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# Psychological symptoms as expressions of "rebellious" thoughts in Charlotte Perkins Gilman's "The yellow wallpaper"

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Thoughts in  
Charlotte Perkins...

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Psychological Symptoms as Expressions of “Rebellious” Thoughts in Charlotte  
Perkins Gilman’s “The Yellow Wallpaper”

by

Kathleen Mish

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## **Abstract**

Charlotte Perkins Gilman's short story, "The Yellow Wallpaper," features a female narrator who begins to develop severe psychological symptoms, including a hallucination about the violent and constraining nature of the wallpaper in her bedroom. These symptoms develop as she internalizes the rhetoric of her husband about her illness as well as her prescribed place in society as a wife and mother. Her "rebellious" thoughts, including her anger towards her husband, are repressed and must resurface, though they become displaced in the process onto the wallpaper. Gilman herself suffered from depression and was nearly driven to the same severity of mental illness. However, she was able to remove herself from the domestic sphere and the constraints of her family life in order to pursue her own happiness and work as a writer. Within her own life, the development of her psychological symptoms can be studied and the story itself can be seen as a way for her to express the "rebellious" thoughts she was unable to consciously understand herself.

Charlotte Perkins Gilman's short story "The Yellow Wallpaper" has entered the literary canon, mainly because the story highlights the restrictive female world of the Victorian era, and powerfully portrays mental illness. Most importantly, Gilman's story offers profound insight into the nature of *female* mental illness. The story examines the meaning of female psychological symptoms as well as the social conditions from which they emerge. More specifically, "The Yellow Wallpaper" explores exactly why particular psychological symptoms occurred as a response to the female role in Victorian society. As Jane Usher concludes, during this period "diagnosis and treatment were used as methods of social control, and... symptoms were in reality a form of protest" (76). In order to describe the experience of female mental illness, both Gilman and her fictional narrator can be studied. As a work of fiction, the story clearly traces psychological cause and effect, often a difficult task in real lives. For example, the narrator represses her anger towards her husband. This anger ends up being enacted through aggressive acts while she is delusional.

Gilman's own experience of mental illness was not so clear to herself. An examination of her writings can lead to speculation about how the psychological symptoms she expressed can be understood as a response to her own repressed emotions. Ultimately, the story has become an important piece of medical as well as feminist literature. Analysis of the story provides a powerful way to examine the history of female mental illness in a time when mental illness is still an important and gendered issue.

## “The Yellow Wallpaper”

The narrator of “The Yellow Wallpaper” first begins to write as she is suffering from what appears to be postpartum depression. However, she does not directly address her role as a mother. She does not even mention her child immediately upon writing or make the connection that her depression may be caused by the recent birth of her child and her new demanding role as a mother. When she does finally mention her child, she defers to another woman and her ability to mother the child: “It is fortunate Mary is so good with the baby. Such a dear baby! And yet I cannot be with him, it makes me so nervous” (31). The narrator has to praise her child, as is expected of her as a mother. She must also admire her female servant’s ability to care for the child in place of the mother. However, she does not dwell on her relationship with her child and quickly moves off the subject. She chooses to talk about her husband’s dismissal of her thoughts rather than mentioning any details about her baby.

The narrator seems to see some benefits from writing about her depression. She repeatedly describes writing as a “relief” for her. She is referring to a sort of mental relief, although she struggles with the effort writing requires: “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!” (34-5). The narrator is seriously struggling with herself here. She is trying to protest against her husband’s imposed “rest cure.” which requires that she stay home and rest all day, avoiding any form of work or stimulation. Because she feels unable to directly challenge her husband’s authority, she can only rebel against this treatment in

her writing. She resists her own feelings to some degree here but she does recognize their existence, at least at the very beginning of the story. Up to a point, she recognizes the necessity of valuing her own thoughts and feelings and the need to express herself: "I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me" (32). The narrator cannot truly "rest," as her husband demands of her, because of her natural mental activity that cannot and absolutely should not be suppressed. She secretly writes against her husband's wishes. This attempt to perform a sort of work is a rebellion against her husband, and the only way in which she can rebel against his absolute authority. The narrator expresses complaints about her treatment: "Personally, I believe that congenial work, with excitement and change, would do me good" (29). So against the wishes of her husband, the narrator continues to perform work by writing whenever she finds the opportunity. Writing is the only activity she performs for her own benefit and without any regard for others. She is exercising some form of autonomy, although she still has to keep her writing a secret and outwardly conforms to her husband's authority.

Besides writing, the narrator does not have any other sources of relief available. When faced with debilitating illness, people often turn to religion as a source of comfort. Even if religion is not wholly embraced, the question of spirituality and faith often appears during times of illness. Notably, the narrator provides no mention of religion in her tale. She does not gain any relief from religious belief. This lack of any possible relief from religion may be attributed to the narrator's scientific-minded husband, John. In the first few paragraphs of the story, the narrator describes him as a man strongly opposed to religious thought: "John is

practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures” (29). John’s “practical” views stifle the narrator’s potential for gaining any relief from religion and spirituality. For him, science clearly triumphs over the fantasy of religion. He intellectually dominates his wife as a result of this view. As Ussher explains, “women were excluded from power through the dominance of the myth of the masculine scientist, as science itself emerged as a singularly male enterprise, which it remains to this day” (66). John constantly presses his ideas upon his wife as he invalidates her beliefs. Within her writing, however, the narrator allows herself to have more imaginative notions. She is especially fascinated with the house they have rented: “A colonial mansion, a hereditary estate, I would say a haunted house, and reach the height of romantic felicity – but that would be asking too much of fate! Still I would proudly declare that there is something queer about it” (29). In the beginning of the story, she maintains her imagination and provides some resistance to her husband’s beliefs, at least in her writing. She must outwardly accept the scientific beliefs of her husband and begins to repress her imaginative thoughts and beliefs.

As a result of her husband’s constant assignment of blame to the narrator herself, she comes to internalize his beliefs and blames herself for her illness. The narrator admits she is perhaps making her condition worse, just as her husband believes, because talking about her condition does indeed make her “feel bad” (30).

The narrator’s husband tries to control the meaning for his wife’s illness. He diagnoses her with “a temporary nervous depression — a slight hysterical tendency”

(29). She struggles with this meaning throughout the story. She initially provides some resistance: "Personally, I disagree with their ideas" (29). Yet she does eventually assign the same meaning to her illness, reassuring herself "Of course it is only nervousness" (31). She blames herself for her condition and the effects it has on her and others: "I meant to be such a help to John, such a real rest and comfort, and here I am a comparative burden already!" (31). Yet in the very next sentence she overturns this claim and admits the truly debilitating nature of her illness: "Nobody would believe what an effort it is to do what little I am able, -- to dress and entertain, and order things" (31). Accepting her husband's assigned meaning for her symptoms and repressing her own thoughts are what leads her to a mental breakdown. As Susan J. Hubert writes, "Instead of focusing on external oppression, such as false imprisonment...the writers of women's madness narratives of this era internalize their oppression and accept the expert opinions of their doctors" (61). Gilman's narrator does indeed internalize the external rhetoric about her depression. At this time, she can find no other way in which to understand her depression and dissatisfaction with her role in life. Her plight is common within madness narratives: "In these narratives, the women are not only unable to become the heroes of their own lives, but are also barred from providing the interpretative frame for their narratives" (81). The narrator's thoughts are not even free to find the source of her unhappiness. Intense psychological symptoms become the only way in which her mind can express her true, repressed emotions.

The medical community does not provide any aid for the narrator in helping to acknowledge and express her feelings. Gilman's narrator is a female victim of male

medical authority. Ussher explains the distinct mindset of the time: “the Victorian era marked an important change in the discursive regimes which confined and controlled women, because it was in this period that the close association between femininity and pathology became firmly established within the scientific, literary and popular discourse: madness became synonymous with womanhood” (64). The narrator is subject to the medical association between women and madness made common in her time. She is further victimized because these men are not only her doctors but her family members as well. The narrator recognizes the vulnerability of her situation: “John is a physician, and *perhaps...perhaps* that is one reason I do not get well faster. You see he does not believe I am sick! And what can one do?” (29). The narrator is subjected to her husband’s medical opinions about her. Her brother, another important male figure in her life, wields the same sort of medical authority over her: “My brother is also a physician, and also of high standing, and he says the same thing” (29). In the eyes of her friends and relatives, the narrator is surely being taken care of by these male figures. The narrator is not the only woman subject to this belief: “Numerous incidents in women’s madness narratives indicate that men set the norm for emotionally healthy behavior and that women are punished if they fail to conform to the prescriptions of their gender role” (Hubert 137). Gilman’s narrator is placed precisely in this situation. Her husband completely controls and judges her behavior. Any behavior that does not conform to his rigid view of femininity is seen as an unusual mental malady that must be cured by male authority figures.

At first, the narrator does actually try to speak with her husband and directly resist his medical expertise. She is initially intimidated by even attempting a dialogue:

“It is so hard to talk with John about my case, because he is so wise, and because he loves me so” (35). The narrator is constrained by normative presumptions about love and masculine wisdom. As a wife, she is expected to respond to these claims of love and loving guidance. When she does speak with him, he is deaf to her complaints. He wields his authority as a doctor over her, further stifling her and discounting her belief that she may indeed be beginning to suffer from some sort of mental illness: “‘There is nothing so dangerous, so fascinating, to a temperament like yours. It is a false and foolish fancy. Can you not trust me as a physician when I tell you so?’” (36). The narrator can have no effective response to this reasoning due to her expected gendered role as a woman and wife. She is powerless in the face of his authority. As a result, she represses her thoughts because she is not allowed to articulate her mental anguish, even to herself.

A supportive community is generally important for someone suffering from any sort of illness. In the narrator’s case, a supportive female community might be the most beneficial, as she is living under the authority of her husband. However, John restricts her contact with other women. The women she does meet are not supportive at all, for they have fallen under the rhetoric of her powerful husband. John’s sister echoes his ideas: “She is a perfect and enthusiastic housekeeper, and hopes for no better profession. I verily believe she thinks it is the writing which made me sick!” (33). This woman’s success as a housekeeper seems to make the narrator more upset, as she cannot perform these expected duties herself. She does not have the same motivation or ability to do so during her illness. Her sister-in-law’s presence does not relieve her of any self-blame. This woman embodies the normative role that the

narrator seems to resist but cannot fully reject. Thus, her presence in the home does not provide any relief to the narrator.

Because the narrator cannot successfully take care of the ancestral home or her baby, she has a female servant named Jennie to help around the house and look after her during the day. Jennie is generally not a nuisance to the narrator, but she is certainly not a supportive figure. She is directly subject to John's authority, as stipulated by her job: "I heard him ask Jennie a lot of professional questions about me. She had a very good report to give" (40). Jennie's position as a servant does not position her as a supportive female in whose confidence the narrator can find any solace. As she is an agent of John, she comes under suspicion as well when the narrator begins having paranoid thoughts as a symptom of her increasingly severe mental illness. She refers to Jennie as "the sly thing!" (40). The narrator's paranoia actually makes her see more clearly that Jennie is allied with John. As a result, she positions Jennie as an enemy rather than a supportive friend or confidant as her illness progresses.

Interestingly enough, the narrator is essentially writing a narrative about a progressively degenerative form of mental illness, developing from her initial depression. Her husband's "rest cure" actually leads her to develop more severe psychological symptoms. She begins hallucinating and having paranoid thoughts. She eventually becomes convinced she has been trapped behind the yellow wallpaper in her bedroom and must break free. The development of this severe form of mental illness can be traced throughout the story. The narrator initially mentions her disgust

with the wallpaper. But this disgust turns into a fascination and even an obsession, as she has nothing else to occupy her mind and body:

It dwells in my mind so! I lie here on this great immovable bed – it is nailed down, I believe – and follow that pattern about by the hour. It is as good as gymnastics, I assure you. I start, we'll say, at the bottom, down in the corner over there where it has not been touched, and I determine for the thousandth time that I *will* follow that pointless pattern to some sort of a conclusion. (34)

Just like the bed on which she lies, the narrator is essentially restricted to her room. There are even bars on the windows and a gate at the head of the stairs serving to ensure her imprisonment. She cannot perform literal, physical gymnastics under the “rest cure.” So she must attend to this mental occupation for hours. The pattern of the wallpaper is “pointless,” as is her life. She sets goals for herself in this exercise, as she can have no actually significant goals to work towards in her life as the result of her husband’s mandates.

Besides the wallpaper, the effects of children do often make an appearance in the narrator’s thoughts, despite the brief mention of her own child. The narrator seems to be afraid of children, but she must make her fears about motherhood manifest in other ways, such as through her aversion to the violence children inflict, as a kind of displacement:

I never saw such ravage as the children have made here. The wall-paper, as I said before, is torn off in spots, and it sticketh closer than a brother<sup>1</sup> – they

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<sup>1</sup> Gilman’s footnote to the text claims this phrase is an allusion to a Biblical proverb, but the stifling male, medical authority of the narrator’s brother is also evoked.

must have had perseverance as well as hatred. Then the floor is scratched and gouged and splintered, the plaster itself is dug out here and there, and this great heavy bed which is all we found in the room, looks as if it had been through the wars. But I don't mind a bit – only the paper. (33)

The narrator ends up dismissing her feelings. She is obviously bothered by the damage to the room, but she cannot articulate her distress and must excuse the children for their aggressive acts by claiming they don't really affect her, just as she excuses her own child and the potential it holds for future aggressive acts. She specifically mentions the perseverance as well as hatred of the children, but she seems to really be referring to her own feelings and foreshadowing her later removal of the wallpaper by force. This act combines both her fear and perseverance, qualities that she must repress and displace onto children.

The narrator recognizes the increasing confusion in her thoughts. Yet she fails to recognize the importance of her symptoms and downplays their significance: "It is getting to be a great effort for me to think straight. Just this nervous weakness I suppose" (35). She has assumed the rhetoric of her husband and believes his diagnosis of her is accurate. Outwardly, she accepts his meaning for her illness. She has actually repressed her feelings, but this method of coping is temporary, as it entails a constant struggle. Severe mental illness begins to develop as her "rebellious" thoughts and feelings emerge. They become removed from their original intended focus and become displaced onto other objects and people. These thoughts and feelings ultimately become expressed as psychological symptoms because they can't be openly acknowledged, and severe mental illness begins to emerge. Indeed, the

illness develops further as she simply has no other mental stimulation to occupy her and keep her mind from allowing her repressed thoughts to resurface. The wallpaper becomes her obsession in a world devoid of any excitement: "Life is very much more exciting than it used to be. You see I have something more to expect, to look forward to, to watch" (38). The narrator allows the wallpaper to take over her world and her mind. The warning signs of this further illness are ignored and dismissed by both herself and her husband, leading to a further repression of the narrator's feelings.

The narrator's hallucinations about the wallpaper can be studied in order to further understand her psychology and how her violent psychological symptoms develop. First of all, the wallpaper functions as a type of prison, trapping the struggling woman within. The narrator refers to the wallpaper as "that silly and conspicuous front design" (33). The meaning her husband assigns to her illness and which she adopts is equally ridiculous and just as constraining. In speaking about the exterior of the wallpaper, the narrator recognizes the difficulty in breaking through the intricate and established design: "But nobody could climb through that pattern – it strangles so; I think that is why it has so many heads. They get through, and then the pattern strangles them off and turns them upside down, and makes their eyes white!" (39). The narrator could be referring to her female social network, a group of women unable to provide her any support because they too have become trapped in the exterior performance of normative female behavior. In the same way, the "heads" within the pattern of the wallpaper have become violently prevented from reaching through the design. Just as the wallpaper traps the woman within, the expectations of normative society serve to forcibly secure the narrator in her prescribed gender role.

The wallpaper also serves as a kind of safeguard for the woman within. The woman behind the wallpaper must keep her wandering activities a secret: "I see her on that long road under the trees, creeping along, and when a carriage comes she hides under the blackberry vines. I don't blame her a bit. It must be very humiliating to be caught creeping by daylight!" (39). If the woman behind the wallpaper is ashamed of her movement, her imprisonment behind the wallpaper is almost welcomed. If she cannot indulge in any secretive behavior, such as "creeping," she can then avoid being observed and feeling bad about her actions. In the same way, the narrator is protected by the rhetoric of her husband. She truly cannot and does not want to deal with her "rebellious" thoughts and feelings and must constantly struggle to repress them instead. The state of containment and conformity mandated by her husband would certainly be the simplest and safest solution for the narrator to accept. She believes she would make herself and her husband happy if she could fully and completely embrace her passive role as a wife and mother. However, she cannot hide behind the safeguard of her husband's rhetoric that she has internalized. Because they have been repressed, her thoughts and feelings do have to reach the surface and can only do so through a violent eruption of psychological symptoms.

The narrator's repressed feelings about children also make their way to the surface. The narrator is constantly remarking on the violence of children, perhaps as a way to stress her distaste for them. She does distance herself from her own child and does not display any genuine affectionate feelings for children or for her role as a mother. She seems to repress her recent physically violent experience with birth entirely. Yet as her illness progresses, this hostility resurfaces and she can only

respond by performing destructive acts herself in order to gain freedom. She becomes like the aggressive children she has feared: “How those children did tear about here! This bedstead is fairly gnawed...This bed will not move! I tried to lift and push it until I was lame, and then I got so angry I bit off a little piece at one corner – but it hurt my teeth” (41). The narrator cannot express her hostile feelings towards others and considers doing violence to herself instead. She finally expresses her repressed anger, although it is misdirected towards the furniture, the wallpaper and even herself rather than her husband or child: “I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise” (41). In the absence of any mental or physical stimulation during the “rest cure” imposed upon her, even suicide is considered to be a worthy activity by the narrator. She seems to have no other outlet for her feeling of restlessness; suicide would at least be an active and autonomous choice. Yet she has still not completely lost the sense that her husband is trying to control her. She continues to be afraid of his interpretation of her actions: “I know well enough that a step like that is improper and might be misconstrued” (41). Even within her delusions, the narrator continues to consciously recognize and accept the limits of behavior her husband has imposed on her.

The narrator has repressed her angry and rebellious feelings in order to adopt her husband’s rhetoric about her illness and about female behavior in general. These feelings cannot be completely eliminated and resurface as she studies the wallpaper, which serves to trap the imaginary woman within just as she is trapped by her husband’s beliefs. The narrator recognizes the violence of the imprisoning design of the wallpaper: “It slaps you in the face, knocks you down, and tramples upon you”

(37). Her husband has violently psychologically abused her in the same way. Even the smell of the paper becomes violent, according to the narrator: "It creeps all over the house. I find it hovering in the dining-room, skulking in the parlor, hiding in the hall, lying in wait for me on the stairs...It used to disturb me at first. I thought seriously of burning the house – to reach the smell" (38). The narrator recognizes the violence of the wallpaper and responds violently herself through the psychological symptoms that emerge. Her solution to burn the house is obviously not logical in the scientific sense, but psychologically her response has clearly developed from her own repressed anger. Her anger, originally directed at her husband, has reappeared and been displaced in her thoughts about the wallpaper and subsequently in her own response towards this impediment to her freedom.

Anger is not the only repressed emotion that surfaces in the narrator's delusions. The narrator has also suppressed her imaginative ideas as a result of her husband's dominating scientific views on life. Yet John does succumb to his "horror of superstition" at the end of the story. He becomes so terrified by his wife's psychotic actions that he has an intense physical reaction. The narrator has gained power over her husband by displaying her illness in a way that cannot be ignored or rationalized. The narrator continues to be impeded by his presence: "Now, why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time!" (42). In this way, the narrator has succeeded in breaking through her husband's extremely practical views and subjected him to feelings and experiences beyond the normal scope of the mind. Only by witnessing her hallucinations is John forced to recognize the intensity of her imagination, an

element of her mind that he had formerly dismissed and caused her to repress, as well as the severity of her mental illness. In his unconscious state, John cannot physically stop her from “creeping” and fulfilling the fantasies of her now distorted mind. She is finally allowed an outlet for her imagination and her creativity, in the form of her intense psychological symptoms.

### **Charlotte Perkins Gilman**

Charlotte Perkins Gilman wrote “The Yellow Wallpaper” by drawing upon her personal experience of mental illness. As a result, she shares similar experiences with and actually resembles her fictional narrator, up to a point. Gilman did not actually develop hallucinations as a psychological response to the ‘rest cure,’ but she was on the verge of reaching the same state of mental illness. Through the distance of time, she recognized the psychological process she was undergoing and created a character similar to herself: a woman struggling to fit into a normative female role. She also became aware of the fact that she was not the only woman trying to deal with the oppressive role of domestic life. As a result, she tried to reach out to other women like herself by writing the story. In her short essay, “Why I Write The Yellow Wallpaper,” Gilman clearly states that she wrote the story as a warning to other women and their families about the debilitating effects of the “rest cure.” She believes in the effectiveness of her story despite some criticism about her powerful portrayal of mental illness: “It was not intended to drive people crazy, but to save people from being driven crazy, and it worked” (86). Julie Bates Dock highlights the significance of Gilman’s words about her own life: “her autobiographical statements can and should be regarded as stories with a purpose, texts crafted to create particular

impressions in the minds of her audience” (3). Gilman’s autobiographical writing is purposeful, and “The Yellow Wallpaper,” as a work of fiction based on personal experience, is no exception.

Gilman’s writing can be understood within the realm of psychoanalysis. Like her fictional narrator, Gilman is also nearly silent in her journal on the topic of pregnancy and motherhood. Sigmund Freud remarks upon what this inability to write on the topic may indicate: “The patient cannot remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it” (434). Therefore, what is noticeably absent from one’s writings may be precisely what is most important because of this inability to approach the topic. In her own diary, Gilman never expressly announces, reflects upon or rejoices in her pregnancy, an absence that expresses a deep ambivalence towards her state. Gilman only indicates her pregnancy indirectly. She lists the food her husband Walter has obtained “for *we\**” (asterisk and italics included), implying the presence of a third being (296). She takes no time to precisely state that she is expecting or a child and does not even reflect upon her feelings in her diary. The reader does not expect this absence, as some reaction would be expected from a woman experiencing pregnancy for the first time in her life. The reader is especially surprised by this lack of inclusion of any contemplation due to Gilman’s normal tendency, as an intelligent and insightful woman, to write and truly explore her thoughts and feelings. The absence of any writing indicates an inability to face the subject and is thus extremely significant, as Freud implies.

There is a large gap in time while she was pregnant, during which Gilman did not choose to or was unable to write in her diary. On taking up her diary again later in pregnancy, she writes, "I am a happy wife. I bear a child. I have been far from well" (308). The third statement is completely contradicts the first two. Her preface of the final statement seems forced, as if to make up for her final declaration of her actual state of ill health. She cannot seem to admit the difficult time she is having, even to the "safe" space of her diary without exalting her role as a wife and expectant mother. She must continue to ask "And I am Happy?" and reply to end the diary entry, "Yes. I am happy" (308). The questioning and repetition of these claims seems to indicate otherwise. Similarly, she seems to constantly mention and show everyone her "baby things" as a way to insist upon her happiness and joyful expectation of birth. She needs to remind herself of her state as an expectant mother, yet never actually expresses feelings of joy or anxiety. She only complains once of "the unreasonable activity of the infant" (322) while she is pregnant. This word choice is significant, in that the movement of the child inside her is "unreasonable." She may indeed have some anxiety about the physical aggression of the child in her womb, but she cannot expressly state her extreme discomfort. She does break away, in this brief moment, from her continued silence and seeming acceptance of her pregnancy and expresses rebellious thoughts about the infant as a separate and violent being. However, Gilman was able to express her misgivings clearly before her marriage and subsequent pregnancy. In her diary on January 1, 1884, Gilman writes, "I anticipate a future of failure and suffering. Children sickly and unhappy. Husband miserable because of my distress; and I -! ... But this life is marked for me. I will not with draw; and let me at

least be uncomplaining and unselfish. Let me do my work and not fling my pain on others” (246). Once Gilman does become a wife and anticipates becoming a mother, she cannot as easily write about or face her hesitancy about fulfilling the role expected of her. She is too fully inscribed within her place as a wife and mother to provide heavy resistance.

Later in her life, Gilman wrote about her feelings about the normative role of women in her book “The Home,” published in 1904. Even within this work, she cannot criticize the role of motherhood directly, but merely the preparation society provides for women and potential mothers: “Of all the myths which befog the popular mind, of all false worship which prevents us from recognizing the truth, this matriolatry is one most dangerous. Blindly we bow to the word ‘mother’ – worshipping the recreative process of nature as did forgotten nations of old time in their great phallic religions” (60)<sup>2</sup>. Gilman’s use of the word “matriolatry” is extremely expressive of her belief that worship of the mother is just as “dangerous” and as sacrilegious as idolatry is considered by Christianity. By aligning her contemporary culture with the ancient cultures, she is implying that this continued belief is just as ridiculous and based solely on the physical capacity for reproduction alone and not on any specifically natural female character traits. Gilman instead espouses the intelligence and strength that comes with raising children, traits not based solely on a physical act. Yet Gilman seemingly cannot reject the role of motherhood entirely, although her writing seems to lead to this conclusion.

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<sup>2</sup> Kate Chopin espouses similar views on the misconstrued worship of motherhood in her novel The Awakening.

Gilman suffered from depression not just after the birth of her daughter but throughout her life<sup>3</sup>. In her brief explanation of her reasons for writing “The Yellow Wallpaper,” Gilman describes her illness as such: “For many years I suffered from a severe and continuous nervous breakdown tending to melancholia – and beyond” (86). Her reference to “melancholia” indicates a mental state similar to what can today be classified as depression. Gilman’s condition is further explained in her autobiography, The Living of Charlotte Perkins Gilman. She describes her symptoms: “I, the ceaselessly industrious, could do no work of any kind. I was so weak that the knife and fork sank from my hands – too tired to eat. I could not read nor write nor paint nor sew nor talk nor listen to talking, nor anything. I lay on the lounge and wept all day. The tears ran down into my ears on either side. I went to bed crying, woke in the night crying, sat on the edge of the bed in the morning and cried...” (91). The only activity Gilman can engage in seems to be crying, a physical expression of her depression. She has no energy or motivation to perform any other sort of work. Her subsequent “rest cure” only worsens these symptoms. At this point, she seems to respond to her confinement by becoming like a helpless child: “I made a rag baby, hung it on a doorknob and played with it. I would crawl into remote closets and under beds – to hide from the grinding pressure of that profound distress” (96). By reverting to childhood, Gilman can literally hide from the pressure placed upon her as an adult female. She does not express the same severe psychological symptoms as her narrator, but she also experiences symptoms as a psychological response to her

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<sup>3</sup> Gilman’s experiences can be compared with those of Virginia Woolf, another female writer who struggled with severe depression.

treatment. By being treated like a child, she literally becomes one in her actions and mental state. She cannot deal with her feelings in a mature, adult manner because they are simply too overwhelming. Only as a child, a being who is allowed to perform only simple tasks like playing and hiding, can she seek some comfort from her mental anguish and avoid facing her true thoughts and feelings.

Gilman was actually in danger of developing severe psychological symptoms, like those of her fictional narrator, although she was able to ultimately avoid their appearance. This chance of experiencing similar intense symptoms occurs because she too internalizes the idea of how she should fulfill her role as a wife and mother. She repressed her “rebellious” thoughts as she absorbs and adopts patriarchal rhetoric. The only way she can consciously understand her depression is to blame herself:

Prominent among the tumbling suggestions of a suffering brain was the thought, ‘You did it yourself! You did it yourself! You had health and strength and hope and glorious work before you – and you threw it all away. You were called to serve humanity, and you cannot serve yourself. No good as a wife, no good as a mother, no good at anything. And you did it to yourself!’ (91)

Gilman recognizes her inability to adequately fulfill the expected role of a woman. However, she is unable to understand exactly why she cannot perform domestic duties, as she believes she should. The development of her depression is not completely clear to her. She is further frustrated by the inability of others, as well as herself, to understand why these symptoms occur. She speaks of the misunderstandings of her illness in her autobiography:

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, of more than half one's working life, accompanied with deep misery and anguish of mind – this when complained of is met with amiable laughter and flat disbelief. (104)

Like her fictional narrator, Gilman does suffer from the influence of others who try to dismiss the existence of her depression. These outside voices cause Gilman to internalize these notions and repress her true and apparently deep unhappiness with the role of motherhood itself. By repressing her thoughts, they have the potential to reappear as intense, displaced and destructive psychological symptoms.

Yet Gilman was able to escape the fate of her narrator and avoided developing severe psychological symptoms such as hallucinations. By actively recognizing her feelings, she no longer has to repress them. Thus, she does not have to suffer from the psychological symptoms resulting from the emergence of these repressed feelings. She allows herself to break free of the constraints of her life, constraints that she finally realizes have led to her depression. In her autobiography, Gilman writes about her travels from home and visits to family and friends across the country. During this time, she is mentally rejuvenated and believes she has been cured of her mental disorder. Yet on her return home, the same symptoms return. Her domestic life is actually what has caused her depression: "This miserable condition of mind, this darkness, feebleness and gloom, had begun in those difficult years of courtship, had grown rapidly worse after marriage, and was now threatening utter loss; whereas I

had repeated proof that the moment I left home I began to recover. It seemed right to give up a mistaken marriage” (97). Gilman is able to take the appropriate steps in order to provide herself with some relief. Without publicly blaming her husband and her child, she secures a divorce and chooses not to live with her daughter. This decision seems hard for her, but she believes she is acting both for the good of herself and her child: “If I had been of the slightest use to him or to the child, I would have ‘stuck it,’ as the English say. But this progressive weakening of the mind made a horror unnecessary to face; better for that dear child to have separated parents than a lunatic mother” (97). Such actions would be entirely inconceivable for Gilman’s narrator. Gilman was able to find the strength to leave her family in order to preserve her mental sanity, while her narrator, like most women of her time, is not able to resist her husband and the accepted mandates of society. However, Gilman is still evading placing any blame onto her family. She continues to claim that she wants the best for her child and lauds herself as a good mother in this respect. She cannot completely reject the idea of motherhood or marriage, but is able to remove herself from a domestic situation that made her truly unhappy.

Once she was able to remove herself from domestic life, she was able to focus on her writing. Notably, Gilman did not choose to merely write about her own experiences as a personal narrative. Instead, she chose to fictionalize her work and have this fantasy serve as a warning to others instead. Jeffrey Berman offers his own hypothesis about Gilman’s reasons for fictionalizing the events within her own life:

It is difficult for a patient to write openly and truthfully when he knows that other participants in the story will read the narration. Since psychological

illness usually involves ambivalent feelings toward the closest members of one's family, the publication of a case history is bound to reopen painful family wounds. Both the analyst and his patient, then, must resort to fictional disguises, omissions, and evasions to protect the living protagonists and antagonists of the story. (8)

According to Berman, Gilman chooses to fictionalize her experiences not only in order to create a more powerful story, but also to protect her family members. In Gilman's case, the immediate family members affected by her experiences and potentially affected by her story were her husband and her child. Berman's conclusion seems reasonable, as these figures are present within the story itself, as fictional characters created by Gilman. Fiction allows a safe space for these characters to be the subject of Gilman's public illness writing, as in real life Gilman could not seem to make any criticisms about her family life. This problem of ambivalence is represented in the story itself, as the narrator masks her complaints about her family by employing the rhetoric of her husband. Berman later writes about this inconsistency: "What seems so perplexing – and yet so characteristic – about the swift series of events leading to Gilman's collapse is the praise she bestows on her husband and child and her refusal to utter a word of reproach toward either of them. She insists that she and her husband were happy together both before and after the arrival of their child" (38). Gilman represses any negative feelings she may have towards her husband and child, as well as towards domestic life in general. She seems to use fiction writing similarly to the way in which the narrator uses the wallpaper: it serves as a safeguard as well as a site of personal containment and repression.

Although Gilman was able to focus on her writing later in life as a way of working through her feelings, during the most intense times of her illness, she was not able to perform this sort of work. According to Denise Knight, Gilman wrote her last diary entry before embarking on the “rest cure” and did not write again for another three years (385). Her last entry on April 18, 1887, explains both her decision and her mental state:

I have kept a journal since I was fifteen, the only blanks being in these last years of sickness and pain. I have done it because it was useful. Now I am to go away for my health and shall not try to take any responsibilities [*sic*] with me, even this old friend. I am very sick with nervous prostration, and I think with some brain disease as well. No one can ever know what I have suffered in these last five years. Pain pain pain, till my mind has given way. (384-5)

This final diary entry may explain Gilman’s later decision to fictionalize her experience with mental illness. Writing during the time of her illness may have been too painful for Gilman, as she was still struggling with the self-blame she felt while her true thoughts were repressed. However, after some time, during which she allowed for the expression rather than repression of her thoughts, she could approach the events of her life, though within the security of fiction. By utilizing a fictional setting, she can clearly trace the causes and development of her narrator’s psychological symptoms, a process that remained difficult for her to undertake. Despite the progress she made towards securing her own happiness and warding off the potentially severe psychological symptoms that threatened to appear as a result of her deeply repressed thoughts. Gilman is still ensnared in the Victorian rhetoric about

women and cannot totally reject motherhood. Within “The Yellow Wallpaper,” she is able to place implicit blame upon the husband and child for their role in contributing to the narrator’s development of severe psychological symptoms. The narrator clearly expresses fear about the violence of children and anger towards the imposed authority of her husband. Gilman could not seem to make the same claims regarding her own family, but the implication is that she suffered from the same “rebellious” thoughts and feelings as her fictional narrator and finally found a way to express them: through her creation of “The Yellow Wallpaper.” If Gilman was aware of her true thoughts, the claim can be made that her writing is subversive. However, if she unconsciously projected her thoughts and feelings onto the narrator, the story itself can be seen as a psychological symptom, as well as a way to work through her conflicting feelings. Surely, as a psychological symptom, fiction writing is a less destructive alternative to creating violent fantasies about bedroom wallpaper, though the two responses equally provide an opportunity to express creativity.

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## Vita

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