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## "A Slight Hysterical Tendency': Performing Diagnosis in Charlotte Perkins Gilman's 'The Yellow Wallpaper'"

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*PERFORMING*  
***HYSTERIA***

IMAGES AND IMAGINATIONS OF HYSTERIA

EDITED BY JOHANNA BRAUN

**PERFORMING HYSTERIA**

Contemporary Images and Imaginations of Hysteria



# *PERFORMING HYSTERIA*

CONTEMPORARY IMAGES AND IMAGINATIONS OF HYSTERIA

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EDITED BY JOHANNA BRAUN

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# TABLE OF CONTENTS

Acknowledgments	7
Introduction Johanna Braun	11
HYSTORIES REVISITED Hysterical Epidemics and Social Media <i>Elaine Showalter</i>	27
WANDERING IMAGINATIONS OF RACE AND HYSTERIA The Origins of the Hysterical Body in Psychoanalysis <i>Sander L. Gilman</i>	41
TRAUMATIC DANCES OF "THE NON-SELF" Bodily Incoherence and the Hysterical Archive <i>Jonathan W. Marshall</i>	61
THE PHANTOM ERECTION Freud's Dora and Hysteria's Unreadabilities <i>Dominik Zechner</i>	87

"A SLIGHT HYSTERICAL TENDENCY"	105
Performing Diagnosis in Charlotte Perkins Gilman's <i>The Yellow Wallpaper</i> <i>Vivian Delchamps</i>	
HYSTERIA ACTIVISM	125
Feminist Collectives for the Twenty-First Century <i>Elke Krasny</i>	
DELILLO AND MASS HYSTERIA	147
<i>Sean Metzger</i>	
HYSTERIA IN THE AGE OF MECHANICAL REPRODUCTION	167
Back to the "Image Factory" in <i>WestWorld</i> <i>Cecily Devereux</i>	
#METOO'S FIRST HORROR FILM	189
Male Hysteria and the New Final Girl in 2018's <i>Revenge</i> <i>Tim Posada</i>	
HYSTERICAL CURE	207
Performing Disability in the Possession Film <i>Johanna Braun</i>	
Bibliography	233
Notes on the contributors	257



# “A *SLIGHT HYSTERICAL TENDENCY*”

## *Performing Diagnosis in Charlotte Perkins Gilman’s “The Yellow Wallpaper”*

Vivian Delchamps

In the beginning of Charlotte Perkins Gilman’s short story “The Yellow Wallpaper” (1892), the unnamed female protagonist writes disobediently in her journal: “If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do?”<sup>1</sup> Gilman famously wrote this semi-autobiographical short story to criticize her doctor, Silas Weir Mitchell. Mitchell diagnosed Gilman with hysteria and treated her with his famous “rest cure”—a treatment that kept women confined to their beds, restricting their bodily and mental freedoms. Gilman then wrote the “Yellow Wallpaper”, featuring a narrator who similarly was put on the rest cure. Insistent that she is ill—but with something more than a “slight hysterical tendency”, a diagnosis which she seems to find unsatisfactory—the narrator of Gilman’s story hints at a question that dominates her experience in the text. “What is one to do” with diagnosis, its consequences and its fallibility?

Some critics have, in Jane F. Thraikill’s wording, tried to “doctor” Gilman’s text, suggesting ways of reading the story that clarify, organize, or heal the hysteria that resonates throughout its pages.<sup>2</sup> I similarly hope to demonstrate that neatly understanding—or diagnosing and curing—Gilman’s short story is impossible for any reader. The

narrator's first-person account articulates the complexity of disorder, demonstrating that neatly defining or explaining a condition of a body or mind is dangerously difficult. Other critics<sup>3</sup> rightly note that the story undermines Mitchell's diagnosis and the rest cure. In this essay I further this work but question the assumption that the story's understanding of diagnosis is purely critical. I examine the ways in which the narrator of "The Yellow Wallpaper" simultaneously expresses desire for, and rejection of, the hysteria diagnosis. The story's contradictory view of diagnosis leads to a destructive, confusing narrative as the narrator is trapped in the winding, inescapable contradictions that surround the question of how to diagnose and whether an accurate diagnosis for medical symptoms is even possible. Ultimately, this paper will argue that Gilman's text provides an interpretive framework for understanding issues of gender relevant to modern discourses in disability studies and that it challenged masculinized performances of medical diagnosis and treatment by resisting the ideology of cure. The story itself is a performance of hysteria that also depicts diagnosis and cure as destructive, desirable approaches to disorderly bodies and minds.

## Diagnosis in History and Literature

This essay begins with the premise that diagnosis and cure are not always helpful or desirable. They can also be harmful, and they *always* exist in relationship to destruction and violence. Eli Clare's book *Brilliant Imperfection: Grappling with Cure* (2017), a recent work in the fields of disability studies and crip theory,<sup>4</sup> has inspired much of my work on this topic. As Clare explains, the ideology of cure, which is "embedded in a network of five overlapping and interlocking medical processes: diagnosis, treatment, management, rehabilitation, and prevention" (70), seeks to normalize bodies and other forms deemed abnormal. Clare argues that "Elimination of some kind—of a disease, future existence, of present day embodiments, of life itself—is essential to the work of cure...as a widespread ideology centered on eradication, cure always operates in relationship to violence" (28). Clare further argues that "cure requires damage, locating the harm entirely within individual human body-minds, operating as if each person were their own ecosystem...it grounds itself in an original state of being, relying on a belief that what existed *before* is superior to what exists *currently*" (15, original italics). In this reading, cure is part of a medical model that

strives to return something deemed "abnormal" to a state of "normalcy". Cure is generally depicted positively, a "restoration of health" and a return to a "better" state of being, but in Clare's framing restoration demands elimination and enforced regression.

Diagnosis, the first of five key processes that aim for cure, is part of a system that always involves the violent removal of something from a body. Of diagnosis, Clare writes,

I want to read diagnosis as a source of knowledge, sometimes trustworthy and other times suspect. As a tool and a weapon shaped by particular belief systems, useful and dangerous by turns. As a furious storm...Simply put, diagnosis wields immense power....It unleashes political and cultural forces (41).

Diagnosis is contradictory. It identifies, but does not necessarily change or correct, disorders, and it is often the first step on the path toward normalizing bodies deemed defective. In medical science, diagnosis is hardly understood as a straightforward, objective, or perfect process. Modern medical practitioners demonstrate that "diagnosis" has two primary meanings:

First of all, *Diagnosis* is the name for the process a doctor goes through to arrive at a conclusion about the state of health of a patient. Diagnosis, in this sense, is...an activity or action...As such, it can be done well or poorly, hastily or carefully. Diagnosis in the second sense refers to the outcome of the diagnostic process...in this sense involving a labeling of the patient...that classifies a patient, provides an explanation of symptoms, and leads the clinician to create a prognosis (Daniel A. Albert et al, *Reasoning in Medicine*, 184, original italics).

Diagnosis creates a relationship between doctor and patient that relies upon an uncertain system of disease classification. The goal of diagnosis is to help both doctor and patient understand a patient's condition and predict next steps in the hopes of finding a cure. Aiming for this goal may involve embarking on an unpredictable process, relying on systems of classification and prescribing treatments that impact bodies and minds. Moreover, this process will necessarily involve destruction,

tearing something down to build it back up again, destroying disease, or harming an individual for the sake of their treatment.

A doctor may “perform” a diagnosis and “perform” a cure.<sup>5</sup> Taking these phrases literally, I ask how diagnosis can be understood as performative since it involves a labeling that alters identity and might lead to treatments that alter bodies and minds. In his foundational work on performative utterances in *How to Do Things With Words* (1970), J.L. Austin distinguishes “verdictives” as a category of illocutionary acts in which a speaker gives a verdict, such as a diagnosis (147). I want to consider the idea that diagnosis is embodied, an utterance that connects doctors and patients and stimulates physical, emotional, and mental responses as well as transformations of identity.

Reading diagnosis in Gilman’s text is vital because diagnosis is both narrative and embodied. I am not the first to take this approach to understanding diagnosis in Gilman’s story, as Paula Treichler explains in “Escaping the Sentence: Diagnosis and Discourse in ‘The Yellow Wallpaper’” (1984),

Diagnosis is powerful and public...It is a male voice that...imposes controls on the female narrator and dictates how she is to perceive and talk about the world. Diagnosis covertly functions to empower the male physician’s voice and disempower the female patient’s... To call ‘The Yellow Wallpaper’ a struggle between diagnosis and discourse is to characterize the story in terms of language (65; 70).

Continuing Treichler’s study, I suggest that the performance of diagnosis, hysteria, medicine, disability studies, and the study of literature all converge in Gilman’s work and can be analyzed to better understand diagnosis and cure as contradictory forces that are both damaging and desirable.

### “Infinite Numbers of Forms”: Diagnosing Hysteria in Gilman’s Time

I turn now to Gilman’s biographical encounters with diagnosis and cure—complex engagements with the world of medicine. Gilman’s “The Yellow Wallpaper” was written just after hysteria became a

"fashionable" disease and a difficult-to-define diagnosis (see Wood). Between 1860 and 1880, medical practitioners and the American public became obsessed with neurasthenia and hysteria, categories which produced new problems about diagnostic boundaries and patient agency. In the fifth century BC Hippocrates famously suggested that the cause of hysteria lay in the movement of the uterus (Sigerist 2–4); however, by the nineteenth century, hysteria was associated with the brain and nervous system. Doctors struggled to describe distinctions between neurasthenia and hysteria during this time, and "the two conditions were intertwined while the medical community struggled to define its diagnostic boundaries" (Schuster 5). Mitchell observed in an 1888 lecture that hysteria was the most vexing of all diagnoses, precisely because it manifested itself in "infinite numbers of forms and [an] infinite variety of masquerade" (5). This hard-to-define diagnosis became a troubling problem that intrigued doctors, patients, and the general public.

The diagnosis of hysteria was mostly reserved for wealthy white women. In 1881, Dr. George M. Beard claimed that because nervousness was caused by modernity, neurasthenics stood as proof that the American nation had evolved beyond the rest of the world, and that "Catholics, southerners, Indians, and blacks" were not susceptible to the disorder (Schuster 18).

Furthermore, "the characterization of the nervous woman" was, according to Laura Briggs, figured "over and against a figure understood as her opposite: the 'savage' woman" (Briggs 246). The refusal to associate black women with hysteria and neurasthenia further stigmatized black bodies. But for white women especially, self-diagnosis of neurasthenia became common, ushering in an era of patients bypassing the medical profession. Doctors and pharmaceutical companies took advantage of those who self-diagnosed, prescribing and labeling medicines (sometimes made of alcohol and cocaine) as treatments for "nervousness" (Schuster 62). Complexly bound with issues of gender, class, and race, the process of diagnosing hysteria was simultaneously an authoritative demonstration of clinical control and a confusing, unregulated act that could be either helpful or damaging for those experiencing illness, leading to experimentations with literary forms.

Like many other (white) women, Gilman self-diagnosed once she realized she was experiencing symptoms after the birth of her child. She described her condition as “dragging weariness miles below zero. Absolute incapacity. Absolute misery” (*The Living of Charlotte Perkins Gilman* 90–92). She traveled west to Pasadena and reported that engagement with social life there improved her symptoms (Schuster 106). This trip west imitated the treatment Mitchell used to help men such as Walt Whitman, whom he encouraged to travel west after experiencing a stroke.

After Gilman returned east to her baby and husband in Providence, her symptoms came back, and she reached out to the famous Mitchell, perhaps hoping he would order her back to the social freedom she enjoyed in the west. The fact that Gilman *invited* Mitchell’s treatment is a facet of her history that has often been overlooked by scholars who want to depict Gilman as a passive, ignorant victim of Mitchell’s treatments. I bring it in now because I want to emphasize that before Mitchell exposed her to his treatments, Gilman *wanted* cure. She claimed that she had “brain troubles”, and told Mitchell,

I am an artist of sufficient merit to earn an easy living when well...I am a reader and thinker. I can do some good work for the world if I live. I cannot bear to die or go insane or linger on [in] this wretched invalid existence, and be a weight on this poor world which has so many now. I want to work, to help people, to do good. I did for years, and can again if I get well. (*Why I Wrote the ‘Yellow Wallpaper’?* 271).

Illustrating Gilman’s desire for cure, this shows that Gilman believes being an invalid is burdensome. She believes she cannot “do good” if she does not “get well”. Her initial response to her symptoms is to paint invalidism as pathological weakness. Gilman’s desire for diagnosis and her willingness for self-diagnosis are significant parts of her history with Mitchell that have largely been ignored and that demonstrate cure’s seductive power.

Mitchell did not send Gilman back to her life of freedom in California; instead, he put her on the rest cure and demonstrated that he distrusted women’s reports on their own health. As one of Gilman’s biographers wrote, Mitchell “found utterly useless the long letter she had written to him detailing her symptoms; that she should imagine her observations

would be of any interest to him was but an indication of her 'self-conceit,' he advised her".<sup>6</sup> Mitchell largely ignored her detailed letter and the questions she asked him, and simply put her on the rest cure. Mitchell's creation of the rest cure was based on his belief that the patient had reached a state of "cerebral exhaustion", "a condition in which the mental organs become more or less completely incapacitated for labor" (Mitchell *passim*). His remedy was therefore enforced bed rest, and the patient was barred from physical exertion and deprived of intellectual stimulation. After remaining in Mitchell's care for a month, Gilman was instructed to "live as domestic a life as possible", to limit her "intellectual life" to "two hours" per day, and to never "touch pen, brush or pencil" (Knight 277). Mitchell's treatment forbade Gilman to write, and Gilman wrote that this brought her "so near the borderline of utter mental ruin that [she] could see over" (*Why I Wrote the 'Yellow-Wallpaper'?* 271).

Mitchell's use of the rest cure illuminates the damaging quality of the ideology of cure. Clare suggests that the ideology of cure relies "on a belief that what existed *before* is superior to what exists *currently*" (15, original italics). Mitchell arguably developed his rest cure because he believed that what existed *before*—a world of women who remained in the home and did not perform intellectual labor—was superior to what existed in Gilman's case. Gilman was a woman who worked and, therefore, in Mitchell's mind became hysterical. His rest cure is a clear demonstration of Clare's claim, as his treatment was founded in the belief that a working woman should return to a domestic life. While feminist critics have noted that Mitchell wielded diagnosis and cure not just to aid ill individuals, but to flaunt his authority and to return women to a domestic sphere, Regina Morantz has also helpfully observed, "medical men [of the nineteenth century] were unable to cure most diseases—not just those of women but of everyone. Indeed, they 'tortured' men and women indiscriminately" (47). Mitchell's treatment was gendered and damaging for women; however, his failure to cure hysteria was part of a larger problem: that most attempts to perform cures generally involved at least some degree of "torture" of bodies and minds.

After suffering through Mitchell's rest cure, Gilman penned "The Yellow-Wallpaper" as a thinly veiled autobiographical tale of a woman driven mad by her physician-husband, trapped in a room as a part of his medical treatment. Gilman eventually published this statement:

“The real purpose of the story was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways” (*Why I Wrote the ‘Yellow Wallpaper’?* 271). The story addresses Mitchell directly, reaffirming this hypothesis: “John says if I don’t pick up faster he shall send me to Weir Mitchell in the fall. But I don’t want to go there at all. I had a friend who was in his hands once, and she says he is just like John and my brother, only more so!” (11). Now one of the most famous literary accounts of hysteria, this story demonstrates that Gilman no longer trusted male medical authority. As Eli Clare argues, “Cure [is] laced with violence, which [prompts] resistance, which in turn [is] met with more violence, all of it sustained by diagnosis” (47). By seeing Gilman’s history through this lens, we can see that Gilman requested a diagnosis, discovered the deceptive and violent quality of Mitchell’s gendered treatment, and was prompted to resist. The next question is, how does her short story depict cure? How and why does the protagonist *want* to “return” to a previous state of being, before her sickness? Though “The Yellow Wallpaper” has long been understood as a feminist commentary on medical practice, such questions, emerging from disability studies, have not yet been thoroughly considered. It is generally assumed that the narrator does want *a* cure—she just doesn’t want the *rest cure*. I want to question that assumption now, to ask how socially constructed cures for a largely socially constructed impairment are perceived as simultaneously violent and desirable in the story.

### Performing Diagnostic Experiments and Destroying Cures

“The Yellow Wallpaper” quickly establishes that the female narrator, who relays her story in first person in her secret journal, trusts her own opinions about illness more than those of her physician-husband John. The narrator self-diagnoses when her husband refuses to admit she is ill, writing:

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. John is a physician, and perhaps—(I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind—) 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? (10)



We don't want to equate Gilman absolutely with her fictional narrator. However, this part of the story reflects Gilman's loss of faith in physicians like Mitchell who refused to engage with Gilman's letter. Suspicious of these doctors, the narrator assumes diagnostic authority, suggesting that she herself has a better understanding of her own condition than do these male doctors. Furthermore, the narrator is willing to diagnose her problems, seeing John as one reason she does "not get well faster".

The narrator is also willing to consider various cures in hopes of mitigating her symptoms. The story continues,

I take phosphates or phosphites whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to 'work' until I am well again. Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good. But what is one to do? I did write for a while spite of them; but it does exhaust me a good deal—having to be so sly about it, or else meet with heavy opposition. I sometimes fancy that in my condition if I had less opposition and more society and stimulus—but John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad (10).

The narrator disagrees with the ideas presented by male authorities in her life, but, as she repeats several times, what is she to do? She does not complain here about any physiological symptoms, instead complaining more about the "opposition" she is facing. She clearly desires healing, because she has thought about what kind of actions—such as exercise—would help "do her good". She is also trying to improve her condition. For example, the narrator claims that she does not write so much because John has forbidden it. However, of course she *is* still writing because we are supposedly reading her first-hand account. The existence of the story itself, penned by the narrator forbidden from pen and paper, becomes a symbol of resistance that defies John and his views. The narrator is attempting to cure herself—but not just of hysteria or any other diagnosable syndrome. She wants to cure herself of opposition, of the oppressive attitudes that surround her by resisting her prescription.

The narrator experiments further with the performance of diagnosis, embracing John's diagnostic tendencies even as she disagrees with them. Finding John's explanation that there is "nothing the matter with

[her] but temporary nervous depression—a slight hysterical tendency” unsatisfactory, the narrator creates her own diagnosis, writing, “there is something strange about the house—I can feel it” (10). The narrator then spends large portions of the text gazing out of the window and contemplates “burning the house” (15). Generally assumed to signify the protagonist’s growing insanity, the focus upon the house indicates the narrator’s longing for cure, suggesting that the narrator intuitively understands that cure necessitates some form of destruction. Hoping to find the answer to her problems, the narrator understands the desirability of diagnosis but also realizes that a “restoration of health” would require a different kind of violent architectural “restoration”.

John confines the narrator to a room papered with an ugly wallpaper; soon, the narrator becomes obsessed with it, and further diagnoses herself by insisting that the wallpaper is at the heart of her sickness. She fervently writes in her journal: “The color [of the wallpaper] is repellant, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sunlight. It is a dull yet lurid orange in some places, a sickly sulphur tint in others...I should hate [the wallpaper]... if I had to live in this room long” (13). The narrator’s description of the paper mimics a body’s experience of sickness. Often critics argue the wallpaper symbolizes the narrator’s sickness (hysteria);<sup>7</sup> however, the wallpaper magnifies the effects not of the illness, but of the cure. The winding leaf pattern in the wallpaper resembles a cage, symbolic of her imprisonment in the room. Moreover, the narrator’s claim, “I should hate [the wallpaper] myself if I had to live in this room long” indicates that she realizes that if the rest cure is inflicted upon her for a long time, her hatred of the wallpaper will only grow. The narrator grows suspicious, not of her hysteria symptoms, but of the paper, and indulges in diagnostic patterns of thought that lead her to see the paper as the cause of her problems.

The narrator soon begs John to get rid of the wallpaper, hoping that she can banish the material embodiment of her imprisonment; however, John continues to refuse to believe that his medical treatment could damage her. She writes,

I suppose John never was nervous in his life. He laughs at me so about this wall-paper! At first he meant to repaper the room, but afterwards he said that I was letting it get the better of me, and that

nothing was worse for a nervous patient than to give way to such fancies. 'You know the place is doing you good,' he said, 'and really, dear, I don't care to renovate the house just for a three months' rental.' 'Then do let us go downstairs,' I said, 'there are such pretty rooms there (14).

John never does permit his wife to leave the room, and the narrator's desire to be rid of the wallpaper can be read as an attempt to cure herself of the rest cure. Just as Clare argues that cure involves restoration, a type of destruction with the end goal of returning something to a previous, presumably healthy state, the narrator desires to see the room *renovated*, and herself freed from the wallpaper's winding, lurid pattern. John's refusal to renovate the room can be read as a refusal to help his wife. Meanwhile, the narrator's desire to be rid of the wallpaper, symbolic of her hatred of the rest cure, indicates that she wants to cure herself of a damaging cure.

As the urge to seek cure is intuitive and desirable, the narrator begins to imagine destroying the wallpaper so earnestly that she visualizes death within its pattern. The narrator secretly writes in her journal: "I never saw a worse paper in my life. One of those sprawling flamboyant patterns committing every artistic sin. It is dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study, and when you follow the lame uncertain curves for a little distance they suddenly commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions" (13). The curves and lines of the wallpaper seem to the narrator to "destroy themselves". While this is generally interpreted as symbolic of the possibility that hysteria may lead to the urge to complete suicide, the narrator's interpretation of the wallpaper's pattern could indicate that she recognizes that treating hysteria necessitates a death of self. John's insistence on her imprisonment becomes a violent destruction of the narrator's creative desires. Moreover, for paper—the material on which this very story is printed—to be described in such an extreme way demonstrates that "The Yellow Wallpaper" is becoming as unruly and destructive as the wallpaper itself. The narrator's own written journal and Gilman's written story arguably commit "every artistic sin". They are written despite the commands of the narrator's and Gilman's doctors, and they fixate on wallpaper—an object traditionally thought to belong to a domestic, not literary or scholarly, realm. As the narrator continues to fixate upon the

wallpaper as the source and embodied material reality of her physical *and* social condition, the short story itself becomes a meta representation of “artistic sin”.

These complexities deepen when next the narrator begins to see a woman trapped and creeping within the wallpaper, and the narrator becomes fascinated by this human form. The narrator writes, “At night in any kind of light, in twilight, candlelight, lamplight, and worst of all by moonlight, it becomes bars! The outside pattern I mean, and the woman behind it is as plain as can be. I didn’t realize for a long time what the thing was that showed behind, that dim sub-pattern, but now I am quite sure it is a woman. By daylight she is subdued, quiet. I fancy it is the pattern that keeps her so still. It is so puzzling. It keeps me quiet by the hour” (23). The sudden insertion of this trapped woman into the narrative creates a doubling effect that shapes the story into one about two women, the narrator and her echo in the wall. This may inspire (especially female) readers to become self-conscious about the fact that they themselves are gazing upon Gilman’s on-paper story—especially since, evidently, paper has the power to push a woman’s imagination in astonishing and dangerous directions. Readers themselves are studying, with rapt and productive fascination, a paper which has a pattern that becomes more complex “by the hour”. The hysteria of the wallpaper is passed onto the narrator’s text, which is then absorbed by Gilman’s audience.

The narrator believes the paper is infectious, and that its mind-altering consequences impact John’s abilities to diagnose. The narrator satirically diagnoses John, demonstrating her simultaneous desire for diagnosis and hatred of what the rest cure is taking from her. After noticing that John is watching her and observing her symptoms, the narrator mockingly imitates John’s diagnostic thought, explaining why he “seems very queer sometimes” by saying that “It strikes me occasionally, just as a scientific hypothesis,—that perhaps it is the paper!” (26–27). This appropriation of John’s scientific approach demonstrates that the narrator continues to simultaneously experiment with, and mock, diagnostic performances as uncertain and overconfident attempts to understand reality.

As she follows the movements of the woman behind the paper, the narrator confesses her watchfulness to her ever more attentive reader and indicates she no longer sees the wallpaper solely as a symbol of

imprisonment. Studying the wallpaper gives her mind something to do, demonstrating the intriguing power of diagnostic thought: "Life is very much more exciting now than it used to be. You see I have something more to expect, to look forward to, to watch...[John] laughed a little the other day, and said I seemed to be flourishing in spite of my wallpaper. I turned it off with a laugh. I had no intention of telling him it was because of the wallpaper—he would make fun of me. He might even want to take me away" (27). The narrator no longer thinks about her "return" to health and doesn't want the wallpaper to be taken away; she rather thinks about what she has "to look forward to" (27). The narrator identifies with the woman she sees within it, and the symbol of her imprisonment is twisted into a symbol of liberation. However, the wallpaper never becomes attractive. It remains indeterminate, complex, unresolved, disturbing; it continues to embody, like the form of the story we are reading, "unheard of contradictions". By now the narrator is determined to find out its meaning. During the day, by "normal" standards, it remains "tiresome and perplexing" (28). But at night she sees a woman, or many women, shaking the pattern and trying to climb through it. Women "get through", she perceives, "and then the pattern strangles them off and turns them upside down, and makes their eyes white!" (30). Medical diagnosis can be relentless and deadly, resulting in confusion and a failure to solve problems.

The story ends in total confusion as the simultaneous urge to diagnose and hatred of diagnosis and its consequences meet in a moment of total unruliness. The narrator invites John into her room. John cries, "What is the matter?'. . . 'For God's sake, what are you doing!' I kept on creeping just the same, but I looked at him over my shoulder. 'I've got out at last,' said I, 'in spite of you and Jane! And I've pulled off most of the paper, so you can't put me back!' 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!" (36). These lines refuse to clarify what has happened. "Jane" has never before been mentioned—the narrator's true name seems to have been dictated only in this moment of destruction. The woman in the wallpaper and the narrator—now seemingly the same woman—have pulled off the wallpaper, the hysteria liberated and the symbol of the rest cure demolished. The narrator claims John fainted; she therefore implies that he has been infected with "weakness" or the hysteria he himself assigned to the narrator. Furthermore, while at the beginning of the story the narrator indicated that she was writing

down this entire first-person account in her journal, that narration is now thrown into disbelief (for how could she write this account if she is “creeping”?). Hysteria is never cured in the story; rather, hysteria, its wildness, randomness, and its slippery diagnostic categorization makes Gilman’s most famous literary work possible. The story’s narrator rejects a restoration or return to health; instead she has produced something very new, an outcome completely at odds with her physician-husband’s expectations. She has, to put it confusingly, cured herself of the rest cure, and that she abandons a traditional form of narration causes the story itself to embody the contradictory forms of both disorder and cure.

“The Yellow Wallpaper” embraces destruction, and the narrator’s writing itself becomes fragmented and ambiguous. Over the course of the text, hysteria, the rest cure, the house itself, and the wallpaper are all submitted as possible causes for the narrator’s symptoms. Each of these uncertain diagnoses is met with confusion, rejection, and demolition while the narrator is trapped in systems of medical authority. It is impossible either to concretely diagnose the narrator or symptomatically solve the puzzles of the story, for the urge to diagnose is itself under question throughout the tale.

### Conclusion: Hysteria Undefined, Perpetuated

In 1913, Gilman claimed that her story would put an end to the rest cure and that it was successful in preventing hysteria. She wrote that *The Yellow Wallpaper* was “not intended to drive people crazy, but to save people from being driven crazy, and it worked” (*Why I Wrote the ‘Yellow Wallpaper’?* 271). Just as when Gilman distanced herself from insanity (which she associated with laziness and invalidism) in her initial letter to Mitchell, here she dissociates her own story with craziness, attesting that cure and prevention are at the heart of the story’s aims. Though Gilman claims that Mitchell amended his treatment of nervous illness after becoming aware of her story, scholars have not discovered any comment by Mitchell referring either to his treatment of Gilman or to her work of fiction.<sup>8</sup> Gilman might not have been correct in assuming that her story prevented “craziness”, especially as the tale itself unravels in a hysterical narrative form and simultaneously embodies the urge to diagnose that disorderliness.

Nevertheless, critics have largely assumed that Gilman's story was supposed to be therapeutic and to find a cure for *something*, whether it be hysteria or something else. There has long existed an assumption that Gilman's story can be "solved". As Jane F. Thrailkill argues,

What has led critics astray in reading Gilman's story, I would argue, is that in presenting a creepy story that in fact becomes a story of creeping, it emulates the form of such a patient, which in turn elicits in its post-Freudian readers an almost irresistible will to interpret: to in fact doctor the text . . . And, despite many indicators to the contrary, in almost every case the doctoring leads inexorably to an account of someone 'getting better': whether it's the narrator (who, last seen on all fours, purportedly triumphs over her husband and patriarchy), or Gilman (whose biography, which involved a lifelong struggle with nervous illness, is dramatically reshaped to model an archetypal feminist success story), or even the text itself (which has, in recent decades, quite literally been canonized) (552).

I hope to continue Thrailkill's work of explaining why we readers may feel an urge to "doctor" the story. As I have suggested, the story is infectious. It embodies an unruly form and it emphasizes the narrator's urge to diagnose, an urge that might resonate with its readers. The narrator experiences a deep desire for diagnosis even as she denounces patriarchal diagnostic thought. For readers to want to continue to diagnose both the narrator and Gilman makes sense in light of the fact that the story perpetually grapples with diagnosis, its desirability, and its severe consequences. However, it is vital that readers of the story be attentive to that urge to diagnose, for reading the story through only a pathologizing lens may limit our approaches to its hysterical performance.

Furthermore, Gilman's story does not cure hysteria or offer new modes for its treatment. Rather, the story demonstrates that hysteria is provocative and therefore a formidable source of literary inspiration. Though Gilman claimed her story prevented "craziness", she wrote in a letter, "I read the thing to three women here...and I never saw such squirms!" (quoted in Allen 186). By the author's own admission, the story seemed only to induce symptoms of hysteria in some of the women who heard it. The story succeeded in rendering the rest cure notorious, but it does not succeed in ending hysteria—it instead continues the violence

of diagnosis inherent in the history of hysteria and points us to rich and fascinating diagnostic mysteries while also embodying hysteria's unruly and destructive power.

## Notes

- 1 Charlotte Perkins Gilman, "The Yellow Wallpaper." (1973), p. 13. Completed in 1890, Gilman's short story was first published in *New England Magazine* in 1892. The original 1892 publication included the inconsistent hyphenation of the word "wallpaper", although I follow critical convention in omitting the hyphen from the story's title.
- 2 Jane F. Thrailkill, "Doctoring 'The Yellow Wallpaper.'" (2002). Critics who famously read "The Yellow Wallpaper" in order to explain the narrator's symptoms or diagnose the author herself include Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic: The Writer and the Nineteenth Century Literary Imagination* (1979, 89–92); Annette Kolodny, "A Map for Rereading: Or Gender and the Interpretation of Literary Texts" (1980); and Jean E. Kennard, "Convention Coverage or How to Read Your Own Life" (1992, 168).
- 3 Including Cynthia J. Davis, *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845–1915* (2000) and Diane Price Herndl, "The Writing Cure: Charlotte Perkins Gilman, Anna O., and 'Hysterical' Writing." (1988).
- 4 I tend to use the phrases "disability theory" or "disability studies," as these are used to describe many of my secondary sources. However, the phrase "crip theory" is also useful. Crip theory expands disability studies by "including within disability communities those who lack a 'proper' (read: medically acceptable, doctor-provided, and insurer approved) diagnosis for their symptoms." See Alison Kafer, *Feminist, Queer, Crip*. (18). Kafer's point that diagnosis has contributed to assumptions about who can identify as disabled and participate in the disability studies community underlines diagnosis's power in these fields of study.
- 5 These phrases are often used in medical texts (Albert 119). Also see R. R. Ledley and L. B. Lusted, "Reasoned Foundations of Medical Diagnosis." (9). The phrase "perform a diagnostic test" is also used (Albert 38). I could not find the history of the phrase "perform a diagnosis", but the use of the word "perform" as in "perform a cure" has been in use since 1774 (oed.com).
- 6 Ann J. Lane, *To Herland and Beyond: The Life and Work of Charlotte Perkins Gilman* (113). Lane's source for this anecdote is Gilman herself, who wrote



of the encounter in her autobiography, published 43 years after "The Yellow Wallpaper".

- 7 As Gilbert and Gubar famously do in *The Madwoman in the Attic* (89–92).
- 8 The story that Mitchell changed his diagnosis and treatment of hysteria and neurasthenia after reading a copy of "The Yellow Wallpaper" is unsubstantiated and questioned by Suzanne Poirier, "The Weir Mitchell Rest Cure: Doctor and Patients". *Women's Studies*, vol. 10, 1983, pp. 15–40.

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