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Invisible Voices: Revising Feminist Approaches to Charlotte Perkins Gilman's "The  
Yellow Wallpaper" by Including the Narrative of Mental Illness

Rebekah Michele Hood

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Arts

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## ABSTRACT

### Invisible Voices: Revising Feminist Approaches to Charlotte Perkins Gilman's "The Yellow Wallpaper" by Including the Narrative of Mental Illness

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Since 1973, the year in which Elaine Hedges's groundbreaking edition of "The Yellow Wallpaper" was published, Charlotte Perkins Gilman's short story has been read primarily as one of America's leading feminist texts. With potent symbolism and a fragmented style of narration, it is easy to understand why many feminist scholars fashion the story's narrator into a proactive feminist, a courageous heroine who rebels against patriarchal oppression. While this trend of interpretation compellingly attempts to empower the narrator, it often overlooks her perspective of disability and projects the characteristics of a nondisabled, high-functioning feminist on a mentally ill woman. This paper reads Gilman's short story as a narrative of mental illness and applies the research of feminist disability scholars Anita Silvers, Jenny Morris, and Susan Wendell to a close reading of the story. Approaching the story from this perspective, we can identify the systems of oppression that disable the narrator and read "The Yellow Wallpaper" in a way that validates the subjective reality of depression and invites disabled voices into feminism's exploration of womanhood.

Keywords: "The Yellow Wallpaper," Charlotte Perkins Gilman, mental illness, disability studies

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## Invisible Voices: Revising Feminist Approaches to Charlotte Perkins Gilman's "The Yellow Wallpaper" by Including the Narrative of Mental Illness

When students and academics speak of Charlotte Perkins Gilman, they refer to a woman who overcame an extreme psychiatric crisis during her first marriage to become a New Woman, a successful writer, a lecturer on equal rights, and an advocate for educated working women. However, they do not always exercise appropriate caution against assuming that Gilman's mental collapse was a one-time experience with few repercussions.<sup>1</sup> In fact, disability played a significant role in the author's life, and she was plagued with symptoms of anxiety and depression for over twenty-seven years during which her strength and work output often faltered. Gilman herself described these years as "a time of extreme distress, shame, discouragement, [and] misery" (103).

Gilman's mental illness emerged following the birth of her first child when she sank into what today would be diagnosed as postpartum depression, believing that her new maternal vocation undermined her professional ambition and robbed her of precious time. During the worst of Gilman's depression, she felt a "constant dragging weariness miles below zero. Absolute incapacity. Absolute misery" (91). She crawled into closets and slipped underneath beds as if to hide from the constant pain and distress she felt (96). Seeing no evidence of physical weakness, friends and family found Gilman's collapse inexplicable and believed that earnestly returning to her domestic responsibilities would prove the ultimate cure. Other sympathizers suggested that Gilman "force some happiness in [her] life" and "occupy [her] mind with pleasant things" (90). Feeling doubted and even scorned, Gilman could not make her loved ones see that

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<sup>1</sup> Following her breakdown in 1887, Gilman experienced a constant, "irritable unease" that resulted in small, daily incidents: "forgetfulness of people . . . an absent-mindedness often working harm; many a broken engagement; unanswered letters and invitations" (102).

while her body was strong, her mind was weak and infirm. In resignation she wrote how hers was an affliction that “no one observed or understood in the least” (89).

During the worst portion of her illness, Gilman famously sought care from Dr. Silas Weir Mitchell, the leading nerve specialist in the country, because she feared that she was losing her mind. She gave the doctor a letter explaining the course of her condition, but he dismissed her history and administered what he called “the rest cure,” reassuring Gilman that she suffered not from dementia but “only hysteria” (95-6). Mitchell sent his patient home with instructions to “live as domestic a life as far as possible” and “have but two hours’ intellectual life a day” and “never to touch pen, brush, or pencil again” (“Why”). The doctor stated that this treatment was “rather a bitter medicine” that made his patients “glad enough to accept the order to rise and go about when the doctor issues a mandate” (qtd. in *Jury* 222). Gilman followed the doctor’s advice for three months and was nearly driven mad.

This experience inspired Gilman to write “The Yellow Wallpaper,” but she had difficulty getting the story published. Editors like Horace Scudder rejected the story because of its dark themes and apparent rejection of hope or moral uplift. Eventually, the story was published in *The New England Magazine* in May 1892, where it was received with mixed reviews. From a medical standpoint, the story was praised for its accuracy in depicting a woman’s emerging insanity (Hedges 38). Others read it as a horror story that featured Poe-esque Gothicism, while moralists treated it as a cautionary tale warning young women about the dangers of novel reading or novel writing. William Dean Howells, influential editor of *The Atlantic Monthly* who initially referred Gilman to Scudder, eventually published the short story in his own collection, *Great Modern American Stories*. Howells introduced the narrative as “terrible and too wholly dire” and “too terribly good to be printed” (qtd. in Shumaker 588). Despite the immediate, strong reactions

that greeted “The Yellow Wallpaper,” the chilling tale secured only a small audience and soon slipped into obscurity.

It was not until 1973 that Elaine Hedges revived “The Yellow Wallpaper” and championed its merits. Hedges argued that the “small literary masterpiece” had been overlooked and that its author had been underestimated as America’s foremost nineteenth-century feminist (37). Hedges was the first critic to approach Gilman’s text from feminist perspectives, exploring connections among insanity and sex, gender roles, and the dynamics of male-female relationships in the nineteenth century (39). After Hedges’s publication of “The Yellow Wallpaper,” critics celebrated it as one of the most important feminist texts ever written. Such feminist readings remain essential to our understanding of Gilman’s story and milieu, especially in affording understanding of patriarchal oppression, the philosophy of separate spheres, True Womanhood, and misguided diagnostic and treatment practices of the late nineteenth century. Interestingly, this scholarship also tends to interpret madness as a rebellion directed against women’s subjection, an empowering manifestation of feminine sexuality and of ruptured but artistic language rather than as proof of disability.<sup>2</sup>

While such readings impressively engage madness in creatively metaphorical ways, they ignore realities of a narrator devastated by her experience of mental illness. The narrator’s emotional condition, after all, severely disables her, destroying her capacity to wholly function and interact in society. Overcome by fatigue and sadness, the narrator is hardly able to care for herself and her infant without the assistance of her husband and sister-in-law. She languishes in depression, which escalates into manic episodes and dangerous psychoses that imprison her

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<sup>2</sup> See Schilling, Beate Schöpp. "The Yellow Wallpaper: A Rediscovered 'Realistic' Story." *American Literary Realism*, vol. 8, no. 3, Summer 1975, pp. 284-86; Treichler 73-74.

mind. I detail the symptoms of the narrator's mental illness and their harmful influence on her well being in order to explore the subjective reality of her disability. Unless we identify what Eli Clare terms "systems of oppression"—ideologies or practices that disable the narrator by invalidation, suppression, and exclusion, we fail to appreciate the realities of the narrator's mental situation (Clare qtd. in "Unhealthy" 162). These systems, and not necessarily the impaired body or mind, stigmatize and oppress disabled persons.

Two such systems deserve careful consideration. The first of these is the repressive influence of physicians and patriarchs, illustrated in Gilman's text through John's diagnostic regimen, patterned on the medical practices of Jean Martin Charcot and Mitchell. The second is comprised of nondisabled feminists who, in metaphorizing the narrator's illness, deny her experience of disability and project the characteristics of able-bodied women onto her identity. I counter these systems as I apply theories of feminist disability scholars Anita Silvers, Jenny Morris, and Susan Wendell to a close reading of Gilman's story, exploring how readings that diminish the protagonist on the one hand or that fashion her as a triumphant heroine on the other hand will invariably marginalize her by ignoring her disabled perspective. But differently pairing disability studies theory with a feminist reading of "The Yellow Wallpaper" underscores the narrator as a mentally disabled woman and prevents our seeing her exclusively as a nondisabled, proactive feminist. Not only does this vision legitimize Gilman's subjective reality of depression, but it more fully invites and accommodates disabled voices in feminism's exploration of womanhood.

In order to understand Gilman's experience of disability, it is helpful to refer to her article, "Why I Wrote the Yellow Wallpaper," where Gilman claims to have written her short story to provide a realistic account of nervous prostration. Her description of mental illness,

which was “wrenched out of [her] life,” is essential because it contrasts with the vague and inaccurate diagnoses articulating in the medical profession (Hedges 37). Hysteria, in particular, was the wastebasket diagnosis of the era with Mitchell calling it the “nosological limbo of all unnamed maladies” and declaring that it ought to be named “mysteria” (qtd. in Showalter 130). While doctors used the term “hysteria” when they “didn’t know what they were seeing but wanted to say something,” the condition was genuinely believed to be an illness of the mind that resulted in bodily disturbances varying in form, duration, and intensity (*Hystories* 14-16). Eventually, however, the condition became associated with women who willfully violated their responsibilities in the domestic sphere (Showalter 133). Mitchell scathingly described these female hysterics as “broken-down and exhausted women, the pests of many households, who constitute the despair of physicians, and who furnish those annoying examples of despotic selfishness . . . and in unconscious or half-conscious self-indulgence destroy the comfort of every one about them” and showed little sympathy toward his “hysterical patients (qtd. in C. Davis 98). Some women used hysteria as reason for or means of rebelling against patriarchal oppression, but such drastic measures, Showalter concedes, were a “desperate, and ultimately self-destructive, form of protest” (*Hystories* 10). Contemporary nineteenth-century readings of “The Yellow Wallpaper” label the narrator as a desperate hysteric, but Gilman diverges from the amorphous nature of this diagnosis, offering a representation of mental illness that, amazingly, is more consistent with today’s psychiatric standards.

Second, Gilman condemned Mitchell’s rest cure, showing how his prescription only aggravates the narrator’s condition. Calling the story “pure propaganda,” Gilman hoped that it would convince Mitchell to revise his treatment of female hysteria (qtd. in Dock 96). Since the rest cure was widely agreed upon as the best treatment for female hysteria, Gilman recognized

the immediacy of the problem and the need to publish her story. Paula Treichler importantly notes how “‘The Yellow Wallpaper’ is not merely a fictional challenge to the patriarchal diagnosis of women’s condition” but a “public critique of a real medical treatment” (69). This observation shows that while some of the details of the short story were fabricated and subject to metaphorizing, the rest cure was real, and it affected real women. That Gilman’s narrative is an indictment of Mitchell’s rest cure helps us recognize authenticity and an urgent resolve in her experience of disability.

Third, and most importantly, Gilman wrote her short story in order to share what Morris terms the “subjective reality” of disability (59). Unless this dimension of the reality of disability is understood, Gilman seemed to realize disabled people would remain invisible in the mainstream, nondisabled world. Gilman’s short story became an empowering act of self-authorization that allowed her to take ownership of her disability by identifying the disabling influences in her life. Composing her narrative of disability was redemptive for Gilman, and the text could potentially help many other women who felt disabled by their circumstances. Hoping that “The Yellow Wallpaper” would “save people from being driven crazy,” Gilman proudly related how her story had already saved at least one woman from a terrifying fate (“Why”). While the larger success of her story is not documentable, Gilman undoubtedly helped create a community of women by disclosing her identity in a personal, genuine, and candid manner. She helped normalize conversations about mental illness, granting women permission to define their own experiences of disability.

Writing and publishing a subjective reality of disability was crucial because Gilman lived in an environment where the nondisabled regarded the mentally ill with contempt and revulsion. The first system of oppression we see in “The Yellow Wallpaper” develops from a society that

dismisses people whose behavior departs from the norm (Silvers 132). The story contains glimpses of eighteenth-century practices in which the mentally ill were seen as barbarians who must be controlled, even if by inhumane means, by the abled-bodied. The mentally ill were imprisoned in locked cells and were disciplined with chains, whips, and various torture devices (Showalter 8). Foucault explains that such punishment was intended to discipline the body—to exorcise blackness, divergence, and unreason from the soul (17). Some institutions confined the mentally ill in ground-floor rooms with barred windows so that passersby could observe the madman or madwoman inside his or her prison. Madness constituted a spectacle, offering not only a shocking glimpse into the bestiality of man, but also a clear representation of the gulf between nondisabled and disabled persons (*Madness* 68-70).

The end of the eighteenth century marked an important shift in the perception of mentally ill persons as Dr. Philippe Pinel ordered that chains be removed from his patients. His introduction of *le traitement moral* prompted doctors to view the mad as sick human beings in need of care (Young 82). One of these doctors was Jean Martin Charcot, the first European theorist of hysteria. Beginning his work on hysteria in 1870, Charcot worked with a wide breadth of symptoms ranging from fatigue to paralysis in order to show that his female patients' symptoms were genuine and not fabricated (Showalter 147). Nevertheless, Charcot's diagnoses were so variegated as to be ambiguous, and they did not lead to his naming legitimate conditions or causes, much less truly meaningful treatments. Thus, even after his exhaustive studies, the physician could only determine that hysteria seemed inextricably tied to the female nature.

Perhaps the ambiguity of Charcot's diagnosis can be attributed to his methods of recognizing hysteria. The doctor relied heavily on visuals. He took many pictures of his female patients who were experiencing different stages of hysteria and compiled them in an album so

that he could return to the photographs frequently. During his public lectures, Charcot used colored chalk to draw detailed figures, charts, and diagrams on the board. He frequently ushered in female patients to demonstrate various phases of hysterical attacks and how he countered these with experimental hypnotism (Showalter 148-50). Despite the extensive pictorial record of the female hysterics, Charcot's investigation was incomplete: he silenced his patients' voices and ignored their subjective realities (Morris 67). As if to buffer his professional opinion, Charcot insisted, "You see how hysterics shout . . . much ado about nothing" (qtd. in Showalter 154). His patients existed to be seen but never to be heard (Foucault 250). Similarly, Mitchell scorned the talking cure, and he did not care to hear about his patients' pasts or problems (Herndl 119). Thus, Foucault rightly predicted that the "science of mental disease . . . would always be only of the order of observation and classification. It would not be a dialogue" (*Madness* 250). This regime of observation and classification would not be disrupted until the late nineteenth century when Sigmund Freud stimulated intimate conversations with female patients through psychoanalysis. Until Freud's talking cure was revolutionized, however, women's subjective realities were pitted against the voice of medicine and male logic. Because the masculine voice constituted the dominant mode of discourse, it was nearly impossible for women to define and evaluate their own condition.

The preceding paragraphs have established how Charcot's diagnostic methods and longstanding societal codes sustained the first system of oppression addressed in this paper. At this point, I will commence a close reading of "The Yellow Wallpaper" in order to illustrate how this oppression operates in the literary setting. The environment of "The Yellow Wallpaper" contains echoes of the past in which the mentally ill were forcefully restrained and were viewed as a menace to society. When the narrator sees the nursery she will be staying in, for instance,

she describes how the windows are barred, and “rings and things” adorn the walls (“Yellow” 168). Parts of the wallpaper have been stripped off, especially around the head of the bed (168). The floor has been splintered and scratched, and the bed, which is bolted to the floor, has been damaged (171). Gilbert and Gubar indicate that the “rings and things” are equipment for confinement and indicate the narrator’s imprisonment (90). The paraphernalia of the nursery is reminiscent of psychiatric institutions that treated the insane as beasts to incarcerate or regressive children to humiliate or punish rather than human beings to rehabilitate. In addition to the environment of the nursery, the estate’s location evokes the remoteness of old asylums. At the beginning of her account, for instance, the narrator describes the estate that she and John have rented as a colonial mansion that seems almost haunted, and she finds it unusual that the estate is so cheap and has been untenanted for so long (“Yellow” 167). Additionally, the mansion is “quite alone, standing well back from the road, quite three miles from the village” (167). The location of the estate is consistent with Foucault’s observation that asylums were removed from society so that “the evil could vegetate there without ever spreading” (“Madness” 207). This evil was the terror of unreason that threatened the conformity of society (245).

While this environment unsettles the narrator, it seems perfectly suited to her husband. John is “a physician of high standing” who follows in Charcot and Mitchell’s tradition of exerting his nondisabled jurisdiction by silencing the narrator and dismissing her mental illness (“Yellow” 166). John’s diagnostic language and paternalistic language are mingled into one, leaving no question about the authority inherent to his professional—and masculine—medical opinion. Treichler explains that the doctor’s diagnosis is powerful because it carries institutional authority through a masculine voice. It not only names reality, but it also holds power over what reality will be through the enforcement of treatments and therapeutic actions (Treichler 65).

While John is portrayed as a kind and well-intentioned husband to his beloved wife, his position is nevertheless vulnerable to abuses of position or power, and his diagnosis necessarily reflects society's crippling attitudes about women's afflictions. From the onset of "The Yellow Wallpaper," it is clear where John stands regarding his wife's illness. She suffers from a "slight hysterical tendency" ("Yellow" 166), and John largely ignores her to treat more serious cases in town (168). The narrator disagrees with her husband's opinions and makes several attempts to reason with him or make an ally of him, but he makes it clear that he takes neither his wife's condition nor her words seriously (Van 54).

John refuses to assign significance to his wife's condition because he cannot see any physical evidence of a disease. Because his wife appears to enjoy good health, John believes that "there is no *reason* to suffer, and that satisfies him" ("Yellow" 169). Wendell explains how people with chronic emotional illnesses are often the least understood. Even though such illnesses can severely impair functioning, they "do not fit most people's picture of disability" ("Unhealthy" 164). This attitude is illustrated in Gilman's autobiography when she describes the dichotomy between physical and mental pain. She writes:

An orthodox visible disease that sends one to bed, as scarlet fever or mumps, is met by prompt sympathy. A broken arm, a sprained ankle, any physical mutilation, is a recognized misfortune. But the humiliating loss of a large part of one's brain power . . . accompanied with deep misery and anguish of mind—this when complained of is met with amiable laughter and flat disbelief. (104)

This same reaction unfolds in "The Yellow Wallpaper," as John laughs at his wife's anxieties and patronizingly calls her his "blessed little goose" ("Yellow" 169). He "scoffs openly

at any talk of things not to be felt and seen and put down in figures” (166). Since John cannot explain his wife’s condition, he finds it irrational or even imaginary, perhaps subconsciously believing that it threatens the rationality of his own materialistic universe (Shumaker 592). As his wife’s condition deteriorates, John blames her because he expects her to be more controlled. His refusal to take his wife’s depression seriously is just as damaging as her actual symptoms because he has power to completely negate her suffering. John’s medical authority is widely accepted, so his disregard brands his wife as an anomaly, a medical abnormality that defies his professional experience (Wendell 120). His refusal to confront the dilemma of difference automatically invalidates his wife’s illness. In this context, the narrator’s journal entries not only counter John’s dismissal of her illness, but validate the illogical yet very real symptoms she experiences.

John is relentless in his attempts to combat the narrator’s seemingly irrational disease with a rational treatment, deriving from his familiarity only with physical causes and effects of illness (Shumaker 591). He prescribes phosphates to treat his wife’s nervous exhaustion, administers a schedule of fresh air and exercise, and forbids his wife from tiring her mind with work or imagination (“Yellow” 166). John is convinced that this strict regimen will improve his wife’s health and reassures her that she is gaining her weight back, that her color looks better, and that her appetite has improved (174). But while John lauds the promise of such physical evidence to his wife, she retorts, “Better in body perhaps” (175). The narrator demonstrates self-awareness about her illness and recognizes that it will require much more than diet and exercise to heal her lingering depression. Her husband, however, disqualifies illnesses that he cannot perceive or conditions existing beyond the boundaries of his diagnostic power. He adopts a quick-fix attitude about the narrator’s apparently inconsequential mental illness. And when his

wife does not respond as fully or as quickly as he expects, he even threatens that if she does not “pick up faster he shall send [her] to Weir Mitchell in the fall” (171). John fails to understand that mental illness does not operate on a timeline and that physical remedies may not yield significant results. The narrator is familiar with Mitchell’s treatment, and she does not want to go because the doctor is just like John, “only more so” (171).

Despite what she is told by the medical community, the narrator recognizes something more is wrong with her. Her journal functions as a medical narrative, a fragmented attempt to voice her subjective reality. There, she records her symptoms and offers her view of the problem (Treichler 63). Because of this record, we know that she frequently questions her husband’s diagnosis, and she believes that work, society, and stimulus would address her mental infirmities far better than John’s current regimen (“Yellow” 166-7). The narrator describes her symptoms in detail not only to convince John of the legitimacy of her illness, but also to validate her own experience and the experiences of other suffering women. Her nervous troubles are “dreadfully depressing” and plague her throughout the day (169). In addition to her depression, she feels guilt-ridden because she cannot fulfill her duties as a wife and mother, and she has occasional feelings of aggression towards her husband (167, 169).

During her illness, the narrator experiences visual hallucinations and synesthesia regarding the wallpaper in the nursery. The wallpaper is a sickly shade of yellow; it is not the beautiful yellow of buttercups, but of “old foul, bad yellow things” (177). The wallpaper even has a “yellow smell” that creeps in the house, lies in wait for the narrator, and hangs over her during all times of the day (178). Gilbert and Gubar suggest that this yellow odor is abhorrent to the narrator because it reeks of decay (90), while Showalter suggests that the yellow odor is reminiscent of urine and soiled baby diapers (*Jury* 223). As the narrator’s mental state

deteriorates, her hallucinations become more distinct and lifelike. No longer distracted by the irritating patterns and the brazen yellow of the wallpaper, the narrator eventually sees “a strange, provoking, formless sort of figure, that seems to skulk about behind that silly and conspicuous front design” (“Yellow” 171). She sees this mysterious woman creeping about, shaking the bars of the wallpaper’s exterior pattern (174).

The narrator’s hallucinations towards the wallpaper are significant because they function as a narrative within a narrative. In other words, the wallpaper tracks the progression of the narrator’s illness and the levels of her distress when her journal entries become increasingly fragmented. Towards the beginning of the story, for instance, the yellow color of the wallpaper represents malaise, which the narrator experiences in the form of anxiety, fatigue, depression, and anger (Van 55). Later, when the narrator is feeling despair, she explains how the “lame uncertain curves . . . suddenly commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions” (“Yellow” 168). The narrator is very particular about her language, choosing words that are associated with self-destruction and violence. That such a description occurs so early in her account indicates the extent of her depression. She later describes how the patterns do not follow any principles of design such as radiation, alternation, repetition, or symmetry (172). Similarly, the narrator’s mental illness does not follow the principles of logic that John favors as a physician. Instead, her condition defies rationality in that its symptoms are often unseen to the human eye, and a simple treatment cannot be administered in order to fix the problem.

As the story progresses ever closer to the narrator’s breakdown, the narrator observes that the dizzying pattern of the wallpaper forms bars: “it strangles so” should anyone try to escape (178). Likewise, mental illness imprisons the narrator. She experiences a kind of “internalized

oppression” because she feels trapped in her disabled mind (Wendell 113). While her symptoms are inconsistent and unexplainable, they also subject her to derision when the medical community dismisses her condition as irrational, impracticable, and unobservable. At this point, the narrator completely withdraws from reality and becomes the woman in the wallpaper who creeps about and rattles the bars of her prison. While the living text of the wallpaper helps us chronicle the stages of her illness, we truly realize the gravity of her delusion when she cries at the end of her account that she has gotten out at last (“Yellow” 182). Completely immersed in her delusion, the narrator fails to realize that her condition remains unchanged and that she not only remains trapped in the nursery, but is increasingly trapped within her own delusions and paranoia.

While the narrator’s own medical community dismisses her subjective reality and finds little serious about her depression, modern psychiatrists reading “The Yellow Wallpaper” find it to be a remarkable depiction of mental illness, one that even enables them to clearly assess the narrator’s symptoms and render a diagnosis. Marecek, for example, diagnoses the narrator with a major depressive illness manifesting itself in periods of sadness, exhaustion, and delusions (284). If we were to opt for a more formal diagnosis, we might consult the *Diagnostic and Statistical Manual of Mental Disorders* to determine that the narrator displays the symptoms of manic-depressive disorder, or bipolar I disorder (APA 123). She experiences major depressive episodes in which she feels excessively tearful, she entertains thoughts of suicide, and she is fatigued throughout the day (125). She also experiences mania, the period of high energy in which her thoughts are racing; she is obsessed with a goal-oriented activity (stripping the nursery of its wallpaper); and her euphoria and hyperactivity give her the illusion of good health (124). The American Psychiatric Association recognizes bipolar I disorder as a serious condition and

suggests a careful treatment plan to help those who suffer from the disorder. In the short story, however, John diagnoses the narrator with a housewife's infirmity and a minor case of "nervous prostration," neither of which allude to or account for her profound depression ("Yellow" 166). John's misdiagnosis results from the lack of verbal communication with his wife, which Marecek states is essential in psychiatry in order to understand patients' experiences and make accurate diagnoses that reflect core problems (291). What the narrator requires is the talking cure or a chance to voice her subjective reality, but since such psychiatric advances were unavailable then, and John dismisses his wife's qualms as irrational, she is subjected to the rest cure, which renders her far more broken and manic by the end of the story (Van 52).

Thus far, I have laid a groundwork that names the narrator's mental illness as a legitimate, disabling condition and describes how the patriarchy that oppresses her builds on an enduring societal tradition that expels the subjective or the seemingly irrational and silences women's voices. However, my argument has only identified a system of oppression from the nineteenth century—the doctor (and husband) John, who represents patriarchal and medical stances skewed by prejudices towards women and the emotionally ill. In contemporary literary theory feminists are right to name these as systems of oppression and to describe the contexts that produce disabling influences. We are indebted to such scholars as Elaine Hedges and Paula Treichler for offering comprehensive analyses of nineteenth-century contexts that oppressed the narrator. But as I suggested earlier, a second and rather profound system of oppression operates against literary depictions of female disability when feminist theory denies the disability of a female protagonist and attributes false motives to her narrative. This paper will focus on two readings of "The Yellow Wallpaper" that strive, in inarguably compelling ways, to empower the

abused protagonist but that do so in ways that render invisible the protagonist's disability and authenticity.

The first reading is in Diane Herndl's *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*, and explores the dialogue between literary representations of women's illnesses and the ideological motivations from culture (2). Herndl appropriately suggests that "The Yellow Wallpaper" does not illuminate the illness of a female protagonist, but rather the sickness of society, and identifies a number of social and sexual oppressions that disable the narrator (114). I depart from Herndl when she asserts that the narrator's invalidism is a tool of subversion amidst disabling circumstances and that the narrator's mental illness becomes "a way to resist the sexist norms of nineteenth-century society, a specifically feminine form of revolt against male control, and a sign of *real* health in a *sick* world" (114). Herndl suggests that Gilman celebrates this assertive display of victimage because it protests the disadvantages of the female condition (114). While this portrait of a battered but rebellious woman is alluring, it overlooks the nature of the narrator's disability and the significant limitations it imposes on her life.

After more than a decade of intervening scholarship, Rula Quawas revitalized Herndl's argument of the ennobled victim in her 2006 article, declaring that the narrator's madness cripples the virtues that are espoused by the Cult of True Womanhood—"piety, purity, submissiveness, and domesticity" (35). Simultaneously, Quawas suggests the narrator is rebelling against "the medical practices and the political policies that have kept women out of the professions, denied them their political rights, and kept them under male control in the family and the state" (41). Madness becomes the vehicle through which the narrator can construct an independent, self-determined, and authentic self (40). Quawas concludes that even though the

narrator's self-inducement of hysteria is drastic, it leads her to achieve "a superior sanity and at least a relative liberty in the assertion of a self" (49).

These arguments demonstrate two major patterns of feminist interpretation that project the characteristics of a healthy mind on the narrator and negate her mental illness. In the first pattern madness constitutes an active rebellion: the narrator uses her condition to assert her authority and break from her prison. Herndl and Quawas validate the narrator's discontent by articulating the disabling influence of the patriarchy, but in their determination to validate the narrator's mental illness, they themselves embody the disabling influence of the able-bodied (Wendell 105). This is most apparent as they project the "functional capabilities characteristic of 'normal' women" onto the narrator (Silvers 133). Despite the narrator's imprisoned state, some feminists do not see her as a passive victim but instead as an assertive, high-functioning woman who rebels against her oppressive environment (Morris 63). Within this reading, an inability to control body or mind would brand the narrator as a failure, so scholars inadvertently create an illusion of control by associating her symptoms with characteristics of protest (Wendell 113). Instead of accommodating the limits of the narrator's disabled mind within their theory, such critics metaphorically construct the narrator—because of her gender and victimized status—as "default feminist," converting her degenerative symptoms into acts of subversion.

"The Yellow Wallpaper" contains compelling evidence supporting feminists' description of the budding insurgent, but their claims are not fully consistent with the "narrative of disability" that Gilman's text insists on being. The narrator's account manifests hysterical qualities as it evolves from a timid act of insubordination into a monologue-like assertion of identity. In the early stages of the account, the narrator sparingly refers to herself as "I" or "me" and instead writes, "You see, he does not believe I am sick! And what can *one* do?" ("Yellow"

166, emphasis added). The narrator's use of "one" lacks authority and maintains the haunting nature of anonymity or even non-identity. As the narrative develops, however, hysterical writing "erupts in the gaps of conscious discourse," and she uses "I" more liberally and insistently (Dane 233):

I don't know why I should write this.

I don't want to.

I don't feel able.

And I know John would think it absurd. But I *must* say what I feel and think in some way — it is such a relief! ("Yellow" 173)

The word "I" begins nearly every sentence, and the narrator insistently expresses her own desires and intentions. No longer addressing herself in the third person, the narrator appears to replace doubts and insecurities with confidence. In writing she re-invents a ruptured language whose development paradoxically coincides with her mental degeneration (Dane 241). While it is undeniable that the narrator possesses an increasingly and assertive voice, it is not articulate or triumphant. The increasing hysteria of her writing only confirms that her health and state of mind worsen. The seeming maturation of the written record cannot redeem the narrator's fractured mind.

The second pattern of interpretation found in Herndl and Quawas's pieces sees the fruits of the narrator's rebellion in her emerging "victorious" at the end of "The Yellow Wallpaper." It is not a broken and disabled narrator we find, but a "living, vital, renewed" narrator who rises triumphantly against her husband at the end of the story (Quawas 49). The narrator's exclamation at the conclusion of the story certainly suggests victory when she declares, "I've got

out at last . . . in spite of you and Jane! And I've pulled off most of the paper, so you can't put me back!" ("Yellow" 182). While this statement seems to promise liberation and closure, Hedges explains how the story's ending is fraught with perplexities. After studying two decades of interpretations, she summarizes that two arguments regarding the story's conclusion prevail: "The Yellow Wallpaper" either ends in the narrator's triumph or in her defeat. For example, Quawas believes that the narrator achieves a superior sanity, while Treichler sees the narrator regressing into a state of barbarism ("Out" 222-3).

The evidence of the narrator's defeat at the end of her account is overwhelming. First, the physical space literally disables her. She locks herself in the nursery, throws the key out the window, and binds herself with a rope. Second, the narrator experiences the climax of her illness when she devises a plan to commit suicide. She wants to jump out of the window, but the bars that were placed in the window, the same ones that deterred past women from jumping, prevent her from trying ("Yellow" 181). Third, the narrator explains how she can creep on the floor, and her "shoulder just fits in that long smooch around the wall, so [she] cannot lose [her] way" (182). Her endless, almost robotic, rotations etch a track around the nursery walls. The "well-worn smooch" suggests that "this is an old story," an infinite cycle that has been perpetuated by the narrator and the female patients before her (C. Davis 101). The story's outcome shows little indication of the narrator's being able to break the cycle, as if she is forever trapped in the pattern of her delusions. Lastly, the narrator's path is not entirely smooth. John faints right in the middle of her path, so she is forced to creep over his body with every rotation. While this image is striking, some feminists' metaphorizing is awry. John swoons because he is alarmed and dismayed by the mental collapse of his wife. After trying in earnest to cure her, he collapses in horror upon finding that his efforts have not only failed, but have greatly worsened his wife's

condition. Additionally, there is no indication that John has died, even as the narrator appears to creep “over his dead body.” When he revives, he will bear the stigma of being wedded to a woman with severe mania. This “courtesy stigma” will only invigorate John’s efforts to cure the narrator (Brown 156). Treichler elaborates, “There are consequences to be paid for this escape. At the ending of the narrative, her madness will no doubt commit her to more intense medical treatment, perhaps to the dreaded Weir Mitchell of whom her husband has spoken” (67). John’s treatment was merely a glimpse of Mitchell’s regimen. In this leading physician’s care, the narrator would be even more restricted while kept under close surveillance. Without a doubt, she would be unable to record her experiences, even in secret. The conclusion of “The Yellow Wallpaper” does not signal a redemptive end, but the beginning of another imprisoning treatment.

This second pattern of interpretation indicates some scholars’ eagerness for closure and redemption. Unable to acknowledge the fact that the progression of the narrator’s illness is beyond her control, they attempt to create a disabled heroine, a woman who exerts courageous efforts of control when control is impossible—and who thus seems more able-bodied than disabled. According to Wendell, disabled heroines are comforting to those who are abled-bodied because “they re-affirm the possibility of overcoming the body” (116). Surely, this version of “The Yellow Wallpaper” is more agreeable than one that ends with failure and invalidism. Critics who focus on the narrator’s effort to overcome and who create the protagonist as a powerful, feminist icon, however, do not allow for the narrator’s devastating experience of disability and human weakness (Morris 68). Instead, a “glorious female capacity” is idealized that forces the narrator to speak a narrative that does not represent her subjective reality (Fishkin and Hedges qtd. in *Hystories* 87). This capacity not only creates a false impression of the

narrator, but creates a false impression of her narrative. In order to prevent over-metaphorizing, scholars need to let illness be illness by listening to and attempting to understand narratives of disability (Wendell 111). While this endeavor is necessarily focused on the frailty of human experience, it offers a view of humanity—and individual women—that is more realistic and true. It admits that the narrator’s end in “The Yellow Wallpaper” is bleak and seemingly hopeless, yet it finds the narrative itself to be redemptive in its providing an authentic perspective of mental illness that is difficult for readers to ignore.

Patterns of interpretation like those of Herndl or Quawas call attention to the fact that the nondisabled define cultural representations of the disabled in the same way that men traditionally define cultural representations of women (Morris 67). The similarities between the feminist scholars who espouse this trend of interpretation and John in “The Yellow Wallpaper” are striking. Both thrust a false identity upon the narrator. While John seeks to cure his wife so that, “for [his] sake and for [their] child’s sake,” she can resume the identity as a True Woman, scholars insistently transform her into a feminist icon and insurgent (“Yellow” 175). Additionally, both groups make few attempts to truly understand the narrator’s mental illness. John dismisses his wife’s observations about her condition, favoring the reason of patriarchal and medical discourse. In their expected impulse to forward a feminist agenda against the patriarchy, certain feminist scholars neglect the voice of suffering and illness that *is* the story. These two systems of oppression disable the narrator because they alienate her subjective reality and view her only from patriarchal or nondisabled perspectives.

In some respects, we can be more forgiving of John’s error because he lives according to the attitudes that society perpetuates. In his profession he respects medical authorities who deal only with facts, figures, evidence, and logic. Outside of his career, John pays homage to the

predominating Cult of True Womanhood and expects his wife to exercise rightful dominion within the domestic sphere. John undeniably magnifies his wife's condition, but he cannot conceive of an alternate belief system.

Feminist scholars, on the other hand, knowingly espouse values such as empowerment, self-affirmation, and inclusiveness. Attending closely to such values and their implications, we see that disability and feminism are deeply related. And yet feminist discourse itself may serve to separate disabled women from the general group of nondisabled women and to marginalize or even demonize disability (Morris 58). In the case of "The Yellow Wallpaper," the narrator is nudged into the active feminist mold to create her as a protesting agent where her "madness" is glorified. Other feminist readings casting the narrator as a helpless victim of oppressive systems may emphasize her lunacy, frenzy, and animalism. In reality, the narrator is not able-bodied, but neither is she a conquered victim. She occupies an in-between space distinct from each of these readings of her nature and position, a space enabling her experience of mental illness—her disability—to be remembered and appreciated.

Together, disability and feminism can enrich our understanding of the systems of oppression, narrative voice, and mental illness in "The Yellow Wallpaper." This starts with the acknowledgement that disability affects everyone, not just the 600 million worldwide who are disabled. We are intimately involved in the lives of people who were and are disabled, and we can expect to be disabled in the future. Thus, the "standard of womanhood" should not privilege abled-bodied women and their functional capabilities (Silvers 133), since disability is "all part of the experience of living" (Morris 68). Within such a context, we can accurately see Gilman's narrator according to her experiences as a disabled, feminist woman who suffers a mental illness

under oppressive circumstances. By considering her circumstances and all the factors affecting her life, we gain a more complete picture of her identity.

Next, disabled feminists emphasize the importance of disabled women's sharing their narratives of disability. While feminist scholars traditionally value subjective reality, Morris indicates that "when researchers . . . approach disabled people as a research subject, they have few tools with which to understand our subjective reality because our own definitions of the experience of disability are missing from the general culture" (64). We may expect scholars to accurately view narratives of disability, but disabled women also bear a responsibility to supply narratives from their perspective. In "The Yellow Wallpaper" the narrator presents feminist scholars a subjective reality that reflects not only her oppressive circumstances, but also the experience and progression of her mental illness. In a way, the narrator attempts to demonstrate the legitimacy of her symptoms to her readers by describing her fits of depression and her visual and olfactory hallucinations regarding the wallpaper. Despite the narrator's detail, some feminists have overlooked the heart of her narrative. Wendell attributes this occurrence to the fact that the mentally ill are not obviously disabled with permanent or predictable impairments ("Unhealthy" 164). Wendell's observation stresses the need for scholars to fully integrate mental illness within their research in order to accurately assess a disabled female's simultaneous experience of disability and womanhood.

In writing "The Yellow Wallpaper," Gilman stimulates this process of redefining what it means to be a disabled woman. Although the author states that she never experienced hallucinations about her wall decor, the short story represents her subjective reality of mental illness ("Why"). Many of the narrator's symptoms are consistent with Gilman's postpartum depression, and John's doubts as a husband and a medical professional represent the scorn

Gilman endured from family, acquaintances, and Mitchell. Gilman writes herself at her lowest emotional point, trapped by an unpredictable illness and a destructive diagnosis. This grim representation of a woman, however, does not brand Gilman's narrative as undesirable or deficient. Instead, Gilman's success is to have "sharpened and articulated the nature of women's condition" (Treichler 74). In other words, she articulates the damage inflicted by patriarchal oppression, the inadequacies of the rest cure, and perhaps more importantly, the experience of a disabled woman in nineteenth-century culture. While the short story was undoubtedly illuminating for contemporary readers, particularly those who experienced mental illness, creating a deeply personal subjective reality was redemptive for Gilman herself. "The Yellow Wallpaper" became a kind of "writing cure" for its author (Herndl 124). It allowed her to reassert the value of her life after people in the private and professional sphere had dismissed her experiences. Although Gilman was never free from the symptoms of depression in her lifetime, "The Yellow Wallpaper" helped her define her mental illness, her disablers, and her identity in her own terms.

"The Yellow Wallpaper" demonstrates the importance of a voice but in ways different from predominant trends in feminist scholarship. The authenticity of this voice is in its marred nature, in its feeling forced or inflated—in its belonging to the narrator and its representing her experiences from her own perspective. Through her authentic narration, Gilman illustrates that there is power in the voice that suffers and experiences fear and weakness. There is power in the voice that articulates things as they are—no matter how bleak—and not how we wish they could be. This authentic narrative represented an act of self-authorization for Gilman, but it also validated the experiences of her disabled readers. It is clear that she wrote the short story with a community of disabled women in mind. She is reminded of their mistreatment when she

describes the paraphernalia of the nursery that had confined other female patients (“Yellow” 168). She commiserates with the women who crawl behind the strangling patterns of the wallpaper and who represent their feelings of entrapment through illness and disability (178). Just as Gilman’s story empowered other women to give voice to their subjective experiences, the twenty-first-century feminist critic must celebrate the subjective experience of disability with a similar urgency. Disability plays a universal role in the human experience, and yet it does not appear in cultural narratives unless the nondisabled provide them (Morris 67). As subjective realities of disability permeate mainstream feminist theory, they will enrich feminists’ standards and measures of womanhood, more fully articulating systems that oppress all women as they make unheard voices audible.

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