

Charlotte Perkins Gilman:

Her Psychology of Yesterday, Today, and Tomorrow

Since its publication in *New England Magazine* in 1891, *The Yellow Wallpaper* has been one of the most contested and most analyzed pieces of literature. Literary critics have looked at the piece from many different perspectives including feminist and anti-feminist perspectives, psychological perspectives, and even perspectives looking at *The Yellow Wallpaper* as a science-fiction piece. Many analysts have even claimed that the work's narrator is a direct reflection of Charlotte Perkins Gilman and her political view on psychology of the time. However, most frequently, there have been two major critical psychological perspectives: psychology from a literary perspective, which tends to blame the illness of the narrator on the patriarchy of society; and psychology from a physician's perspective, which looks at legitimate medical causes for the depression that the narrator suffers from. What these analyses of *The Yellow Wallpaper* lack is a balance that accepts both social *and* biological causes for the narrator's insanity.

In order to better one's understanding of *The Yellow Wallpaper*, one must first understand the life of Charlotte Perkins Gilman. Charlotte Perkins Gilman was born in Hartford, Connecticut in 1860. Gilman's father left her mother shortly after Charlotte was born. Gilman was related to some of the most influential women of the time including Harriet Beecher Stowe, the author of Uncle Tom's Cabin. Charlotte attended Rhode Island School of Design for a time before moving on to work as a commercial artist and a teacher. She married a fellow artist named Charles Stetson in 1884 and they had a daughter the following year. She fell into a deep depression after her daughter was born—a depression that many have supposed to be postpartum depression, but was formally diagnosed as neurasthenia. After suffering for some time, Gilman sought out Doctor S. Weir Mitchell for medical treatment. S. Weir Mitchell was one of the leading psychiatric doctors of the time, specializing in nervous and hysterical habits of women. Mitchell prescribed to her the rest cure in which Gilman was directed to “live as domestic a life as far as possible,” to “have but two hours' intellectual life a day,” and to “never

touch pen, brush or pencil as long as [she] lived” (Why I Wrote “The Yellow Wallpaper”). She followed the rest cure diligently for a number of months without satisfactory results before deciding to abandon it. She later decided that her marriage was not helping her mental health and she left her husband to go live in California with her daughter, where she was involved in many feminist groups. This is where she began her career as a writer and an activist for women. Although she is very famous for her works as a writer, more of Gilman’s energy was focused on being an activist and lecturer on her own feminist theories. Gilman returned to the east just before the turn of the century and married her first cousin George Houghton Gilman in 1900 (after having divorced her first husband). Charlotte’s marriage with George was happier than her first marriage and lasted until his death in 1934. Charlotte was diagnosed with terminal breast cancer and died in 1935 after having euthanized herself to end her suffering.

Feminist analyses of Charlotte Perkins Gilman and *The Yellow Wallpaper* have been numerous. In fact, the bulk of the analyses of both subjects have been from the feminist perspective. Some of the most extreme feminist critics have questioned whether or not the narrator is even ill. Most of the feminist critics blame the patriarchy of the late nineteenth century as the cause for the insanity of the narrator. While others try to reason that the narrator’s madness is a social construct of the patriarchy, that she is not really mad. Beverly A. Hume, author of “Managing Madness in Gilman’s “The Yellow Wall-Paper,”” points out that “both Gilman and her narrator attempt to create an elaborate and deceptive narrative, one appearing as twelve journal entries written over several months” (Hume, 4). This observation furthers the claim that the narrator was not, in fact, mad; and, perhaps, her story was meant to show her husband, John, the problems of his rest cure.

According to Catherine J. Golden and Joanna Schneider Zangrando, editors of The Mixed Legacy of Charlotte Perkins Gilman, Gilman’s goal was “to make the world suit her.” She worked toward this goal by speaking out against gender inequality and did “important analysis in women and work, the home, child care, gender and relations, and women’s autonomy”

(Golden and Zangrando, 12). Much of Gilman's analysis focused on women in the domestic domain. She was committed to complete change, beginning with the work of women. She believed that women should be outside the home doing "the world's work." Gilman was one of the first to suggest some of the professions that are most commonly stereotyped to be for women today including professional child caregivers (daycare workers) and housekeepers. She felt that the home should be a place for *all* members of the family to relax and even suggested building homes sans kitchens and getting meals from trained nutritionists. Gilman also advocated marrying "on the basis of mutual love and respect," which was an infrequent occurrence of the time (G. and Z., 13). Gilman's focus on domestic domain was one of the reasons that she decided to set *The Yellow Wallpaper* in the home.

Susan J. Hubert explains in her book Questions of Power: The Politics of Women's Madness Narratives that psychology of the late nineteenth and early twentieth centuries was greatly based on women's reliance on men and their physicians. Women saw mental illness as a prison that they needed to be freed from and that their doctors were the only ones who held the key to their escape. Madness narratives (and other first-person accounts of psychiatric treatment) of the time took on a confessional tone. Women admitted that they were sick and that their doctors were right. Doctors were very trusted, maybe even too much. Gilman criticizes this overly-confident trust by describing Mitchell, John, and other physicians as "wise." Both Gilman and her narrator were trying to sabotage the authority of their doctors by writing their stories and diaries (Hume, 4). This oppression by the men in their lives (most physicians of the time were also men) translated into the minds of the women, who experienced feelings of self-oppression (Hubert). Hubert classifies the women, and the narratives, of the time as testifying against themselves—saying that they were sick and that they knew it. The narrator in *The Yellow Wallpaper* is one of the best examples of this self-oppression and oppression by men.

Charlotte Perkins Gilman was a strong advocate for alternative methods of treating mental illness. Many of her suggested methods mirror the psychiatric therapies of today's

medicine. She also campaigned for better treatment of women in psychology. The rest cure itself was one of the gender discriminations found in psychiatry. Although it was occasionally prescribed for men, the majority of the oppressed rest cure patients were women (Tuttle in G. and Z., 103). The rest cure was discriminatory because it was designed to put the patients in an extreme state of domesticity and dependency. In Gilman's campaign against the psychology of the time, she emphasized the need to focus on the individual rather than to generalize symptoms with the patient on the basis of gender. It was not until recently that a focus on the individual has come into medical practice. She stressed the importance of compassion and support. The idea of lying on a couch and talking about one's feelings to a therapist is one of the places where compassion and support is used in modern psychiatric therapy.

Another psychiatric therapy that Gilman supported was exposure to the outdoors. Gilman wrote that she did not feel cured of her depression until later, when she lived in California for a time. She claimed that it was the fresh air that really helped her. Gilman found that the natural landscape in California helped her to deal with her nervous problems because of its "calm sublimity of contour, richness of color, profusion of flowers, fruit and foliage, and the steady peace of its climate," (Hume, 16). She associated poor physical and mental health with lack of exposure to the outdoors. Gilman infused some of these ideas into *The Yellow Wallpaper* with her inclusion of the "delicious" garden. In fact, the narrator associates her freedom with a return to the "delicious" garden. Hume explains, however, that the garden has been ravished by the gender biases (such as the stereotypical domestic role of women) and the patriarchy (like the rest cure) of the Victorian era.

The prison-like setting of *The Yellow Wallpaper* reinforces the popular belief during the early twentieth century of mental illness as a prison—just another of Gilman's criticisms of psychology of the time. The narrator compares the room—which has bars on the windows, a bed nailed to the floor, rings in the walls, and yellow wallpaper that is decorated with everything from flora and fauna to "strangled heads and bulbous eyes and waddling fungus growths [that]

just shriek with derision”—to a nursery (Scott, 201). The description of the room seems nothing like the description of a modern nursery and seems more like the description of some sort of adult asylum. Heidi Scott analyzes the effect that the environment has on the narrator’s sanity in “Crazed Nature: Ecology in “The Yellow Wall-Paper”.” In reading her analysis, one can find suggestions of Gilman’s ideas about mental wellness and the outdoors. Scott explains that humans are adapted to a certain environment, which she implies to be the natural world. She goes on to claim that the narrator’s room is not a suitable environment. The narrator herself expresses a wish to stay in another room, one in which there are airy windows, but her husband insists that she stay in the room with the yellow wallpaper. Her husband’s insistence on this room for her rest cure is just further evidence of the patriarchal desire of men (and doctors) to control women. Because of the rest cure, the narrator is forced to adapt to her environment. The environment around her causes the narrator to imagine that there is a woman, creeping behind the wallpaper. Many analysts have opinions of the woman-in-the-wallpaper being an embodiment of the narrator. Some (including Scott and Hume) claim that if the woman-in-the-wallpaper is a symbol of the narrator, then the wallpaper is a symbol for the restricting patriarchy of Gilman’s society.

It seems that Gilman’s narrator may have been aware of the problems of psychology of the time because she says “John is a physician, and *perhaps* — (I would not say it to a living soul, of course but this is dead paper) —*perhaps* that is one reason I do not get well faster,” (Gilman, 729). However, unlike Gilman, the narrator does not take action against this feeling of doubt—which could be the reason that she descends into madness in the end. John and the narrator’s brother (another physician) recommend different vitamins and supplements and she is forbidden to “work;” the narrator “disagree[s] with their ideas,” (Gilman, 729). The narrator’s way of rebelling against the medical society is to write (“in spite of them”).

All of these literary and feminist analyses seem to point towards the patriarchy of society as the main cause of both Gilman’s and the narrator’s mental illness. However, these analyses

seem to lack acknowledgement of legitimate biological causes for the depression of both of these women. Many medical analyses point to postpartum depression, or even postpartum psychosis, as the illness from which both women suffered. This claim is greatly supported in *The Yellow Wallpaper*. Some of the symptoms of postpartum depression include (but are not limited to): depressed mood (sadness, hopelessness, emptiness, and anxiety); loss of pleasure; changes in appetite and weight; sleeping problems; changes in general disposition (the way one walks or talks); extreme fatigue and lack of energy; unsupported feelings of worthlessness or guilt; difficulty concentrating, and thoughts of death or suicide (sometimes thoughts of harming the baby). The narrator seems to fit many of these descriptions, however, after looking at another list of symptoms, postpartum psychosis seems more likely. These symptoms are similar, but more severe: feeling removed from the baby and other people; disturbed sleep; confused or disorganized patterns of thinking (risking the safety of both the woman and the baby); severe mood-swings and odd behavior; agitation and restlessness; hallucinations; and delusional thinking (DSM-IV-TR). The narrator fits *all* of the symptom descriptions for postpartum psychosis.

In many of the literary and feminist analyses of *The Yellow Wallpaper*, the authors describe many of the symptoms of postpartum psychosis, but do not cite a legitimate medical illness for the narrator. Hume and Scott both repeatedly reference the narrator's ambivalence towards both her husband and her child. Hume also cites a self-ambivalence on the part of the narrator. She points out that the narrator feels like she is an unfit mother: the narrator "stresses that she *cannot* be with him [her baby]" because it makes her "so nervous" and later asserts that her "one comfort" is that she and not her child has to "occupy this nursery with the horrid wallpaper," (Gilman and Hume qtd. in Hume, 5). Postpartum psychosis could be a potential reason for the narrator's belief that the room with the yellow wallpaper was formerly a nursery. Postpartum psychosis could have given the narrator adverse feelings toward not only her child but children in general; describing the room as a nursery seems to imply that she feels that

children need to be locked-up or caged-in. The narrator, however, repeatedly talks of her “dear” child and how glad she is that the child is not the one residing in the room with the yellow wallpaper. She also acts very queerly toward her husband, at times wishing only to please him. Although she has been forbidden to write, she continues to write and does so in a very secretive fashion so that her husband will not know of it. This action seems to be contradictory because she does not tell him because she knows that it will upset him, yet she continues, almost as if to spite him. She even admits to feelings of spite at the beginning of her writings. At other times she expresses a want to “figure out” the wallpaper before him. In the end, she patronizes him for fainting saying “now why should that man have fainted?” (Gilman in A. and K., 740). Her patronizations are a reflection of his. Stephen L. Post, author of “His and Hers: Mental Breakdown as Depicted by Evelyn Waugh and Charlotte Perkins Gilman,” appropriately begs the question, “could she be correct in her reading of his outward love as a cover for his inward intents?” and answers it affirmatively explaining, “somewhere within him he may be dimly aware of the advantages of keeping her dependant, trusting, sickly, childlike, admiring, and devoted,” (Post, 178).

The narrator displays many of the other symptoms of postpartum psychosis—besides an ambivalent or antagonistic view towards her child and her husband. In one of her diary entries, the narrator explains that she sleeps more during the day than she does at night, a sign of disrupted sleep. Her thinking is very confused and disorganized, which can be seen in her claim that there is a woman behind the wallpaper that needs to be freed (which is certainly a delusional thought also). Another potential indicator that she is suffering from postpartum psychosis is that she has hallucinations; the most notable of which is the woman who is creeping behind the wallpaper. Her attitude toward John, which is in continual flux, is just another indicator of her drastic shifts in mood. Post observes that “Gilman’s young mother experiences tones of emotion to match the varying shades of the wallpaper,” (Post, 172). The narrator’s overall behavior is very peculiar, even when comparing the behavioral norms of the early

twentieth century and today. All of these symptoms point towards postpartum psychosis as the illness from which the narrator suffers.

Many of the illnesses that are known to modern medicine were known by different names during the early twentieth century. Although with today's knowledge the mental illness of the narrator can be diagnosed as postpartum psychosis and the illness of Gilman diagnosed as postpartum depression, both would have been known as neurasthenia in the early twentieth century. Neurasthenia was, essentially, a label for the psyche of women in general. It is formally defined as a nervous and hysterical tendency. This is an unsupported diagnosis because women were viewed as having nervous and hysterical tendencies in general. Neurasthenia was just another way for men to assert that women were the weaker sex.

Post analyzes *The Yellow Wallpaper* from a perspective that is both literary *and* medical (literature and medicine are often seen to be schools from opposite sides of the spectrum). Like Gilman, he points out that a lack of support is a great contributing factor to the deterioration of the narrator's mind. The narrator is trapped and has no one—no lifeguard or firefighter or *doctor*—to save her. Post warns, however, “here our long-distance psychodiagnostics become exceedingly speculative, and some words in that regard are in order. Diagnosis at a distance is hazardous and can be harmful; it is best confined to fictional characters,” (173). This reminds readers that any and all analyses of the psyche of *The Yellow Wallpaper*'s narrator are speculative. And since she is not, in fact, a real person, no one will ever know what it is that the narrator suffered from. Post describes the psychological journey of the narrator as a crossing from neurasthenia to pure insanity. This description is just further evidence of Gilman's goal to show what could have happened to her if she had followed through with the rest cure. Post, like Gilman, sees the value of a talking cure and points out that the narrator seems to see this too: “I *must* say what I feel and think in some way—it is such a relief!” (Gilman qtd. in Post, 177). This is just another reflection of Gilman's emphasis on the individual and on a support system for psychological cures. An image of psychology of the time, the narrator's husband, “professionally

armored against any disposition to locate creepy-crawlies within himself, by turns neglects, misunderstands, patronizes and bullies [the narrator],” (Post, 178). Despite his acknowledgement of two causes for the narrator’s illness Post questions the difference between sanity and insanity (like some of the other literary critics).

Unlike other literary analysts of *The Yellow Wallpaper*, Post analyzes the legitimate mental condition that the others do not. “What is hidden becomes monstrous, and what is shown not only is impoverished, but sooner or later will be contaminated, as with a spreading fungus, by what it has created underneath,” (179). This speaks to the idea of mental illness deteriorating the inside of the mind entirely. The surface life of the narrator meets the symptoms of postpartum psychosis (hopelessness, meaninglessness). Post looks at the illness as a confusion between what is inside and what is outside, regarding both the narrator and the wallpaper. However, he does not ignore the potential of the patriarchy of society to be an agitator for the narrator’s illness. Growing up in a society that subjects women, he explains, can cause a low self-confidence and self-identity, causing one to be what others want her to be and causing her to lack the ability to say no. He finishes his analysis by saying that in analyzing *The Yellow Wallpaper*, “we still have work to do and probably always will,” (180). What sets Post apart from most critics is that he acknowledges both social and biological causes of mental illness.

In the study entitled “Helping Medical Students Understand Postpartum Psychosis Through the Prism of “The Yellow Wallpaper” by Charlotte Perkins Gilman,” Phebe Tucker (et al.) analyze the potential of *The Yellow Wallpaper* as a teaching tool, not only for students of literature, but also for students of medicine. They find literature to be a useful resource for teaching students to be

““narratively” competent (1)—better diagnosticians, with an improved ability to listen and understand a patient’s story and experience of illness and develop an empathetic patient-physician relationship (2). Literature may teach students to be more sensitive

doctors in the everyday practice of medicine—bringing greater care to those who are ailing, fearful, or faced with terrible suffering (3),” (Tucker et al., 247).

The study helped students to look at the legitimate mental condition of the narrator and to diagnose it as postpartum psychosis. They also looked at the negative effects of the rest cure and how it may have prevented the recovery of the narrator. The stated objectives for the study were to “identify characteristics of postpartum psychotic depression present in the protagonist; discuss relevant aspects of the patient-physician relationship; discuss psychosocial issues imbedded in the story; and discuss which aspects of this literary work were effective in educating medical students,” (248). The study also looked at the “clinical, ethical, and professional issues raised by the story,” (248). This study is a useful analysis of *The Yellow Wallpaper* because it looks at the ethics of treatment and at the diagnosis of the narrator’s insanity.

Jeanne Marecek’s article “Disappearances, Silences, and Anxious Rhetoric: Gender in Abnormal Psychology Textbooks,” explores abnormal psychology textbooks and their tendency to ignore social factors in psychological conditions. Marecek claims that “the field of abnormal psychology has intrinsically to do with definitions of the good life, and judgments about proper and improper forms of behavior and social relations,” (Marecek, 114). These judgments of proper behavior and social relations change with the times, a fact that the majority of textbooks seem to ignore. The psychology of the early twentieth century was very different from that of today. Up until recently, Women were seen as creatures with nervous and hysterical tendencies, not as equals to men. “The genre [of abnormal psychology textbooks] is characterized by remarkable uniformity,” (114). While the methods of recovery that Gilman preached in her day are largely in practice today, textbooks tend to take an overly scientific stance and ignore the possibility of society to affect the state of mental health.

Textbooks have both a disciplinary and a cultural function, but the cultural function tends to be ignored. Marecek’s goals for this study were to see how feminist knowledge has been

incorporated into abnormal psychology textbooks. Psychology, it seems, was originally men's way of labeling the differences of women, specifically the differences that they did not approve of. Yet, even today sexism can be found in diagnoses such as the ever-common Premenstrual Syndrome, popularly known as PMS. This syndrome goes back to the stereotypes of women that were established centuries ago. Referring to the rest cure, Marecek points out that "at times, treatments devised for women have served to victimize them further," (115). But Gilman's writing of *The Yellow Wallpaper* has not been the only critique of psychological sciences. Even today there are doubts about the diagnosis of women by psychologists. However, Gilman's crusade against psychology was not without success; many of today's approaches to therapy and diagnosis have been influenced by feminist principals (116). Even with all of this feminist progress, textbooks still tend to be very gender neutral (in many textbooks, women are not even addressed).

Abnormal Psychology textbooks are based heavily on the Diagnostic and Statistical Manual of the American Psychiatric Association, giving them a very scientific tone. They are organized around the disease model, in which "disorders are considered real entities that, as Kessler puts it, "have an existence independent of the patient"," (Kessler and Marecek qtd. in Marecek, 117). This seems to ignore Gilman's efforts to emphasize the individual. The question that must be asked of psychology is which conditions are actually disorders and which ones are social constructs? There is a fine line determining the difference. Marecek points out that women working in psychology have found that psychology is not a "democratic community of ideas" as it has been commonly believed to be (119). Psychology today has a "then and now" mentality that tries to make the advances in psychology seem greater than they actually are (as can be seen with the disease model).

Critics can speculate all they want about why Gilman wrote *The Yellow Wallpaper*, but she can express her purpose better than anyone else. At the time that it was first published, many critics voiced concern about the work's ability to drive readers crazy. Gilman replied

saying, “It was not my intention to drive people crazy, but to save people from being driven crazy,” (“Why I Wrote “The Yellow Wallpaper”,”). In her response to the literary criticism, “Why I Wrote *The Yellow Wallpaper*,” Gilman cites that her reason for writing the piece was to get the attention of the medical society and to “reach Dr. S. Weir Mitchell, and convince him of the error of his ways,” (Gilman qtd. in Hume, 4). Gilman was, of course, referring to the rest cure that he prescribed to her. She described the rest cure to be very inhibiting. She “came so near to the border of mental ruin that [she] could see over,” after diligently following his instructions of rest and domesticity (“Why I Wrote “The Yellow Wallpaper”,”). Jennifer S. Tuttle explains in her essay “Rewriting the West Cure: Charlotte Perkins Gilman, Owen Wister, and the Sexual Politics of Neurasthenia” that “though Mitchell was quite popular among many of his women patients, contemporary scholars generally view the Rest Cure as a means of subduing women who had strayed from their domestic role,” (Tuttle qtd. in G. and Z., 103). It is widely accepted that both Gilman and her narrator were suffering from postpartum depression, which can cause apathy toward domestic and maternal duties. It is very likely that Mitchell and the narrator’s physician husband John prescribed the rest cure to subdue the women, respectively. The difference between the two women is that Gilman was able to recover and the narrator was not. It is easily inferred that the reason for this difference is that Gilman was able to escape before the rest cure completely deteriorated her mind. Gilman’s purpose for writing *The Yellow Wallpaper* was “to make the world suit her”—she wanted society to change its views on women and on psychology.

The Yellow Wallpaper and Charlotte Perkins Gilman have been some of the most studied subjects of literature and psychology since the early twentieth century. But what is lacking from these analyses is a balance between the two different fields of study. Literary analyses of these subjects have the tendency to take a feminist approach and to ignore the legitimacy of mental illness. Medical analyses of these subjects have the tendency to take on a scientific approach and to ignore society’s effect on mental illness, especially textbook analyses. There needs to be more analyses that balance the two disciplines and that look at *The Yellow*

Wallpaper from scientific and philosophical perspectives; the narrator was both a victim of her society *and* of her own mind.

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