cognitive science seems to be relevant here in the sense that “empathy and emotional response are more crucial to a spectator's experience than the kind of decoding that most semioticians imagine” (5).

⁵ Even the title of the play makes a direct reference to the common practice of the nineteenth-century American playwrights who almost invariably used a title and a subtitle for their plays. See for example, William Dunlap's *The Father; or, American Shandyism* (1789), John Augustus Stone's *Metamora; or, The Last of the Wampanoags* (1829), Anna Cora Mowatt's *Fashion; or, Life in New York* (1845), George L. Aiken's *Uncle Tom's Cabin; or, Life Among the Lowly* (1852), Julia Ward Howe's *Leonore; or, The World's Own* (1857), and many more.

⁶ For information on the Victorians' fear of masturbation among both men and women, see Barker-Benfield (1972).

⁷ Although Maines's historical sources and her main argument have recently been contested by

medical authorities of the nineteenth century refrained from acknowledging that the crisis so produced was actually an orgasm, labeling it instead as “hysterical paroxysm,” the expected manifestation of the disease (Maines 9). This idea stemmed from a widespread “androcentric principle” which claimed that “only an erect penis could provide sexual satisfaction to a healthy, normal adult female” (9).⁸ Women who did not reach orgasm by penetration alone were considered sick while female masturbation was condemned as “unchaste and possibly unhealthful” (Maines 3).

In Ruhl's play, the vibrator becomes a powerful allegory for the Victorian (mis)conceptions about female sexuality exposing the discrepancy between “what ought to be and what was” in Victorian women's sexual activity.⁹ Ironically enough, the use of the vibrator by the pioneering Dr. Givings, an upstanding doctor who specializes in the treatment of hysteria, discredits the scientific basis of the nineteenth-century medical observations and prescriptive advice regarding women's sexual feelings and needs.¹⁰ Ruhl's play undermines the dominant idea that middle-class American women possessed no sexual urges at all. *In the Next Room* moves along the gaps and inconsistencies in the wider nineteenth-century cultural framework of middle-class respectability and reticence toward sex. The home of Dr. Givings and Mrs. Givings encapsulates the cultural values and moral principles of the urban

Lieberman and Schatzberg, the fact remains that female experience and sexuality attracted a number of biological and medical views which provided justification for women's social and cultural roles. Whether nineteenth-century physicians did or did not use the electric vibrator as a cure for hysteria remains rather inconsequential as Ruhl's play uses this idea as a stepping stone for her artistic exploration of the encroachment of technology upon late-Victorian American public and private life and women's biological, social, and psychological reality in particular.

⁸In his seminal account of *The History of Sexuality*, Michel Foucault endorses this idea pointing out that “the hystericization of women's bodies” reinforced androcentric definitions of sexual fulfillment (104).

⁹ One of the earliest scholars writing about Victorian attitudes toward sexuality, Carl Degler unearthed a number of questionnaires completed by middle-class married women regarding their sexual habits. The questionnaires were part of Dr. Clelia Duel Mosher's study of women's sexuality. Based upon his findings, Degler has argued that “there was a sharp difference of medical opinion, rather than a consensus, on the nature of women's sexual feelings and needs. In fact there is some reason to believe that the so-called Victorian conception of women's sexuality was more that of an ideology seeking to be established than the prevalent view or practice of even middle-class women” (1471).

¹⁰ As social historian G.J. Barker-Benfield has pointed out, “defining the absence of sexual desire in woman as normal, doctors came to see its presence as a disease” (54).

middle class in Victorian America.¹¹ The geography of the setting establishes a close proximity, and yet a glaring separateness, of the female and male worlds in Victorian America. Juxtaposed against each other, the living room, Mrs. Givings's domestic realm, and the operating theatre, Dr. Givings's domain of business and science, form a paradoxical relationship in their complementary yet mutually exclusive functions.¹² As socially constructed spaces reflecting a wider gender ideology, they are both implicated in complex cultural configurations that define them as both real and mythical, as sites of contestation and otherness. The operating theatre inspires awe in its almost mystical celebration of male reason, power, and possession of knowledge. But, it also inspires fear as a heterotopic¹³ space where individuals in crisis, like hysterical women failing to comply with social requirements and cultural prescriptions, are treated back to normalcy. The living room poses as a haven from the outside world, encompassing the cherished values of domesticity and women's sacred social role as wives and mothers. However, it also emerges as a liminal space in its celebration of art, spontaneity, impulse, and in its unsettling evocations of a pre-Symbolic female body whose fleshiness, milk, tears, blood, fluids can no longer be contained or denied.

Although the living room and the operating theatre appear as distinct, separate places, divided by a wall and a door which Dr Givings keeps locked in his absence, a strange kind of permeability exists. The living room functions as a threshold, a place of lingering before entering the rather intimidating space of the operating theatre. The atmosphere of scientific detachment of the operating theatre is counterbalanced by the living room's sense of familiarity and comfort. Sounds leak from one space to the other; the mechanical buzz of the

¹¹ Regarding the cultural framework of Victorian values and standards, Daniel W. Howe argues that "Victorian culture had a class derivation. It was bourgeois in origin, and the era of its flourishing coincides with that of the predominance of the bourgeoisie in Western civilization" (513).

¹² The major shifts in the social, political and economic patterns in American society following the development of industrial capitalism and the advancement of science and technology led to the emergence of two distinct ideologies regarding men and women: the masculine individualistic ethos of social ascendance and economic success and the cult of domesticity which celebrated women as upholders of morality and guardians of the home. For more information, see the seminal works of Clinton; Haltunnen; Kelley; Smith-Rosenberg.

¹³ See Foucault (1986).

vibrator and the cries of exhilaration and release escape the confines of the operating theatre and echo in the living room, while the sorrowful piano tunes reverberate across the stage. Sounds, like the doorbell ringing, or the baby crying, or the knocking on the door, provide the audience with additional stimuli, inviting them to engage in a process of “cognitive multitasking” that involves a kind of experiential familiarity and entails exciting the senses as well as triggering the imagination.¹⁴ Eventually, the separating line between the living room and the operating theatre is breached when the women break into the operating theatre and momentarily assume control of the vibrator. And, at the end of the play, all boundaries and limits dissolve and the living room and the operating theatre merge into a new idyllic space of human existence.

In the play, the underlying principle is both an enthusiastic acknowledgment of the limitless potential of electricity and a growing concern about how its unrestricted use for technoscientific purposes might affect human reality and culture. In the opening lines of the play, and with an obvious biblical allusion, Mrs. Givings introduces her baby to the miracle of electricity and the dawn of technological civilization: “Look baby, it’s light! No candle, no rusty tool to snuff it out, but light, pure light, straight from man’s imagination into our living room. On, off, on, off, on-” (9). Electric technology is presented as a means to serve human needs and usher in new forms of social and cultural change. Its dominance over human activity creates an illusion of omnipotence that stems from the possession of technological knowledge and the mastery of scientific culture. As a scientist and a strong proponent of innovation, Dr. Givings is fascinated by the new technological reality and becomes obsessed with its univocal rationality and effectiveness. For him, electric technology is a magic realm that encompasses all domains of human existence transcending socio-cultural conventions and limitations to the point that nothing upsets or shocks him any more (66). When Mrs. Givings appears concerned at the prospect of hiring Elizabeth, a black woman, as a wet nurse for her baby, Dr. Givings remains adamant: “It’s no time to stand on prejudice, Catherine.”

¹⁴ For more information on cognitive multitasking and audience engagement, see McConachie 24-32.

His pragmatism elicits Mrs. Givings' response: "My husband is a very unconventional man, a scientist. I've no idea what the neighbors will say" (22).

Liberating, though, such an attitude may seem, it is, in fact, limiting since it prioritizes technology as the defining force in human development, weakening the anthropocentric foundations of modern existence. It soon becomes apparent that Dr. Givings is a dispassionate, rather insensitive, man, with a myopic vision of the world around him, a fact that severely compromises his supposed open-mindedness. In contrast, Mrs. Givings, with her spirited and energetic disposition, is the one who eventually rebels against deep-rooted social conventions and gender prescriptions and draws her husband away from his self-aggrandizing attitude into a pioneering and liberating, though rather utopian, vision of human life.

In the play, it is the women who express intense skepticism regarding the growing power of technoscience as a determining factor in societal choices and human interaction and communication. For example, Mrs. Daldry undercuts Dr. Givings's unconditional admiration for the much-inspired invention of electricity as she voices her fear and unease at the turn human life is taking: "I was horrified when the electric lamp was invented. I so prefer candle-light and I thought, from now on people's faces will look like monsters in the evening, without the help of candle-light. No flicker, no glow" (23).¹⁵ Mrs. Daldry has come with her husband to seek Dr. Givings's scientific expertise and receive his innovative electromechanical treatment. The entrance of Mr. and Mrs. Daldry into the living room establishes a visual image of Victorian marital relations and women's sequestered and dependent existence:

Mr. and Mrs. Daldry enter.

Mrs. Daldry is fragile and ethereal.

¹⁵ The tendency toward a re-examination of technoscientific culture and its relation to art and philosophy constitutes the core theme of Jacques Ellul's criticism of the modern phenomenon of technology, both its beneficial and evil aspects. For a comprehensive and diverse approach to Ellul's work on the emergence of technological society and its continued impact on the twenty-first century, see Jerónimo.

Her face is covered by a veil attached to a hat.

She leans heavily on her husband's arm. (10)

Reserved and fragile, Mrs. Daldry exhibits symptoms that readily position her in the long line of women suffering from depression in history and in literature. She is sensitive to light and cold, weeps many times during the day, and has a sickening aversion to green curtains:

The green curtains give me terrible head-ache. The color. Old ghosts in the dark. (11)

I haven't the strength to wash the curtains every week and beat the ghosts out of them. You think I am talking like a madwoman but if you could see the curtains you would see that I really am very logical. They're horrible. (12)

In a manner reminiscent of Charlotte Gilman's "The Yellow Wallpaper," Mrs. Daldry experiences an intense sense of suffocation and entrapment within her marriage which she projects onto the repulsive green curtains.¹⁶ She has already "tried the usual remedies, rest and relaxation" (12),¹⁷ which proved totally ineffective, and is now to be subjected to Dr. Givings's pioneering treatment. Dr. Givings is quick to explain to Mr. Daldry that his "wife is suffering from 'hysteria,'" reassuring him that, after "weekly—possibly daily—sessions" of applying "therapeutic electrical massage" (13) to her "lower regions" (14) in order to "relieve the pressure of her nerves" (13) he will have his "blooming wife back" (13). Once in the operating theatre, Dr. Givings presents Mrs. Daldry with a thorough scientific explanation of the whole procedure:

¹⁶ It could be argued that the play draws a palpable connection to Gilman's "The Yellow Wallpaper" in more than one way. Mrs. Givings and Mrs. Daldry seem to stand for various aspects of Gilman's anonymous heroine's life and psyche. Mrs. Givings is married to a doctor so consumed with his science that he fails to observe his wife's transformation taking place before his very eyes; he fails to understand his wife's feelings and longings as well as her increasing sense of frustration. Mrs. Daldry represents a woman's descent into depression due to the claustrophobic impact of marriage. For both of them, the transition from girlhood to wifeness is marked by a sense of loss. Mrs. Givings and Mrs. Daldry represent women's broken spirit in marriage, where all their energy and vivacity are curtailed without any outlet for more creative, self-fulfilling occupations.

¹⁷ This is a clear reference to the famous rest cure introduced by the eminent Philadelphia neurologist, Silas Weir Mitchell, according to which total abstinence from any kind of physical activity and mental stimulation was prescribed for hysterical women. For more information, see Bassuk; Schuster.

Mrs. Daldry, we are going to produce in you what is called a paroxysm. The congestion in your womb is causing your hysterical symptoms and if we can release some of that congestion and invite the juices downward your health will be restored.¹⁸

Thanks to the dawn of electricity—yes, thank you Mr. Edison, I always tip my hat to Mr. Edison—a great American—I have a new instrument which I will use. It used to be that it would take me or take Annie—oh—hours—to produce a paroxysm in our patients and it demanded quite a lot of skill and patience. [...] but thanks to this new electrical instrument we shall be done in a matter of minutes. (16)

The scene in the operating theatre conveys an unmistakable sense of awkwardness, with Dr. Givings failing to provide emotional comfort and reassurance to Mrs. Daldry, who feels both embarrassed and frightened. As a matter of fact, Mrs. Daldry's distrust of electricity has escalated to an intense fear of being electrocuted.¹⁹ However, when she receives the treatment, Mrs. Daldry experiences a surge of powerful energy overtaking her body. The electric vibrator awakens in her dormant sensations of arousal and pleasure never before experienced or acknowledged. Living in a cultural context that denies the existence of such sensations in women, Mrs. Daldry is at a loss for words, totally ignorant that what she is experiencing is an orgasm:

Dr. Givings. What are you feeling, Mrs. Daldry?

Mrs. Daldry. My feet are hot—dancing on hot coals—and down—down there—cold and hot to the touch—my heart is racing— (19).

Like the majority of Victorian physicians, Dr. Givings staunchly espouses the dominant—albeit rather dubious—medical theory that a woman's nervous system is inextricably linked to her reproductive organs. As he explains to Annie, his assistant, about Mrs. Daldry: "It is the pent up emotion inside the womb that causes her hysterical symptoms, you can see it quite clearly" (18). The idea that the uterus controlled the Victorian woman's body and behavior from puberty to menopause was a scientific given among nineteenth-century physicians. In this sense, hysteria, as a clinical entity, was seen as closely associated with the

¹⁸ The word "juices" is being used verbatim from Rachel P. Maines's chapter 4 "Inviting the Juices Downward."

¹⁹ In his effort to assuage Mrs. Daldry's fear, Dr. Givings regales her with a farcical story about Benjamin Franklin's attempt to "electrocute a bird for his turkey dinner," sounding inconsiderate (17).

female experience and the cycles of the female body.²⁰ The women diagnosed with the disease exhibited a plethora of symptoms, including depression, nervousness, headaches, nausea, tendency to tears, fatigue, blindness, convulsions, even paralysis. As a result, hysteria was not categorized solely as a medical condition but rather as a social disease that entailed significant repercussions since it impacted women's socialization process and functions within the family. What was hardly acknowledged, however, was the fact that the hysterical woman was a living sign of the social stress and pressure inherent in the cultural definition of femininity in Victorian America. A woman's everyday reality was burdened by the social expectations of marriage and the trials of childbirth and childrearing. All these determined her social function, her options and limitations, her abilities and weaknesses. The Victorian woman's ideal social characteristics—nurturance, intuitive morality, domesticity, passivity, and affection—were all assumed to have a deeply rooted biological basis supported by a rigid framework of medical arguments which forcefully proclaimed that a woman's nervous system was finer, "more irritable," prone to overstimulation and exhaustion, prevailing over her conscious and rational faculties (Smith-Rosenberg 334).

Failure to conform to the socially accepted stereotype of Victorian womanhood became a source of anxiety and frustration for middle-class American women who inevitably began to question their conventional gender roles. Hysteria was registered as a disease most frequently afflicting white middle- and upper-class women who were more likely to challenge the restraints of their social position and demand greater control over their bodies. Within a context of tremendous social changes, brought about by a rapidly developing industrial economy, these women felt that their lives were being transformed and their choices expanded as growing prosperity began to ease their domestic labor and generate more leisure time. Furthermore, the changing views on women's education, the debate over birth control, and the increasing participation in social reform movements soon

²⁰ For more information on American Victorian women and hysteria, see Smith-Rosenberg; Rosenberg. See also Briggs; Ehrenreich and English; Barker-Benfield (1972; 2000). For related ideas about English women, see Showalter; Moscucci.

awakened women to a number of new alternatives giving them greater autonomy and a sense of empowerment.²¹

In the play, both Mrs. Givings and Mrs. Daldry struggle with their own feelings of dissatisfaction with several aspects of their lives, finding it all the more difficult to uncomplainingly accept the dictates of their traditional roles. For both women, the transition from girlhood to adulthood, from the status of single woman to married woman, proved a traumatic experience entailing the loss of their vivacity and spontaneity.²² When Mrs. Daldry recalls her days as a young girl in her mother's home, she evokes the exhilarating sense of freedom that she enjoyed:

The house where I grew up my mother would wash the curtains every week, she beat them with a stick, and there were ghosts in them. There was a beautiful view of a grape arbor and when the curtains were cleaned you could see right through to the grapes, you could almost watch them growing, they got so plump in the summer. My mother would make loads of jam—my mother was not a nervous or excitable woman. It was jam, it was laughing, and long walks out of doors. We haven't a grape arbor here— (11-12)

This image of pre-industrial bliss, of a natural environment of happiness, openness and an overwhelming sense of nurturance sharply contrasts with Mrs. Daldry's present suffocating urban domestic environment of restraint and lack. Married life seems to have a detrimental impact on Mrs. Daldry's spirited personality and lively disposition. When Mr. Daldry first met her

She was seventeen. She was an extraordinary creature. She played the piano. We ate grape jam in the arbor and there I told her I wanted to take care of her and protect her forever, didn't I?

Mrs. Daldry. Yes.

Mr. Daldry. Now I am afraid there is very little sympathy between us.

Mrs. Daldry. I am breaking his heart—. He likes me to be in a certain way. Perhaps if I could play the piano again but my fingers will not work. (12)

²¹ For more information, see Bland; Briggs.

²² For information about the discontinuity in child and adult female roles see Thierot; Ziegler. See also Langland on domestic ideology.

Emotionally unprepared to enter married life and unaware of the great psychological cost of the requirements of her new social identity, Mrs. Daldry is forced to denounce any sense of individuality and self-determination in order to fit the mould of wifehood. She cannot find fulfillment in her marriage, which is emotionally and literally barren. She longs for companionship and affection, for meaningful human contact. Even the intimate moment of sexual intercourse with her husband is reduced to a mere physical act, devoid of passion, of even the slightest connection through eye-contact: "when he comes to my room at night, I am asleep—and he tells me to keep my eyes shut, and I do—so I feel only the darkness—and then the pain—I lie very still—I do not see his face—" (70).²³ Mrs. Daldry's intimate relations with her husband are consistent with the prescriptions and expectations of the nineteenth-century concept of female passionlessness which denied the existence and legitimacy of female sexual drives (Cott 236). The notion that women lacked passion condemned them to ignorance of their own sexual nature and functioning. They were surrounded by cultural injunctions urging them to exhibit superior morality and derive emotional fulfillment from motherhood. Within this context, Mrs. Daldry feels sad and frustrated, consumed with self-guilt, as she has failed to fulfill her biological and social destiny:

Mrs. Daldry. [...] Perhaps I may hold your baby again before I leave.

Dr. Givings. Ah, I did not realize you had met the baby. I hope that was not distracting in the middle of our session.

Mrs. Daldry. No—I liked holding her. We have not been able—

She weeps.

—to have children. I do not know what is wrong with me. (18)

In a similar vein, Mrs. Givings feels sexually and emotionally unfulfilled in her marriage. Her increasing sense of loneliness is caused by her husband's reserved attitude, his obsession with his science, and his inability to see beyond his male ego:

²³ The idea of female passionlessness falls within the wider framework of nineteenth-century sexual morality that celebrated the cult of the "Angel in the House" and women's exalted place in the domestic sphere as upholders of virtue and morality. For information on the dominant notions regarding sexual ideology in America, see D' Emilio; Degler. See also Freedman.

Dr. Givings enters.

He walks through the space

Without saying hello to his wife.

She watches him. After he exits:

Mrs. Givings. Hello.

Dr. Givings re-enters.

Dr. Givings. Sorry. Hello, darling.

He exits again. (9)

Mrs. Givings endures a frustrating sense of physical and emotional neglect by her husband. Leading a constricted life, she begins to chafe at the social boundaries set upon her as a married woman. She gives a most graphic description of her relationship to her husband before and after marriage, underlining the male need to control women and keep them in a state of perpetual dependence:

I walk walk walk no one can keep up with me not even Dr. Givings—that is how he fell in love with me, he said he was determined to keep up with me—he only saw the back of my head before we married because I was always a step ahead. He said he had to marry me to see my face (20).

As a new mother, Mrs. Givings is tormented by a devastating sense of inadequacy as she is made to believe that she cannot fulfill her biological duty to nurse her own child. She blames herself for failing to meet the demands of the practice of mothering, for falling short of the preposterous—yet pervasive—cultural logic which proclaims that “a good mother has a fat child. And everyone knows it” (24). In the nineteenth century, the image of the ideal mother in medical texts, prescriptive literature, and popular culture emphasized the importance of the physical connection between mother and infant. The act of breastfeeding was perceived as practically and ideologically crucial to good mothering, securing the health and survival of infants more surely than either wet nursing or hand feeding (Doyle 115).

If the definition of a good mother was one whose body provided life and nourishment for her children, the very function of a wet nurse was antithetical to good mothering (Doyle 128). With the insistence of Dr. Givings, they resort to advertising for a wet nurse “with lots

of healthy milk" (9) who would undertake the feeding of their baby.²⁴ When the Daldrys recommend their black housekeeper, Elizabeth, who recently lost her baby, they vouch for her morals and health in an attempt to disperse Mrs. Givings's fears and doubts about hiring a wet nurse. The ensuing dialogue reveals the growing nineteenth-century misconception among the white middle and upper classes that wet nurses constituted a source of physical and moral contagion (Doyle 135). Mr. Daldry is quick to point out the common belief that wet nurses are "nine parts devil, one part cow" (21). Mrs. Givings exposes the widespread bias that disease, both physical and mental, could be transmitted through milk to the baby. While asserting that "morality goes through the milk," Mrs. Givings draws attention to the race of the wet nurse:

Mrs. Givings. [...] oh I wouldn't use a darkie, the morality goes right through the milk. But in the South, I don't know *what* they do in the South—

Mr. Daldry. Elizabeth our housekeeper is colored but she is very moral, very Christian. She goes to church every week with Mrs. Daldry who is a very devout woman (21).

The idea of hiring a wet nurse adds to Mrs. Givings's sense of frustration and loneliness. She is overwhelmed by a most unpleasant feeling watching her baby "latched on to another woman's breast" (29). She becomes increasingly heartbroken when she realizes that her baby is developing a bond with Elizabeth instead of her:

Mrs. Givings. She won't even look at me!

Dr. Givings. Who?

Mrs. Givings. The baby!

She won't smile at me!

I am not a good mother! I do nothing!

²⁴ In her thoroughly researched book on wet nursing in America, Janet Golden maintains that wet nursing existed as an informal marketplace since colonial times. It expanded in mid-nineteenth century and shrank rapidly in the century's closing decades (68). The quest for a wet nurse in most cases involved a physician who attested to the woman's good health as well as her sound judgment and self-control. Economic necessity was the main reason why women sought employment as wet nurses. Middle- and upper-class women usually hired a wet nurse when they were still recovering from childbirth or suffering from breast infection or their milk was inadequate to feed their baby.

[...]

I am still leaking bits of gray milk. It is as though my body is crying. (56)

In an emotional outburst, Mrs. Givings portrays an image of motherhood frighteningly distant from the cultural symbol of the tender, warm, and comforting mother-figure. Describing her own experience of giving birth, she evokes the most unsettling aspects of maternity and mother-child relationship:

When I gave birth I remember so clearly, the moment her head was coming out of my body, I thought: Why would any rational creature do this twice, knowing what I know now? And then she came out and clambered right onto my breast and tried to eat me, she was so hungry, so hungry it terrified me—her hunger. And I thought: is that the first emotion? Hunger? And not hunger for *food* but wanting to eat other *people*? Specifically one's mother? And then I thought—isn't it strange, isn't it strange about Jesus? That is to say, about Jesus being a man? For it is women who are eaten—who turn their bodies into food—I gave up my blood—there was so much blood—and I gave up my body—but I couldn't feed her, could not turn my body into food, and she was *so hungry*. I suppose that makes me an inferior kind of woman and a very inferior kind of Jesus. (32)

Mrs. Givings captures the ambivalence that most nineteenth-century women felt as they tried to balance their sense of duty and maternal pleasure with the pain and frustration that often attended various stages of motherhood. For many women, childbearing could be an unpleasant and sometimes terrifying process. In Mrs. Givings's description, the experience of childbirth is marked by a relentless physicality. Divested of its religious spirituality and sentimentalized allegory, Mrs. Givings's maternal body bleeds and aches in a self-abnegating effort to give life. It evokes Julia Kristeva's "abject" maternal body which, in Western culture, has been subdued by the dominant image of Virgin Mary. According to Kristeva, the image of the modest, humble, and, at the same time, devoted and fond mother consolidated this new cult of human sensitivity both in art and as part of the wider cultural context of "lived" feminine experience (246).²⁵ In Ruhl's play, the experience of motherhood as one of the most powerful sacraments in our civilization and the figure of the mother as the only

²⁵ In "Stabat Mater," Kristeva points out that "the Virgin became the fulcrum of the humanization of the West in general and of love in particular" (246). In her reading of Kristeva, Kelly Oliver points out that the maternal body's *jouissance* is a threat to the Symbolic order and paternal control as it "is a strange fold between culture and nature that cannot be fully incorporated by the Symbolic" (50).

consecrated representation of femininity are contested through a disturbing imagery that disrupts the fantasy of our idealized relationship to the mother.²⁶ However, the representation of the mother-child relationship through an almost cannibalistic metaphor promotes an image of humanity dependent for existence—in a powerful egocentric manner—not upon Jesus but upon the nurturing power of the maternal body.

When Leo, an artist and a male hysteric, proposes to paint Elizabeth nursing the baby, the traditional Christian narrative of the Virgin is further challenged. In nineteenth-century America, Elizabeth, a black lower-class woman, possesses a precarious social identity as a second-rate citizen at the margins of American middle-class ideology of propriety and respectability. Elizabeth carries the burden of a persistent racial bias as she represents the more carnal aspect of femininity.²⁷ Leo is fascinated by Elizabeth and hopes to shake the cultural and religious foundations of Western art by creating a Madonna “with the breast out so that she may give suck” (54):

Leo. It will be a revolution! I will call it: Nursing Madonna!

How can there be so few Madonnas in which the baby Jesus actually gives suck.

Mrs. Givings. We are to think of Him feeding us, I suppose. Not the other way round.
(64)

In approaching the topic of the Virgin, Elizabeth Grosz has explained that “the representation of maternity through the cult of the Virgin in the discourses of Christian theology is an attempt to smooth out and cover the contradictory status and position of maternity in the symbolic, a maternity both ‘respected’ and unrecognized, both sexless and fully eroticized” (83). Ruhl’s play attempts a bold reconsideration of the religious imagery of giving birth within the context of its actual impact on women’s body and psyche. In Ruhl’s

²⁶ In Kristeva’s words, “motherhood is the *fantasy* that is nurtured by the adult, man or woman, of a lost territory; what is more, it involves less an idealized archaic mother than the idealization of the *relationship* that binds us to her, one that cannot be localized—an idealization of primary narcissism” (234).

²⁷ There is a long line of nineteenth-century medical and popular culture texts arguing for the loose sexual standards and lack of moderation among African Americans and attributing to them a more animalistic sexual assertiveness. See Gilman.

understanding of the experience of motherhood, the physical and the spiritual merge and the maternal body becomes a topos of ambivalence, of power and pain, of love and loss, of nature's life-giving privilege and culture's paternal control. Elizabeth herself represents the most painful aspect of motherhood as she suffers the loss of her own baby. While her baby son, Henry, is dead, her body still continues its life-preserving function by producing milk and Elizabeth experiences intensely powerful and conflicting feelings. Before she leaves, she confesses to Mrs. Givings:

When I first met her all I could think was; she is alive and Henry is not. I had all this milk—I wished it would dry up. [...] The more healthy your baby got, the more dead my baby became. I thought of her like a tic. I thought—fill her up and then pop! You will see the blood of my Henry underneath. But she seemed so grateful for the milk. Sometimes I hated her for it. But she would look at me, she would give me this look—I do not know what to call it if it is not called love. I hope every day you keep her—you keep her close to you—and you remember the blood that her milk was made from. The blood of my son, my Henry. (80)

In Ruhl's play, conventional dichotomies collapse and a more holistic approach to human life and experience is proposed.²⁸ At the center of the play is the power of sexualized energy that liberates people and gives meaning and essence to human relations. Leo's presence in the play has a catalytic impact on Mrs. Givings's perspective on life and love as he is the one that stirs Mrs. Givings's sexual desire. Leo represents one of the rare medical cases of hysterical men.²⁹ After a romantic disappointment, he started experiencing "headaches, eyesight weakness, nausea," and eventually a debilitating loss of inspiration (44). Leo seeks Dr. Givings's electromechanical treatment with the vibrator so he can begin to paint again. As an artist, Leo values sentiment, imagination, and inspiration, qualities in direct contrast to Dr. Givings's scientific objectivity, rationality, and practicality. Mrs. Givings finds herself emotionally drawn to Leo, fascinated by his creative energy, his passion, and free-spirited

²⁸ Elizabeth is the only character in the play who has somehow bridged these dichotomies. She appears to possess real knowledge of her body's potential for pleasure and has experienced a relationship both emotionally fulfilling and sexually gratifying with her husband.

²⁹ For more information on male hysteria, see Link-Heer and Owen Daniel.

outlook on life. Leo is the one who articulates “the importance of merging mind and body, of integrating one’s emotional life with one’s physical life” (Ruhl NPR):³⁰

When Edison’s light came out, they were all saying, my God!—light like the sunset of an Italian autumn... no smoke, no odor, a light without flame, without danger! But to me, Mrs. Givings, a light without flame isn’t divine—a light without flame—is like—[...] having relations with a prostitute. No flame of love or desire, only the outer trappings of—the act. And without love—without the mental quickening—the eyes—the blood—without the heart—or intellect—bodies are meat. Meat and bone and levers and technicalities. (49)

For Leo, technological progress has an insidious impact on human existence as it prioritizes corporeality over spirituality, creating emotionless individuals and passionless relationships. Despite his insightful observation, however, and the fact that he begins to enjoy a reinvigorating sense of creative urge again, Leo, as a man, remains rather short-sighted and self-absorbed, failing to see the enervating limitations inherent in Victorian gender ideology. When Mrs. Givings opens up to him voicing her intense feeling of loneliness, in the hope that he, of all people, can understand what she is going through, his answer sounds hollow and mundane:

Mrs. Givings. [...] I am very lonely.

Leo. I don’t understand your loneliness, Mrs. Givings. You have a child, a husband—a home! (82)

Throughout Ruhl’s play, the characters’ actions and interactions, their personal frustrations and longings are defined through the imposing presence of electricity. As a constant point of reference, a harbinger of progress and change, electricity becomes a powerful medium initiating a process of internal illumination for the characters. Especially the women in the play begin to reevaluate long-held cultural assumptions and gender dictates. The electromechanical power of the vibrator has a life-changing impact on Mrs. Givings and Mrs.

³⁰ In her interview on the National Public Radio, Ruhl points out that “[w]e live in a kind of a pornographic culture, pornography gone mainstream. And so, we think of ourselves as so savvy about sexuality because it’s so ever present. But, I think in terms of the true integration of one’s emotional life with one’s physical life, I think in a way we’ve gone round the bend the other way, that a certain kind of conversation about sexuality is so prevalent and in your face that we lose the delicacy of how to marry an emotional life to a physical life.”

Daldry. Both women reach a state of awakening and self-realization experiencing an irresistible urge to explore the potential of their own physiology and sexuality. Mrs. Daldry soon begins to feel that she needs more than the sheer physical pleasure induced by a machine. The application of the vibrator in the clinical environment of Dr. Givings's operating theatre no longer has the same effect on Mrs. Daldry:

Mrs. Daldry. It's not working, today it's not working.

Dr. Givings adjusts the machine making it louder.

Mrs. Daldry. Nothing. I feel nothing.

He turns it up again. The vibrating noise stops all together. And the lights go out.

Mrs. Daldry. Did I make it stop?

Dr. Givings. It's not your fault. Electrical failure.

[...]

Dr. Givings. (to Annie in low tones) I have been trying these last three minutes, it's never taken longer than three minutes with this machine.

Annie. Should I try the manual treatment, Dr. Givings?

Dr. Givings. Yes, why don't you, I will go look into this.

Annie. Good-day Mrs. Daldry, Annie.

Mrs. Daldry. What is the manual treatment?

Annie. You just lie back.

In the near dark.

Annie puts her hand under the sheet and begins to stimulate Mrs. Daldry. We certainly do not see this, and the actress needn't stimulate this exactly, but under the sheets, Mrs. Daldry has a female ejaculation. (30-31)

Dr. Givings clearly misses the point in Mrs. Daldry's reaction and seems to blame the machine. As a proponent of scientific logic, he fails to perceive that, however effective the vibrator may be as a device, it induces only physical symptoms while Mrs. Daldry longs for something far deeper and meaningful, for human touch and intimacy that would give her both physical release and emotional fulfillment. Dr. Givings resembles Jacques Ellul's technician who has "small ideology and less philosophy. He understands his methods, which

he applies with satisfaction because they yield immediate results, [...] but not genuine ends” (390).³¹

Dr. Givings himself experiences a great shock as a man and a scientist when, after his wife's repeated pleas to try the device on her, he watches her unleash a previously unknown, yet extremely forceful, outpouring of passion at the moment of her climax. However, Dr. Givings's culturally-conditioned prejudices and scientific misconceptions prevent him from joining in his wife's sexual arousal, forcing him to deem the experiment a failure:

Mrs. Givings. Kiss me, darling, kiss me.

Dr. Givings. Afterwards.

Mrs. Givings. No, kiss me now. Kiss me and hold the instrument there, just there at the same time.

Dr. Givings. Darling, no—that would be—

Mrs. Givings. I don't care, do it, do it, I have been longing to kiss someone. Like this.

She kisses him passionately and puts the vibrator back on her private parts.

Dr. Givings. This is what I feared. In a sick woman the device restores balance, but in a healthy woman it makes you excitable [...] I am afraid the experiment was not a success dear.

Mrs. Givings. And I say it *was* a success! Kiss me, kiss me now!

He kisses her politely.

Mrs. Givings. This is inadequate! You are inadequate! (58-59)

The use of the vibrator on Mrs. Givings has a catalytic impact on their marriage. Feeling all the more lonely and frustrated, Mrs. Givings begins to challenge her husband's scientific aloofness, his controlled attitude toward her, and the state of their marriage. Dr. Givings finds himself at a loss as to how to respond to his wife's sexual awakening, her confidence

³¹ Throughout the play, there are references to a pantheon of philosophers and scientists, all male, spanning over centuries since the time of ancient Greece, who contributed to the development of science and technology and the progress of humanity. However, what is shown to matter at the end is the perennial force of nature as it becomes manifest through the life-giving power of women. Women bring balance to a universe defined and controlled by men.

and assertiveness. He is drawn to her through love but horrified at the new variables of their marriage. Dr. Givings begins to waver between “a fear of transgressing proprieties and taboos and an irresistible desire to cross the boundaries of the self, to no longer being limited, held back, but going beyond” (Kristeva 6). For Dr. Givings, the challenge is great: his scientific rationality begins to falter as he is forced to cope with previously unacknowledged feelings of weakness, such as jealousy at his wife’s fondness for Leo. Also, Dr. Givings is called upon to reconcile his deep-rooted dichotomies, to break the rigid façade of his masculine identity and scientific practicality and get in touch with his inner self.³² As he kisses Mrs. Givings tenderly on her face, he begins to fumble with his own artistic nature as his scientific vernacular is turned into a new, awkward yet genuine, kind of poetry:

I bless thee: temporomandibular joint

I bless thee: buccal artery and nerve

I bless thee: depressor anguli oris

I bless thee: zygomatic arch

I bless thee: temporalis fascia

I bless thee, Catherine. (82)

As their union transcends borders and binaries, the setting itself begins to change; the living room and the operating theatre suddenly disappear into the background and “*a sweet small winter garden*” emerges (85). They are both transported away from technology, from social conventions and cultural dictates into the natural world where they begin to celebrate their love. In a manner reminiscent of the famous scene of sexual union in Walt Whitman’s “Song of Myself,” where the “I” and the “You,” the “body” and the “soul” become one in the open air, Dr. and Mrs. Givings achieve a physical and spiritual union “away from the machine. In the garden” (84). With its obvious religious connotations of the couple in the garden and the

³² As Royce explains, Dr. Givings realizes that ultimately “[l]ove—sweaty, earthy, and exhausting love—triumphs over the cold biology of rationalism” (“In the Next Room”).

return to a lost innocence, the final scene of the play is optimistic and inspiring. It is a moment of ethereal transcendence:³³

She has never seen him naked before –

she has only seen him under the covers.

Mrs. Givings. How beautiful you are! Your body! [...]

Pointing to different lines on his body.

Dr. Givings. I am embarrassed.

Mrs. Givings. Don't be.

Lie down and make a snow angel.

He lies on his back and makes an angel in the snow.

She lies on top of him.

They make an angel.

They make their wings go back and forth. (85-86)

Ruhl's multi-leveled drama approaches a confusing and confused historical era with subtlety and insightfulness. Electricity, with its attendant promise for change and improvement, is presented simultaneously as a limiting and liberating force in human life. Mrs. Givings is the one who underlines the double-edged power of electricity with her riddle:

Mrs. Givings. Here is my riddle: What is a thing that can put a man to death and also bring him back to life again.

Leo. Love.

Mrs. Givings. No. Electricity.

Meanwhile, Mrs. Daldry has a loud paroxysm in the next room. (53)

³³ In her interview on the National Public Radio, Ruhl explains that "the play has to do with compartmentalization and people being in separate rooms even though they're married or even though they're in close proximity to each other. So, I think kind of getting out of the—your own room of your own mind or your own body and being, you know, metaphorically in the same room as someone else, whether it be your partner, whoever you're having sex with, your husband, your wife, you know, what have you, I think getting in the same room is kind of the dream of the play in a way."

In the play, the groundbreaking power of electricity is manifested through the use of the electric vibrator. Bearing in mind McLuhan's famous slogan that "the medium is the message," the choice of the vibrator is significant as it gives specific "content" to the abstract notion of electricity (7). As McLuhan has explained, the message is the change of scale or pattern that a new invention or innovation introduces into human affairs (8). From this perspective, Ruhl's play moves beyond the obvious properties and practical applications of the vibrator and explores the not-so-obvious effects that its use as a medical instrument produces. The vibrator is intertwined with the characters' lives and personal relations functioning as a trigger for a number of unanticipated effects. These involve a gradual change in inter-personal relationships and the dynamics of marriage as well as an increasing sense of empowerment on the part of women who begin to challenge male authority and privilege. Mrs. Givings vehemently states that "women are capable of pressing buttons themselves" (83), thus shattering men's exclusive right to science and technology.

With wit and humor, but also with disarming honesty and heightened sensibility, Ruhl's play positions women, art, and nature as countervailing forces to the onslaught of modern technology. Throughout the play, the characters experience an intense yearning for emotional and sexual connection to another human being. The final scene of the play seems to fulfill this yearning. It is a celebration of an idealized vision of humanity, a challenge to our complacent detachment, a trigger to remember the significance of human touch, companionship, and pleasure. As spectators, we are invited to this subtle return to the realm of romantic idealism and the celebration of the regenerative power of Nature as an alternative force in human existence and relations, away from an age of overweening technology.

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