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**Women's Mental Treatments in "The Yellow
Wall-paper": An Approach to the Evolution of
Psychiatry**

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ABSTRACT

In the short story 'The Yellow Wall-paper' written by Charlotte Perkins Gilman, the readers encounter Jane, the female narrator who is receiving a nervous disease treatment applied by decision of her physician husband, John. Taking into account that Charlotte Perkins Gilman wrote her tale basing in the nineteenth-century historical context, it is noticeable from a contemporary perspective that the treatment applied to Jane is objectionable and inefficient. By contrast, a nineteenth-century reader could find John's methods efficient since her wife, apart from not following John's instructions, dares to contradict him basing herself in imaginary findings in her room's wall-paper. This is a fact which seems to aggravate her illness. In this dissertation, I argue how Jane, the narrator, represents the advent of contemporary psychiatry's mental treatments applied to female patients. Contemporary psychiatry looks inwards, more focused in the thoughts and processes of the minds, in other words, the aspects which are not viewable. In contrast, John represents the traditional mental treatments applied on women during the nineteenth century. Traditional psychiatry looks outwards, more focused on physical and mechanic processes of the human body, in other words, the aspects which are observable. In order to conduct this task, I will analyse the evolution of Victorian psychiatry as represented in the main two characters, and as exposed by contemporary discourses on psychiatry and empathy.

KEYWORDS: Victorian Psychiatry, Contemporary Psychiatry, Female Mental Health, Hysteria and Diagnosis

RESUMEN

En el cuento titulado “The Yellow Wall-paper”, escrito por Charlotte Perkins Gilman, se encuentra el personaje de Jane, la narradora de los hechos. Jane está recibiendo un tratamiento médico para los nervios implementado por decisión de su marido, el cuál es doctor, John. Teniendo en cuenta que Charlotte Perkins Gilman compuso su obra basándose en el contexto histórico del siglo XIX, es evidente que el tratamiento que se le aplica a Jane es objetable e ineficaz desde una perspectiva contemporánea. En cambio, un lector del siglo XIX podría pensar que los métodos de John son eficientes ya que Jane, aparte de hacer caso omiso a las instrucciones de John, se atreve a contradecirle basándose en hallazgos imaginarios en la superficie del papel de pared de la habitación donde ella se aloja. Un hecho que parece agravar su condición mental. En esta disertación, argumento como Jane, la narradora, representa la llegada de las terapias psiquiátricas aplicadas en las pacientes por la psiquiatría contemporánea. La psiquiatría contemporánea inspecciona hacia dentro, está más basada en los pensamientos y en los procesos mentales, es decir, los aspectos que no son visibles. Al contrario que John, quien representa los tratamientos psiquiátricos tradicionales que se aplicaban en las pacientes femeninas durante el siglo XIX. La psiquiatría tradicional inspecciona hacia afuera, basándose en los procesos físicos y mecánicos del cuerpo humano, en otras palabras, los aspectos que son visibles. Para llevar desarrollar esta idea, analizo la evolución de la psiquiatría victoriana tal y como aparece representada a través de los dos personajes principales, y así como se muestra en los discursos contemporáneos acerca de psiquiatría y empatía.

PALABRAS CLAVE: Psiquiatría Victoriana, Psiquiatría Contemporánea, Salud Mental Femenina, Histeria y Diagnóstico.

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1. Introduction

In some instances, literature may be used as a ‘guiding thread’ between the facts presented by the narrative itself and the context in which the literature work has been written. Through the characters’ experiences and emotions, the reader can infer the social environment in which the characters are developed, the prevailing view of the society which is presented and therefore, reach his or her own conclusions. As Carla Frye puts it: “through the written word we participate in the interpretation and even in the creation of a literary character” (1998: 829).

The short story “The Yellow Wallpaper”, written by the North American female writer Charlotte Perkins Gilman, can be read as “phenomenological literature” (Whitehead 2017), in which the character’s embodiment is a matter of subjectivity. The distinguishing feature of this type of literature is that it is closely informed by neuroscience developments. The narrative can speak about a disconnection from the self produced by the external society. Contrary to what many people believe, in “The Yellow Wallpaper” the main character and autodiegetic narrator is an “intentional agent” who is in constant struggle with other characters. The story is narrated by a nineteenth century woman who experiences a progressive fall into ‘madness’ and the treatment applied by her physician husband, John. The treatment consists in isolating the patient and diverting her from any physical and intellectual activity. The woman tries to convince John that his procedure is not working as he expects. Nevertheless, the narrator’s husband conviction seems immutable. Thus, both characters co-exist in conflict, since the narrator’s convictions and concerns are opposite to John’s. Since this story deals with female

insanity and Victorian psychiatry, both characters are an allegory of an anachronic approach to women's mental health.

The treatment may seem questionable from the view of the contemporary reader. By contrast, Thrailkill (2002) asserts that nineteenth century readers may find this work from a tale to 'Poesque' portrait of psychosis, since it tells the narrator's deepest thoughts, which reflect a clear shift from an apparent sanity to 'madness'. This matter attests to the readers' lack or possession of empathy and knowledge towards the characters and facts presented in fiction, since the concept of empathy differs in many aspects, depending on its contextual factors of current society or Victorian society, thus making readers take different ideological positions. The main difference relies in the context in which "The Yellow Wall-paper" was written, the information the author sought to convey and the prevailing opinion of society in the nineteenth century. As the narrator is a woman who is suffering an unnamed mental pathology, Victorian psychiatry and women's status in the Victorian period must be put in the spotlight.

Firstly, in terms of mental diseases, contemporary society has been developed within the psychology framework. Psychology studies the human mind as well as its responses to external stimulus. Moreover, psychology is focused on human behaviour and how human beings perform their relationships. By contrast, nineteenth century society lacked incursions on mental health. Therefore, nineteenth century readers could manifest a lack of empathy towards the suffering character. Unlike contemporary psychiatry, Victorian psychiatry was largely divorced from the interest of the patient's feelings, instead, it put emphasis on physical stimulus to restore mental health. Thus, nineteenth-century readers' lack of empathy and gaps in knowledge were justified by a technological gap in the field of medicine. Anne Whitehead (2017) defines empathy as a humanising compassion increasingly absent from increasing "mechanical medicine" (2017: 18). This

fact means that mechanical medicine carried out in nineteenth century was not concerned with any ethics, which could provide doctors with the ability to understand the patients' emotions.

Secondly, since the main character is a woman who describes from her own perspective the treatment that she is receiving from her physician husband, it is important to remark the existing prejudices towards women in the field of medicine, specially, when defining the existing relationship between doctor and patient. Feminist theorist Clare Hemmings (2005) stated that doctors' empathy towards their patients is sometimes defined by routes of power (Whitehead 2017). Such a statement highlights that doctors' considerations may be altered according to the patients' gender, race and social class. Taking into account the role played in society by nineteenth-century women, the psychiatric community, mostly dominated by male doctors, started to relegate women, not only as patients but also as health professionals. Frye asserts that most of nineteenth-century physicians were caustic, and possibly punitive to female sufferers. The relationship between the narrator and John in "The Yellow Wallpaper" portrays accurately the dominance inequality between doctor and female patient distinctive of the nineteenth century.

Lastly, the author herself, Charlotte Perkins Gilman, suffered a nervous breakdown. She received a treatment from Silas Weir Mitchell, a North American well-known physician. This "wise man" put her to rest and never allowed her to work as the treatment lasted (Gilman 1913; Dock). The way in which the characters and their discourses are presented suggest that John could be the incarnation of S.W Mitchell, and therefore, the embodiment of nineteenth century psychiatric treatments. In opposition, since the narrator is the character who presents the events, it is noticeable the clear shift from 'objective' to 'subjective' truth in her discourse as her pathological symptoms

increase. Through the narrative and the representation of events, both characters move and evolve in opposite directions.

Through the conflictive but also symbiotic relationship between these characters, the reader can recognize his or her own society views. In the case of “The Yellow Wallpaper”, the contemporary reader can become aware of the advances in psychiatry towards women’s mental health. Taking into consideration these previous ideas, the present dissertation will analyse the contrast between the narrator as ‘intentional agent’ and John as opposition to the ‘intentional agent’ so as to demonstrate the advances of psychiatry regarding women’s mental health. In order to carry out this task, it is necessary to analyse the character’s contrast through the historical context, the character’s representation and character’s discourse.

2. Historical Context

Firstly, in order to understand the way in which the characters in “The Yellow Wallpaper” are presented, it is important to have a general overview of the convictions and treatments implemented during the nineteenth century and observe how these mental health approaches affected women negatively. The nineteenth century was a prolific period in terms of mental pathologies, women became the majority of the sufferers since Victorian overstatement of decency played against female workers, housewives, daughters but especially against female patients since they were not supported by medicine principles of the nineteenth century.

2.1 Convictions in Victorian Psychiatry

In order to visualize the prevailing neurological approach in the nineteenth century, events after the First World War must be put in focus. This idea may seem incongruent; however, it is essential to understand the inherited principles of nineteenth-century regarding

medicine. After the First World War Physicians found that former soldiers, who survived such tragic event, were inexplicably muted. Neurologists considered the implement of shock treatments to restore their speech. Shock treatments are defined as the deliberate induction of a physiological shock, nevertheless, despite the processes being mechanical or physical, the aim of this treatment is completely psychological. Jane F. Thrailkill (2002) summarizes these befallen events in medicine filed through a literary and actual figure: Dr. Lewis Yealland, Canadian therapist, pioneer in experimental shock techniques. Nevertheless, Thrailkill's approach to Dr. Yealland is through literature, since Dr. Yealland appears as the main character of Pat Baker's novel, "Regeneration" (2002: 527). The novel is set in the aftermath of the First World War. It describes the manner in which Dr. Yealland treated soldiers' mental pathologies. His methods were more concerned with the physical process and the results than with the patients' emotions. The novel represents an allegory between the facultative and the government, indifferent to individual feelings, the main goal is to fight in the war, no matter what the circumstances are. Thus, through Thrailkill's point of view, it can be inferred that late nineteenth-century physicians theorized that a huge range of diseases, from corporeal deformities to mental handicaps, had a physiological seat. This psychiatry's conviction would last until the early twentieth century when progressively, psychoanalytical techniques were implemented. With respect to mental institutions, Showalter (1987) noted that senior positions, supervisors of Victorian asylums or psychiatry units in hospitals, were reluctant to examine patients' feelings and emotions in order to restore their health. According to these supervisors and most of nineteenth-century physicians, the cure of mental disorders relied on physical activity and external stimulation while ignoring the patient's requests. In addition, physicians should coerce the patient to abandon her or his fancies. It was not determinant for doctors to find out what the patients felt and why, since they "were no more interested

in [...] negotiating with their testimony, even in exploring and decoding meanings, than the advocates of mechanical treatment had been” (Showalter 61). The implementation of these physical treatments accounted a low percentage of success among the patients, since most of them spent the rest of their lives locked in mental institutions, being subjects of questionable experiments and tortures, until they died (Thraikill 2002).

In contrast, the late nineteenth century and the early twentieth century were marked by innovative incursions in the field of psychiatry. Physicians started to theorize that the origin of mental and physical disorders relied on the patients’ mind.¹ Thraikill (2002) indicates that opposing to the physiological position, physicians started to perceive corporeal disabilities, to be a meaning-bearing that, along with patients’ verbal representations and thoughts, the physician must interpret to find the optimal solution. One celebrated example could be the psychoanalytical approach implemented by neurologists like Sigmund Freud or Josef Breuer. From the early twentieth century henceforth, the traditional practices carried out in nineteenth century started to be regarded as untrustworthy. Taking into account that health professionals considered the thoughts and emotions of the patients as a primary source of psychiatry; progressively, psychological approach in the twentieth century awakened a sense of empathy among the doctors towards their patients. Nevertheless, the implementation of psychological techniques did not mean a redemption for female patients, but this topic will be discussed further on. Be that as it may, over the years, medicine and health professionals have been evolving closely linked to the prevailing culture of a society.

¹ Charcot had initially maintained that hysteria’s symptoms were the result of a “lesion” or some kind of internal injury that affected the nervous system. The “truth” of the symptoms could be proved, his demonstrations suggested, in his ability to induce his patients through hypnosis. [...] Charcot’s student for a time, subsequently turned his focus to hysteria, working with Joseph Breuer in 1890 [...] Freud’s early theories situated hysteria not in a physical lesion but in a kind of internal physical scar produced through trauma or repression. (Devereux, “Hysteria, Feminism and Gender Revisited: The Case of the Second Wave)

2.2 Hysteria

By the middle of the nineteenth century, women became an “easy target” to develop mental pathologies and were diagnosed as twice as males (Frye 1998). During this period, citizens of Western societies started to face economical, technological and social changes. Due to the industrial innovations and massive productions, this society turned into a consumerist society. As a result, new middle classes aroused in Europe and North America, while social relationships became marked by vital needs of achieving the highest standards in terms of wealth, lifestyle and family. People who could not achieve the prototype of an idyllic family often tended to experiment social anxiety which could derivate in a mental pathology. Frye (1998) found that women suffered the higher percentage of this anxiety due to their social situation. Within a family, men represented the authoritarian figure and the financial support; meanwhile, women ‘should’ correspond gratefully. This gratitude had to be manifested as idyllic motherhood, perfect household care and display of endless happiness. If those ideals were not achieved, women tended to suffer more depression, as they felt they have failed in the standards that Victorian society had set for them. Women noticed that the female role was completely distinctive to men’s as well as the fact that women never could enjoy patriarchal privileges, and most of them developed more mental pathologies than their male peers.² Additionally, according to Golden, they were “kept in a state of marital immobility”, which led them to acquire qualities of dependence and submission (2007: 21). Women were denied higher

² From 1870 to 1910, middle class women were beginning to organize in behalf of higher education, entrance to the professions and political rights. Simultaneously, female nervous disorders of anorexia nervosa, hysteria and neurasthenia became epidemic (Showalter, Elaine. “The Female Malady: Women Madness and English Culture 1830-1980)

education as well as responsibility roles at work, while men were those in charge of providing new advances, apart from having access to higher education, they possessed the exclusivity of investigating and being considered theorists. In contrast, women were relegated to domestic roles. As Showalter states, in terms of language, nineteenth-century society tended to associate men with a reasonable discourse provided by culture and intellect; while women were associated with irrational discourse due to their silent role (1985: 4). Women who deviated from this norm were more often considered mad, or much more accurate: “hysterical.”

Regarding the medical community, men occupied the highest positions in mental-health institutions, while the role of women in this context was relegated to nursery without any opportunity of investigating neither promoting. Showalter points out how “women were denied access to medical education” and how in “their effort to upgrade the status of the psychiatric profession, some doctors denigrated work done by women in public administration” (1987: 54). This fact also provoked that men undervalued the role of women, not only as professionals but also as patients. Frye observes that language became constrained by gender and social class. In the case of female patients, mental physicians began to encompass a wide range of illnesses; like anorexia, depression, neurasthenia, schizophrenia, etc.; under the diagnosis of hysteria (1998: 830). This term was not exclusive of psychiatric discourse, and Devereux (2004) adds that hysteria became used as dramatic metaphor for facts that men found unusual and unknown in women, as for instance frigidity, since women’s role was to please the male figure, it seemed an inconceivable conduct. Taking into account that the principles of Victorian medicine focused on physiological responses of the body, Thrailkill observes that it is no wonder that hysteria presented a “profound challenge” for nineteenth-century doctors since they were unable to identify “organic basis” (2002: 537). In order to illustrate this

point, authors like Showalter (1985) and Devereux (2004) mentioned Charcot's work: "Nouvelle Iconographie de la Salpêtrière", published in 1889, a medical journal in which a series of portraits of Pitié-Salpêtrière patients appear. These photographs shaped doctors' diagnosis, since they could be inspired by the objective observation of the patients' symptoms. This medical journal dedicates one passage to hysteria, showing a series of portraits of female patients. Physicians kept in mind the physical state of women, by observation or photographic evidence, in order to figure out the origin of hysteria. Consequently, the prevailing view among the medical community in the nineteenth century was to attribute the origin of hysteria to women's reproductive cycle. Physicians invoked once again the physical processes of the body to explain human mind and its complexities.³ Henceforth, women's cure relied on physical rest, not in intellectual stimulation. Nevertheless, some nineteenth-century doctors dissented of this statement, and instead, they claimed that hysterical conduct in women was due to the lack of intellectual training during their life. Certain scholars started to encourage women to take part in intellectual activities, like writing and reading which could broaden their lives and expand their knowledge, activities which, unfortunately, society had reserved for men⁴, consequently, doctors were still reluctant.

The advent of psychological techniques in psychiatry, implemented in the late nineteenth century and the early twentieth century, did not mean a significant either positive change for women. The conception of the term hysteria became even more linked

³ According to G. Fielding Blandford, "Women become insane during pregnancy, after parturition, during lactation; at the age when the catamenia [menses] first appear and when they disappear ... The sympathetic connection existing between the brain and the uterus is plainly seen by the most casual observer." (Showalter, Elaine. "The Female Malady: Women Madness and English Culture 1830-1980")

⁴ Rejecting women's confinement to the cultivation of physical attractions as a means of finding their own identity, Robinson (1799) urges women to think and write- to disobey male edict that 'you shall not evidence your knowledge, or employ your thoughts, beyond the boundaries which we have set up around you.' (Manly, Susan. "Mary Wollstonecraft and her Legacy")

to the female figure, due to the fact that psychologically women felt they were unable to access to patriarchal privileges. Devereux (2004) reports that emergent male doctors in the field of psychology, like Freud and Breuer, manifested that women's hysterical symptoms relied on the resentment of not having been born as males. Psychoanalysis principles regarding hysteria relied on women's individual personalities, not anymore in their reproductive systems. Showalter points out the importance of acknowledging the considerable advances that psychoanalysis provided to hysteric patients: "in principle, although not always in practice, psychoanalysis was not moralistic; it did not judge the hysteric as weak or bad, but saw hysterical symptoms as the product of unconscious conflicts beyond the person's control" (1985:161)

Focusing on both anachronic medical approaches towards women's mental health, it should be outlined their connection with the main characters: Jane and John, being John aligned to Victorian psychiatry based on physical, biological and observable evidences in women's body. Oppositely, Jane would be identified with the psychological implementation in the field of psychiatry, based on interpretations of the unconscious, evidences that are not corporeal neither conspicuous. In order to perform this task, primarily the purpose of Charlotte Perkins Gilman at time to evoke these characters and the way both characters are represented must be put in focus.

3. Discourse

As previously mentioned, Anne Whitehead (2017) observed that in literature it can be found some characters who are not perceived as an individualized figure, but as an intentional agent whose purpose is to invite readers to think and come up with a conclusion. It is essential to figure out the key role and clout that each character develops

during the course of the story. Naturally, the representation of the characters could not be decoded without examining the discourse previously, as the discourse emerging from both characters provides numerous examples about how the characters behave and develop themselves during the course of the story. Henceforth, it is essential to observe the contrast and the progress between Jane and John in the course of “The Yellow Wall-paper”

Primarily, the narrator declares that there is a miscommunication problem in her marriage to John. She feels that her statements and John’s are confronted due to the fact that John is described as “practical in extreme” and she feels she fall shorts off him. “John laughs at me, of course, but one expects that in marriage” (647). The narrator implies that this behaviour is common among nineteenth-century marriages. The reader may perceive Jane, since she is an autodiegetic narrator, as a person who is not constrained by objectivity and mundane or superfluous issues. In order to illustrate this point, in the opening of the story, in Jane’s journal, she betrays her own opinion towards her husband’s diagnosis: “You see he does not believe I am sick!” Even she remarks her feelings of impotence since she is not being heard: “And what can one do?” (647). Nevertheless, when Jane starts to express displeasure, John, her physician husband, instigates her constantly to think objectively as possible in order not to aggravate her condition: “John say I feel so, I shall neglect proper self-control; so I take pains to control myself” (648). In addition, John makes the responsibility regarding the success of the cure to lie in her wife’s hands: “He says no one but myself can help me out of it, that I must use my will and self-control and not let any silly fancies to run away me” (652). John acts as a constrictor, he does not allow her wife to move away from the margin of what is socially accepted. As a consequence, Jane has to moderate her speech in husband presence and begins to unleash her speech in a journal hidden from John and other family members. In

this journal, the narrator uses at the beginning an objective language according to Victorian decorum rules, not too subjective. Her speech is constrained by the presence of John, this phenomenon, Davison explains, is “the fear of autonomy and identity” and it is represented through Jane’s lack of voice and therefore, a lack of “authority over the self” (2004: 56). In order to please John, the narrator put her focus on the ornaments of the house: “So I will let it alone and talk about the house” (648). Hereafter, she prepares herself to disguise her discourse as she were really interested in décor: “There is a *delicious* garden! I never saw such a garden- large and shady, full of box-bordered paths, and lined with long grape- covered arbors with seats under them” (648). The fact that the narrator focus is mind on décor is positive, since is the first time that she stops to look her room’s wall-paper carefully and unleash nuances of her own opinion: “I never saw a worse paper in my life. One of those sprawling flamboyant patterns committing every artistic sin” (648).

An important point to highlight is that it seems that the narrator wishes to think that John’s intentions are for the family’s benefit and that he really loves her and takes care of her. John is perceived as a benefactor agent despite his actions show all the opposite. Jane describes her husband as “very careful and loving” (648), a husband who tries his best to improve his wife’s situation. Jane feels that she is indebted to John: “I feel basely ungrateful not to value it more” (648). The narrator perceives herself as a disappointment for John since she is not carrying out her duties as mother and housekeeper: “I meant to be such a help to John, such a real rest and comfort, and here I am a comparative burden already” (649). For the reader, narrator’s vision may seem inaccurate or quite ironical due to John is a character whose treatment results undoubtful as the same time he tries to isolate his wife from any social contact: “Dear John! He loves me very dearly, and hates to have me sick. I tried to have a real reasonable talk with him

the other day, and tell him how I wish he would let me go and make a visit to Cousin Henry and Julia. But he said I wasn't able to go, nor able to stand it after I got there" (651). This fact implies that John thinks he knows better than Jane herself what is in Jane's best interest.

In a precise moment of the story, in her objective observation, the narrator starts to look the wall-paper in detail, she unleashes her speech in the journal moving from a superficial look to a speculative look. Nonetheless, it seems when the narrator is about to offer some relevant information about the wall-paper in her journal, she is interrupted by other characters, and she leaves written proof of this, as she wanted the reader to know: "No wonder the children hated it! I should hate it myself If I had to live in this room long. [...] There comes John, and I must put this away. – he hates to have me write a word" (649). But John is not the only character who restrains the narrator's advances, but also John's sister, Jennie: "I can see a strange, provoking, formless sort of figure, that seems to skulk about behind that silly and conspicuous front design [...] There's sister on the stairs!" (650). In spite of John's and Jennie's intrusions, the narrator manages to forge her way in the wall-paper observation until she establishes a connection with it since she thinks the wall-paper conceals a message for her. Moreover, this kind of mission makes her stay in the house worthwhile. "I'm getting really fond of the room in the spite of the wallpaper. Perhaps *because* of the wallpaper [...] I *will* follow that pointless pattern to some sort of conclusion" (650).

An aspect which is quite remarkable in John's discourse is that one of his resource against her wife reasoning is the infantilization. Infantilization implies that, apart from not validating Jane's speech, John address her with diminutives to remind her that she is still a child, and therefore, she is not deserving to engage in an intellectual discussion with him. He called her things such as "Blessed little goose" (649), "Little girl" (652), and

“Little heart” (653). In addition, John plays his trump card which is the privilege of being male and physician, he reminds that fact to her wife every time he has the chance: “It is a false and foolish fancy. Can you not trust me as a physician when I tell you so? ” (652) or “I could and would, but you really are better, dear, whether you can see it or not. I am a doctor, dear, and I know” (652). This conciliatory tone used by John reverse into the opposite effect and enrage the narrator, who starts to perceive John and Jennie, not only as obstacles, but as intruders in her own field. One remarkable event is when Jennie, John’s sister, is surprised by Jane staring at the wall-paper. Far from being a normal situation for the narrator, she expresses her concern since she is determined to be the only one to analyse the wall-paper’s pattern: “I’ve caught him several times *looking at the paper!* And Jennie too. I caught Jennie with her hand on it once. [...] But I know she was studying that pattern, and I am determined that nobody shall find it out but myself!” (653). In order to decode the wall-paper pattern, she starts to notice some aspect, apart from the superficial look to decode the hidden meaning of the wall-paper: “But there is something else about that paper- the smell! [...] Such a peculiar odour, too! I have spent hours trying to analyse it, to find what it smelled like” (654). The fact that the narrator focuses on one sense like smell means that she is moving beyond the observable boundaries. Meanwhile, John is a character who trust in what he sees. Thrailkill suggested that for John, “sight is the privileged indicator of health and disease, holding sway even over a person’s subjective physical experience” (2002: 547). This statement is corroborated by some of the John interventions addressing to his wife: “You are gaining flesh and colour, your appetite is better. I feel really much easier about you” (652) or “You really are better, dear, whether you can see it or not” (652). He ignores completely her wife complains only because he can’t see the reason why Jane is ill. Therefore, Jane dares to go many steps forward John since her discourse evolves from the objective to the

subjective, while John becomes stuck in his discourse, he does not evolve and refuse to do so. In this way, Jane foresees a new way of examining an inanimate object which has never been analysed before: “I never saw so much expression in an inanimate thing before, and we all know how much expression they have!” (650). Jane implicitly says that she is interested in this object because nobody had paid attention to it previously, just the same way as herself, a female patient ignored by medical community and relatives. When she addresses the reader saying “We all know how much expression they have.”, it is like Gilman had foreseen the contemporary advances in psychiatry shared in confidence between the reader and Jane herself. Thrailkill observes that it seems like the narrator is determined to “*peel back* the dominant text to reveal the second muted text” (2002: 526). While Victorian psychiatry silenced female sufferers, their task as patients was restrained to following strictly the physician instructions; Jane makes allusion to the expressions hidden by women, worthwhile to pay attention. In order to conclude with the discourse issue, I would like to mention Sues (2003) conception about the reason why Jane, as narrator, does not fit in the established patriarchal and medical principles of nineteenth century community: The fact that the reader does not know the narrator’s name until the last few lines of the story, when the narrator address herself in third person: “I’ve got out at last” said I, “in spite of you and Jane?” (656) At this point the narrator and Jane are not the same person anymore, Jane is not a sufferer but an intentional agent.

4. Representation

Have being observed the character’s behaviour through speech, the main aim is to find the reason why both characters, Jane and John, are represented in this way as well as to decode the characters’ embodiment since they could represent two medical approaches

or even a standard-bearer of these medical approaches. Treichler found out that “The Yellow Wall-paper” is a story of confrontation between two modes of discourse: In one hand, one powerful, “ancestral” and dominant. On the other hand, one “impertinent and visionary” (1984: 64). Henceforth, the medical background regarding these two modes of discourse must be put in focus. In order to conduct this task, it is necessary to analyse both characters individually.

4.1 Jane

Much has been speculated about what Gilman wanted to convey by representing Jane as narrator. Multiple interpretations point out that Jane could be an embodiment of Gilman herself since the author recognized in “Why I Wrote “The Yellow Wallpaper?” (1913) to have suffered post-partum depression and to have been put in a rest-cure treatment by a well-known nineteenth-century physician. In addition, her experience with rest-cure treatment was not successful enough: “I went home and obeyed those directions for some three months, and came so near the border line of utter mental ruin that I could see over” (Gilman 271; Dock) Thus, according to some critics, as Jane’s course is pretty much similar to Gilman’s, it could be interpreted as a sort of autobiographical story with fiction nuances. Nevertheless, Gilman’s aim was also to generate a critic directed to nineteenth-century psychiatry and its unorthodox methods applied in women. Most contemporary readers as Golden (2007), whose re-reading of “The Yellow Wall-paper” intensified her feeling of understanding towards the narrator’s rejection of nineteenth-century medical community and patriarchy, share the same view upon Victorian medical principles as Gilman. In order to conduct her critic Gilman used Jane. During the course of the story Jane experiences a progressive evolution, not only in her discourse, but in the way she is represented as a character. Jane is a woman who is confined and deprived of intellectual life due to her apparent pathology: “Temporary nervous depression” coupled with “a

slight hysterical tendency” (648), she develops a progressive fixation with the wall-paper of the old nursery where she is confined into, before eventually falling into madness. The phenomenon occurring within narrator’s mind was often part of many women’s life during nineteenth century. Women, “deprived of significant spheres of action and only to define themselves in personal relationships, women become more and more dependent on their inner lives, more prone to depression and breakdown” (Showalter 64). As a consequence, Jane tries to look for a way of entertainment before noticing the wall-paper surface. Treichler suggest that the obsession with the wall-paper could be caused by her husband refusal to change the wall-paper despite Jane complaints. Thus, as no changes are carried out in the ornamental environment, she experiences a lack of environmental stimulus, and through her “imaginative power and habit of story making” she starts to decode the wallpaper’s superficial pattern. (1984: 63). The action of staring at the wall-paper provides the narrator with an escape route from the domestic role reserved for nineteenth-century women. The narrator abandons her “duties” as mother, wife, and housekeeper in order to observe and analyse the wall-paper surface. An action which in the beginning could not seem pleasurable at all provides a new way of entertainment for her until eventually, Jane ends up embracing the physical space of her confinement, as Golden (2007) observes. Sickness was defined by Showalter (1987) not only as a motive for women to be alone, but also provided opportunities for self-development. Given this context, it can be deduced that the narrator, since she is not allowed to participate in any intellectual nor physical activity, she tries to search her own convictions while observing the wall-paper. Jane ends up finding motivation for herself, she feels for first time that her stay in the house is becoming worthwhile since she is determined to clear up the content of the wall-paper’s pattern. “Life is very much exciting now than it used to be, you see I have something more to expect, to look forward to, to watch” (653). Little by

little, she goes in depth with the wall-paper observation, from a superficial to a speculative look Jane finds in the wall-paper's surface a pattern available for description. The narrator does not agree with her husband's diagnosis about her pathology, this condition is never made explicit by the husband, the reader only know through Jane's paraphrasing in her journal: "Temporary nervous depression" and "Slight hysterical tendency" (648). Treichler (1984) indicates the fact that the pathology is unnamed, intensify the purpose of the narrator in putting name to her condition while observing the wall-paper. Suess finds an explanation for this phenomenon in the Symbolic Order law in which the individual "attempts to create a new order" as Jane, has not been taken into account by her physician husband, she is unable to enter in the established principles of Victorian psychiatry, thereby, Jane "can find her own sense of social similitude and personal identity" (2003 : 84). Thus, Jane becomes a "metaphorical doctor" moving further in her "scrutiny" of the wall-paper. (Thraikill 547). In addition, the narrator starts to regard her husband as an intruder or a deterrent. However, apart from perceiving her husband as a rival, whose medical vision differs from hers, she wants to become the only analyst to determine what is going on beyond the wallpaper's surface. As her stay in the old nursery is prolonged, the narrator feels an innate connection with the wall-paper to some extent. For the narrator becomes more than evident that the wall-paper conceals a message for her. Increasingly, Jane glimpse a human figure behind the wall-paper surface. Eventually, she realizes that the human figure, is a woman, or more than one woman, trapped within the wall-paper by some external force. Suess describes the relationship between Jane and the wall-paper to go "so far as to become in her mind, literally one with it" (2003: 92) It could be interpreted that Jane sees herself reflected in those women since she is confined without the possibility of leaving on her own. Nevertheless, Jane herself is not the only figure identified with those women in the wall-paper, but also all the female patients

secluded in mental institutions during the nineteenth century and earlier. Thrailkill describes this event as a “shift that articulates a larger transformation from the physiological to the psychological, the patient [the wall-paper] loses its inertness and becomes impatient, insistently, soliciting attention from its analyst” (2002: 548). The narrator has “diagnosed” the wall-paper through her own interpretation of the abstract. In fact, Jane has not seen any material evidence which could lead her to that sort of conclusions. The wall-paper surface, on its part, represents the patient, an entity available to decode. The women who Jane glimpses could represent the unconscious, as anyone can’t see it, it could only be subject of numerous interpretations. Davison (2004) defines that the narrator reverses the roles and becomes a psychoanalyst of the patriarchy. In addition, Sues found out in Freud’s words that one of the main principles of psychoanalysis is all which “has been foreclosed from the Symbolic [unconscious] appears in the Real” (2003 : 91) Similarly as Jane, for whom the hallucinations in the wall-paper would come alive in the real life. By creating the character of Jane, a woman who shows some certain incompatibility between order and imagination, Gilman anticipated the twentieth-century medical current of psychology, whose principals were not based anymore in physical evidence.

4.2 John

John is the physician who has diagnosed her wife, Jane. His diagnosis has been seconded by other characters as Jane’s brother, who is also a physician, and Jennie, who is the sister of John. As previously stated, the narrator refers to her pathology, previously diagnosed by John, as “Temporary nervous depression” along with a “slight hysterical tendency” (648). In account of a contemporary reader, the pathology endured by the narrator could be a post-partum depression. Unfortunately, post-partum depression “was not extant in Victorian vocabulary” (Suess 85). For this reason Jane differs from her husband opinion.

Treichler (1984) noted that John's diagnosis has considerable power over the narrator's mood, despite being far from reality, it dictates Jane's confinement in the old nursery and consequent implementation of the therapeutic regimen which included physical isolation, rest and prohibition to work. Coincidentally, the treatment applied by John is much similar to the rest cure applied by the nineteenth-century physician Silas Weir Mitchell, who treated the author, Charlotte Perkins Gilman. Mitchell stood out for his advances in the field of psychiatry. Nevertheless, his focus was always in neurology, never in psychology. His notoriety came due to the medical treatment he developed regarding those who suffered a nervous breakdown: the rest cure. According to Thrailkill, the rest-cure treatment implied the total isolation of the patient, complete physical rest, rich diet of creamy food, massage and electrical stimulation of disused muscles. Moreover, the patients should subscribe to "a complete submission to the authority of the attending physician" (2002: 536). All physical and intellectual activity was prohibited as the treatment lasted. Jane, as a patient, shows certain incompatibility between John's law and her since he restrains her wife's efforts to entertain or develop herself by not allowing her to write anymore or by depriving her of social life. Mostly in case of female sufferers, the relatives were those who gave the facultative full powers to conduct the patient's willpower. That meant that the patient must abide by doctors' and nurses' instructions. Likewise, John and his also physician brother-in-law take the liberty of submitting Jane to the rest cure. Jane does not have any support in the house who could convince John of the error of his methods. Even John's sister, Jennie, makes sure that Jane follows strictly John's instructions and submit her to constant surveillance. Jennie is portrayed by Gilman as an enthusiastic woman who does not aims to become anything else than mother and housewife. Davison (2004) observes that Jennie is used by John as a learning tool to show the correct path to her wife since Jennie tries to persuade Jane to think that too much

writing and intellectual activity caused her illness. Similarly, much has been argued about Mitchell annoyance by female patients since they altered the household atmosphere. Thrailkill (2002) found in Rosenberg's words that doctors' resentment of female patients was rooted in two factors: the biological origin of hysteria itself, and second, the fact that female patients did not function as women were expected to function. Hysterical behaviour then, represented a threatening and malicious conduct for Victorian society, the antithesis of decorum. That is the reason why John does not want Jane to write anymore, apart from the fact that during the nineteenth century the job of writer was reserved to male role, John does not want Jane "to gain possession of her own language" (Suess 90); any of the characters states explicitly if John conduct this task with malicious intentions towards Jane, but it is evident that John wants to perpetuate the dominance of male role at the house over his female counterpart. Frye (1998) stressed that according to nineteenth-century physicians the success of the rest cure relied on the acknowledging of its legitimacy from part of the patients. That principle is an advantage for John and Jennie, in order to exert control over Jane. They stress the idea that if the narrator does not obey their instructions, in case Jane returned to write, the cure would result useless for her. John seems to show self-confidence towards his treatment in the same way as "Mitchell himself was clear that the efficacy of his cure lay of a patient's material body" (Thrailkill 532). In spite of narrator's opinion about her own mental health, John refuses to listen her since male voices represents the rational, the practical and observable, and "it diminishes superstitions" (Treichler 65). The female voice, even being the patient, once more is not taken into account since most physicians considered that not only the privilege of them being physicians gave power to their diagnosis, but also the privilege of being male since women discourse is associated with the fancies and not with the rational. S.W Mitchell himself, stated once: "Wise women, choose their doctors and trust

them. The wisest ask the fewest questions” (Treichler 68). It should be stressed the importance that John is a character described as “practical in extreme” (647), impatient and suspicious towards superstitions; being a standard bearer of the law and reality. In addition, John is a character to whom the idea of “ghostliness” (648) is unconceivable as he does not believe in those abstract things which cannot be felt and seen. Mitchell’s attitude match to John’s behaviour to some extent since Mitchell’s main focus was put on observing the physical responses of the body to external stimulus. Nevertheless, Thraikill argue that John could not only represent only S.W Mitchell, but depict the misjudgement of all prominent physicians of nineteenth century. Jean-Martin Charcot, eminent French physician, stated that his convictions were based on his perceptive senses: “If you want to see clearly, you must take things exactly as they are [...] In fact, all I am is a photographer I describe what I see” (2002 : 547).

5. Conclusion

In order to conclude this dissertation, it can be brought out that in “The Yellow Wallpaper” there are two clashed views: On the one hand, the archaic physical approach to psychiatry, applied by John in Jane, portraying with accuracy S.W Mitchell and other nineteenth-century physicians’ methods. On the other hand, the ahead of its time psychological approach, based on interpretations of the unconscious, applied by Jane in the wall-paper. The denouement of “The Yellow Wall-paper”, when the narrator crawls over her husband’s fainted body, may signify the triumph of the psychology over the psychiatry’s nineteenth-century techniques. Nonetheless, it has to be mentioned that the reader should not perceive the allegory between Jane and the psychological psychiatry as a positive fact nor as a triumph for women since the story cannot be considered a happy

ending for the protagonist. Treichler adds: “The surrender of patriarchy is only temporary: her husband has merely fainted, after all, not died, and will no doubt move swiftly and severely to deal with her. Her individual escape is temporary and compromised” (1984: 67). The reader must assume that Jane’s mental pathology will only lead her to suffer even more, by the hands of an established and patriarchal model of psychiatry, as Suess (2003) suggests. For the women, the liberation from their domestic roles, even with the advent of contemporary psychiatry, would take more time to achieve. Psychoanalysis defended the idea that male supremacy as an “innate leadership”, contrary to Charlotte Perkins Gilman, who thought that male supremacy was an “accident of sex” (Golden 21). In such a way, psychoanalysis became one of many patriarchal discourses supporting the domesticity of women. Regarding a different perspective, far from being pessimistic towards Jane’s fate, Golden (2007) adds that once John has fainted, Jane’s process of crawling will remain ongoing, fact that I interpret to be the continuous advances of contemporary psychiatry which remain to be achieved through further investigation.

The main point is that Gilman achieved accurately to portray the discourse and the behaviour of the two main characters through the eyes of the narrator. Such is the precision in discourse and conventions implied in Jane’s experience that the reader can encounter not only the dominant views Victorian psychiatry but also the prevailing view that society had about women’s mental issues, which were considered as taboo. Unexpectedly, an unheard voice, an ignored patient who tries to find the cure for herself, without *intention* becomes an *intentional* agent who conducts a critic directed to the whole patriarchal community which has ignored female patient’s voices for ages. Thanks to literary works such as Gilman’s tale, current readers have been able to shed light to medical attitudes towards female patients during the course of the history. This kind of literature described as Treichler (1984) as a real account for madness, not only help the

medical community to become more prone to listen carefully their patients but encourage all readers to engage in some self-examination and develop our sense of empathy toward the rest of human beings and not to lapse into the appearances.

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