

# **“The Yellow Wallpaper”**

## **A Horror Story With a Feminist Touch**



Bachelor Thesis 200200755

English Language and Culture

20 August 2013

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Word count: 8843

# Table of Contents

1. Introduction.....	2
2. Hysteria: A Concise Explanation and History.....	4
3. The Livings of Charlotte Perkins Gilman.....	12
4. “The Yellow Wallpaper”: Reception and Critics.....	17
5. “The Yellow Wallpaper”: Genre Conventions.....	24
6. Works Cited.....	30

# 1. Introduction

“The Yellow Wallpaper” is a fascinating and frightening story now seen as a feminist classic, partly due to the fact that Charlotte Perkins Gilman is now known as a first-wave feminist. To Charlotte Perkins Gilman, the story was a horror story, but nowadays it is only read as a feminist classic. The tension between the original gothic horror and the present-day feminist reading is an intriguing subject. This change in perspective on the story is largely ignored by critics, as is the gothic horror reading. This is partially due to the author’s background as a feminist, even though she strongly argued against that label, but genre conventions also play an important role in the interpretation of “The Yellow Wallpaper”. Some of the quintessential characteristics of the gothic horror genre (such as the distraught heroine and the powerfully repressive male antagonist) are easily reinterpretable as part of a feminist message.

Charlotte was diagnosed with hysteria after the birth of her only child, and the severity of her hysteria and its effect on her led her to write the story. The meaning of hysteria has changed drastically since 1920, so some research into its history is necessary for a clear understanding of the condition and its treatments. Since hysteria has been ascribed such an important role in the coming about of “The Yellow Wallpaper”, this thesis starts out with an explanation of hysteria and the terms associated with it, followed by a short history of the theories about and treatments of hysteria. The knowledge gained here will help to understand Charlotte Perkins Gilman’s hysteria and put her treatment in its historical context. The next chapter is a short outline of Charlotte’s life tracing the influence her hysteria had on her and how it inspired her to write “The Yellow Wallpaper,” while it also includes an introduction to her work and her feminist ideology. Following biographers I chose to refer to Charlotte using

only her first name. One of the reasons for this decision is that she went by three different last names during her life: using only a last name is at times inaccurate and the use of her three different last names might be confusing. Also, within the intimacy a biography offers the use of her first name seems appropriate.

The fourth chapter is an overview of the reception of “The Yellow Wallpaper” with first reviews and opinions when the story just appeared and after that, two examples of a modern feminist reading. From the story’s re-publication in 1973 up to now so much has been written about it and so many times the story has been analysed that it is impossible to provide a coherent synopsis within the scope and size of this thesis. I therefore chose to examine two interesting and well-known views on the story that indicate where feminist scholars find tension within the story. These feminist views stand in contrast to earlier readings. Charlotte’s purpose in writing the story was, in contrast with much of her other work, not to advance the feminist cause: firstly because she wanted to investigate and cope with her own feelings and secondly because she wanted to explain to others how she felt. The direct cause for writing the story was therefore her hysteria, or, to be more exact, the severe hysterical breakdown she suffered after her first marriage and the birth of her daughter Katherine. Currently, scholars interpret “The Yellow Wallpaper” as a feminist tale and seem to have forgotten the gothic horror interpretation. This thesis will present reasons for the dominant feminist reading and will also present a more inclusive reading of the story as a feminist gothic horror story. This reading examines genre conventions of the gothic horror genre and may lead us to draw conclusions about the inherent feminist ideology in such fictions.

## 2. Hysteria: A Concise Explanation and History

**H**ysteria has a very long history which starts at about 2000 BC. However, what hysteria is exactly has always been difficult to pinpoint. I will give a very concise view of the symptoms and cures of hysteria through the ages. As of today, hysteria is strongly connected to teenagers (girls, to be more exact) and mobs or audiences, especially in connection with movie stars. Nonetheless, it used to be seen as a rather serious illness affecting young- and middle-aged women and mothers, which continued to baffle physicians up until the 19th century. Because hysteria was seen as a disease roughly until 1920, I will adopt that convention.

As a four thousand year old illness, the notion of what hysteria is, of what the symptoms and the causes are has at the same time changed very much and very little. The name hysteria, not coined until around 500 BC, stems from the Greek word for uterus: *hysterā* (Veith 1); as such, hysteria has primarily been a woman's disease, imposed upon women with inexplicable ailments. The origin of the name stems from the belief that the uterus could wander around the woman's body, suffocating other organs in the process and causing a variety of symptoms (King 4). The first mention of hysteria is in ancient Egyptian papyrus scrolls describing medical conditions and cures: the Kahun papyrus dating from about 1900 BC. As early as this scroll the uterine base for the complaints is described (Veith 2). In the Papyrus Ebers, a slightly more recent and better preserved papyrus dated at about 1600 BC, there is a whole chapter about woman's diseases, which is mainly about hysteria and how to treat it. All the cures aim to lure the womb back to its original place. In both papyri it is suggested that the original displacement of the uterus has much to do with sexuality. For example, in one of the last remedies available to the hysteric a wax ibis, the personification of

the powerful male god Toth, is placed on heated charcoal and the fumes are led into the vulva (Veith 5). A strong male deity is apparently able to lure back a wandering womb, already connecting the womb with women's sexuality.

This line of thought is further proceeded upon in the ancient Greek society. Hippocrates (460 – 370 BC) claimed that men were 'dry' and women 'wet': a womb which did not get enough fluid (through male ejaculation) would wander off through the female body in search of fluids, causing hysteria. Old age could also cause a dry womb, or a light womb that would, like the dry womb, float upwards (King 19). About six hundred years later, in the Roman Empire, physicians saw the body as consisting of fluids in balance. Imbalance of these fluids was the cause of diseases. In this discourse, men were described as "active, hot and strong," whereas women were "passive, weak, damp and cold, losing body heat and vital energy through leakage such as menstruation" (Mottier 5). Male ejaculation was one of the ways men could lose heat. For women, sex (and especially male ejaculation) was a way of heating up: crucial for their cold bodies (Mottier 7). Additionally, a woman's womb needed the liquid of semen to stay stable, an idea that is reminiscent of the Greek way of thinking. These two ideas about how women need semen and sexual intercourse with men reflect the dependant position of the female in the ancient Greek and Roman world. Women were not just the property of men; they physically needed them to stay healthy. This view of women persisted until Charlotte's age. A wife was and should be dependant of her husband, something Charlotte could not agree with.

The next epistemological turn in the discourse about hysteria came from Galen of Pergamon (129 – 216 AD), a Roman physician. He was the first to deny the possibility of a wandering womb, and even though he strongly believed in the effect the mind could have on the body, he still thought the cause of hysteria lay within the uterus (Veith 37). Galen claimed that women produce a substance similar to male sperm. If this female semen was not regularly

disposed of, the result is hysteria. In other words, sexual abstinence leads to seminal retention, which leads to hysteria (Veith 37). Now, hysteria has changed into a disease mainly found in widows and women with impotent husbands: the prescribed cure is sexual intercourse (King 42).

After Galen, for a very long time nothing of interest was written on the origin, causes or treatments of hysteria (Veith 45). The subsequent change in paradigm does not occur until well into the Middle Ages, when hysteria is mentioned in the famous, or infamous, *Malleus Maleficarum*, in English known as *The Hammer of Witches*, published in 1494. During the early Middle Ages medical views on diseases shifted from naturalistic organic causes to evermore supernatural and diabolical causes. Galen's ideas about hysteria were forgotten or had fallen into disuse and a new idea of how to deal with hysteria was needed. The Witches Hammer filled this gap and describes hysteria in two ways. Primarily, the hysteric was diagnosed as the victim (Veith 58). Sudden blindness, paralysation and fits are all described as the mark of the devil. However, the hysteric was also identified as the perpetrator. Some were merely accused, but others "admitted intercourse with the devil and his emissaries, strange sexual habits and wild orgies, and practicing witchcraft" (Veith 59). In the course of the sixteenth century sceptics pointed out the many different and odd symptoms diseases could produce, but it was not until the seventeenth century that hysteria was again seen as an illness instead of a sign of witchcraft.

It was Edward Jorden (1569–1633) who first wrote a treatise on hysteria "to acquaint the public as well as the medical profession with diseases of this nature so that they would never again be mistaken for bewitchment" (Veith 121). According to Jorden, hysteria still had a uterine cause. However, he saw the brain as the source of hysterical manifestations. In his definition of hysteria he claimed that "the perturbations of the minde are oftentimes to blame for this and many other diseases" (Veith 123). As progressive as Jorden was for his time, his

influence was only minor. The first to abandon the uterine connection was Thomas Sydenham (1624-1689). He acknowledged that hysteria's primary cause is the emotional state of mind of the patient, and not some uterine dysfunction (Merskey 8). Sydenham also claimed that the complaints have an imaginary base: if one could imagine sickness long enough, symptoms would follow. This meant that only the "leisured and idle" suffered from hysteria (Rousseau 143). Subsequently, hysteria was thought mainly an upper class women's illness, on the one hand because women in general were thought to be of a less firm constitution than men, and on the other because upper class women lived a sheltered, comfortable life. Working class women did not have the time or the money to suffer from hysteria, and it is questionable if their environment would have accepted hysterical behaviour (Foucault 149). Sydenham's treatment of hysteria was built up around the mind as cause: he thus advised his patients to involve themselves in activities that would strengthen their constitution and occupy their minds (Veith 147). The treatment Sydenham advises here is very similar to Charlotte's lifestyle both before and after her post-partum depression. She believed in physical exercise and wrote and lectured to regain her mental health. She needed both intellectual and physical exercise to keep her sane. This can also be found in "The Yellow Wallpaper": the narrator regularly expresses her wish for company, her craving for a way to express herself, and her longing for a walk in the outside world. Denied all, she has nothing to occupy her mind or her body.

Seventeenth century writers rediscovered hysteria. Robert Whytt (1714-1766) was the first to use the term nervous disease; he believed hysteria was caused by weak or unnatural nerves. Apart from this, he pointed out the bodily reactions of emotional stress (such as blushing) and their role in illnesses (Mersky 10). One of the first influential American writers on the subject was Benjamin Rush (1746-1813) who wrote an essay on the influence of the Revolutionary War on patients based on his own experience. He observes that many people of

a feeble and sickly constitution were almost instantly cured by the change of place or occupation brought upon them by the war. He concluded that strong passions thus occupying a woman's mind, such as love or fear, are able to almost instantly cure these kinds of diseases (Veith 174). Around the same time in Austria the beginnings of psychoanalysis were being developed by Baron Ernst von Feuchtersleben (1806-1849). Feuchtersleben introduced the interpretation of dreams as a way to investigate the hysterical patient's real state of mind even if they themselves were unaware of their emotions. His ideas of the subconscious were very progressive but were not really taken into account until Sigmund Freud returned to the subject at the beginning of the 20th century (Veith 193).

In the nineteenth century the British physician Robert Carter (1828-1918) turned back to the influence of sex and sexuality on hysteria. He strongly ruled out an organic cause and stated that because women are more sensitive than men and forced to suppress their sexuality they are more disposed to develop hysteria. He stressed the importance of moral treatment: of psychotherapy and the investigation of the emotions (Veith 206). At the same time in the United States Silas Weir Mitchell (1829-1914) insisted on the exhausting effect hysterics have on their environment. For that reason, he suggested hysterics should be taken away from their families to heal. His cure consisted of a month of bed rest and an absolute prohibition on doing anything at all. This would bore the sufferers so that when he ordered them to get up again, they would generally be cured. At the same time, the physician was to engage in psychotherapy with the patient (Veith 213). Since this was the treatment followed by Charlotte and the inspiration for her story, it is no wonder that many elements of this cure can be found in the story. It is interesting, though, that John, the physician-husband, does not engage in psychotherapy with the narrator. If Charlotte herself received psychotherapy while she was under treatment from Weir Mitchell cannot be verified. Since John is the narrator's husband, he has not quite succeeded in removing the patient from the family. He has failed to

see that she was not becoming well because he was too close to her. It can also be inferred that the period they rent the house for is longer than a month. The narrator's treatment is clearly inspired by Weir Mitchells treatment, but it is not the same.

Another name that cannot be ignored when it comes to hysteria is that of Sigmund Freud<sup>1</sup> (1856-1939). He was influenced by Feuchtersleben's ideas of dream analysis and continued Feuchtersleben's work by having patients tell their life histories to him while under hypnosis to search in the past for causes for their hysteric attack (Mersky 30). Freud believed hysteria was caused by a disturbed sexual functioning of the patient. Resistance of patients to therapy and an (unconscious) reluctance of patience to be cured caused Freud to begin with his free associating therapy (Veith 269).

In English, the *OED* records the word 'hysteric' or 'histerick', meaning suffering from hysteria, as early as 1657. In 1704 the disease is described as "Foul Vapours [...], the Disease called otherwise Hysterick, or Hypochondriack Fits, or Melancholy" ("Hysteric A1"). The adjective 'hysterical' is mentioned as early as 1615, meaning someone "affected with or suffering from hysteria" ("Hysterical A1"). As the *Collins Cobuild Advanced Dictionary* states (other modern dictionaries give similar definitions) the word hysteria has taken on quite a new meaning: "a state of uncontrolled excitement, anger, or panic" having lost seemingly all connection to the illness ("Hysteria" *Collins*). However, what we now call hysteric behaviour has its origins in the disease. Women could suffer from hysteric fits in which they were laughing or crying uncontrollably or in which they could display uncontrollable anger: all behaviour we now label hysterical. This new meaning was established in 1839; however, it only became popular after the disease hysteria has ceased to be so ("Hysteria 2"). As the first entry of hysterical also mentions both melancholia and hypochondria, it is interesting to see how these words have developed. Melancholia is now understood as meaning "a feeling of

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<sup>1</sup> Even though Freud is a very important scholar when it comes to hysteria, his ideas will not be treated any further in this paper. Charlotte was treated by Weir Mitchell himself and her story is based on his treatment. For this reason, no other specific treatment will be taken into account.

great sadness, especially one that lasts a long time” (“Melancholia” *Collins*). The term is first used in 1607, with a meaning very similar to that of today: “severe endogenous depression” (“Melancholia 2a”). If anything, the meaning has become softer: melancholia is now not directly connected to depression, but to a sad feeling, to feeling down. Hypochondria is now defined as continuously worrying about your health without serious reason (“Hypochondria” *Collins*). First mentioned in 1671, hypochondria once meant “[a] morbid state of mind, characterized by general depression, melancholy, or low spirits, for which there is no real cause” (“Hypochondria 2”). This early description already draws attention to the lack of real cause, even though the meaning of the word as a whole has changed. What becomes apparent from these definitions is that the three terms have been used in conjunction for a long time, sometimes as opposites, sometimes as synonyms. Melancholia, for example, could be one of the symptoms of hysteria, but also a disease in its own right. Hypochondria was the same as hysteria, or the male variant, or a disease very much alike melancholia. All in all, the terminology is very confusing. For clarification I have defined hysteria as the illness described above. Melancholia is either a symptom or a separate disease and, following Veith, hypochondria is the male variant of hysteria. Melancholia, as a popular Victorian disease, can be found in a number of novels where it is portrayed in a rather serious matter. Less has been written about hypochondria than about melancholia, but a well-known example can be found in *Emma* by Jane Austen. Emma’s father, Mr. Woodhouse, has a very weak constitution and worries constantly about the health of his family and guests, for example by withholding them food and drinks he perceives as unhealthy. As with hysteria, melancholia and hypochondria are strange diseases that stirred the imagination of people.

Even though the term hysteria is strongly connected to the female, it was not solely a female disease. Around 200 AD hysteria was also recognised in men. These diagnoses remained controversial and unacknowledged because for the masses hysteria was connected

to the uterus. Because men had no uterus, it was impossible for them to suffer from hysteria. To fix this problem, physicians simply gave the same illness in males different terms, among which can be found the name hypochondria. Some forms of hysteria are now called depression, mania or psychosis (Veith 273). These terms are mostly applied in hindsight to what was in the 19th and 20th century an uncontroversial case of hysteria or melancholia. To be more medically correct and to clarify what exactly Charlotte and others suffered from, I will use the more modern terms. It should be kept in mind, however, that this entire wide array of diseases fell under the general term hysteria.

Many of the symptoms and diseases that once belonged to the domain of hysteria have now been absorbed into illnesses for which modern medicine has developed a more inclusive diagnosis. One of the reasons “The Yellow Wallpaper” is now exclusively seen as a feminist story could be because modern readers find it difficult to identify with the narrator’s illness. Most readers do not recognise what she is going through and do not know what it means to have “temporary nervous depression – a slight hysterical tendency” (Dock 29). On the one hand this is due to the better understanding of illnesses such as depression and bipolar disorder, conditions that were long lumped together under the name of hysteria. On the other hand society has become less tolerant towards the kind of attention seeking behaviour associated with hysteria. As a means of attracting attention, hysteria has become unrewarding. Or, as Veith puts it: “the fainting ladies of the Victorian period” are no longer met with sympathy (273). In the era of self-help books and internet, there is hardly any room left for mysterious illnesses.

### 3. The Livings of Charlotte Perkins Gilman<sup>2</sup>

Charlotte Perkins Gilman was born on the 3<sup>rd</sup> of July 1860, second child to Mary Fitch Westcott and Frederic Beecher Perkins (Lane 21). Her father was a descendant of Lyman Beecher, a famous theologian, and a distant relative of Harriet Beecher Stowe, author of *Uncle Tom's Cabin*. This famous lineage was a source of pride for Charlotte and she saw herself as continuing her family's vocation for expressing themselves in public. Her father left his family (Mary, an older brother Thomas and Charlotte) when Charlotte was just born: this left her mother broken-hearted and the family deprived (Lane 37). Due to lack of funds, her mother regularly packed up the family and moved to another city, to live for a little while with another distant relative who took pity on them. When times were better for Frederic, he would send financial aid to his family, but this happened rarely and was seldom enough to provide housing, schooling, clothes and food for the young family. As a result, the family was forced to move a total of 19 times in 18 years. Mary taught small classes and did some home sewing and other little chores to earn some money, but especially in Charlotte's early years the family depended largely on the goodwill of relatives (Lane 37). Mary did not file for divorce until 1873, after 13 years of abandonment, in which she had still been "as loyal as a spaniel" to Frederic, something Charlotte never understood (Lane 38). Heartbroken as she was, Mary was determined not to let her daughter suffer as she had: she would make sure the child did not get used to or long for love or caresses. She never showed affection to her young daughter: she would even put down the suckling Charlotte's hand on her cheek. Only when Charlotte was asleep would her mother kiss and caress her (Lane 39). When Charlotte was older she subjected herself to the same strictness as her mother had earlier: she dedicated herself to

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<sup>2</sup> The title of this chapter is named after Charlotte's biography. She insisted on the title "The Livings of Charlotte Perkins Gilman," instead of "The Life of Charlotte Perkins Gilman," the title her publisher preferred (Lane 535).

becoming a better person one target at a time. For example, the year when she turned sixteen she focused on thinking before she spoke and on concern for others. Charlotte was especially proud of her resolution to do only what she thought to be right. This meant for example that she ran an hour a day, took art classes and refused to wear corsets. This resolution she lived by for eight years, until she married, which she later claimed was one of the worst decisions of her life (Lane 57).

Even though Charlotte resolved she would never marry and devote her life to work, writing and developing, she married Charles Walter Stetson in 1884 after he courted her for two years. Within a year their daughter Katherine was born (Lane 82). Marital life was difficult for Charlotte, mainly because of the differing views of her role she and Walter had. Walter wanted a traditional wife, Charlotte wanted freedom to work. The confined life her marriage with Walter gave her suffocated her, and after the birth of her daughter Katherine, Charlotte suffered a severe post-natal depression (Lane 99). This depression, less severe when she was out of the house involved in different activities but worse again when at home wrapped up in domestic chores, lasted until in 1887 her family finally persuaded her to go see a doctor. She went to see Dr. S. Weir Mitchell, a specialist in nervous diseases, where she underwent his famous rest cure. After a month she returned home with strict instructions regarding rest, little intellectual work and a prohibition to “never touch brush, pen or pencil as long as you live” (Lane 121). What followed is probably one of the darkest periods of her life, when she felt she was dangerously close to losing her mind: “I made a rag baby, hung it on a doorknob and played with it. I would crawl into remote closets and under beds” (Lane 121). The rest cure had obviously not worked and had only made her depression worse. In 1888, while not yet thirty, Charlotte took her daughter Katherine and left for Pasadena, California, to live near her friend Grace Channing and to find her own way out of her depression (Horowitz 2).

During the two years Charlotte lived in Pasadena she started to write and lecture, mostly on the topic of woman's suffrage, to study and learn more to develop the way she wanted to (Lane 142). As a child she already had a determination that enabled her to change her character: it is this same determination that structured her life in Pasadena, gave her an income and enabled her to widen her knowledge. It is also in this period that she wrote "The Yellow Wallpaper" as a therapeutic measure to deal with the heavy depression she had just suffered.. Depressions had plagued her since she was fifteen and they were not uncommon in her family: a hereditary variant is not ruled out in this case ("Genetic Link" 1). Her great-grandfather Lyman Beecher suffered from recurring depressions throughout his life. His children suffered from the same condition: Catherine, one of the great-aunts the young Charlotte and her family stayed at, suffered at least two severe breakdowns, as did Charlotte's other great-aunt Harriet Beecher Stowe. Harriet went to a water sanatorium, as had Catherine done before her, to recover, but only found real relief later on in her writing, just like Charlotte (Lane 111). Charlotte wrote "The Yellow Wallpaper" in order to convey the feelings she had experienced to others, while at the same time freeing herself of them. Using the gothic horror genre allowed her to convey the feelings of terror and madness she had undergone to her readers without having to hold back. The event with the rag baby Charlotte made and her child-like state indicate that although she told a hyperbolic version of her hysteria, her own case was just as bad and as frightening (at least to herself) as the story was to its readers.

When Charlotte grew older she learned to accept and deal with her recurring depressions. In 1898, in letters to her cousin and future husband Houghton Gilman she realised her depressions would continue to plague her on and off all her life, but she also realised that she could deal with them without clinging to or fleeing from Houghton, something she was not able to do in her marriage with Walter. The extensive travelling for her

lectures had certainly added to her understanding of her depression as she realised that working (writing and lecturing) made her feel better. With her new understanding of herself and her depressions, she was able to make her second marriage a success: she and Houghton married in 1900 when Charlotte was forty and they lived happily together until Houghton's sudden death in 1934. One year later, Charlotte had written her autobiography<sup>3</sup> and was suffering from incurable breast cancer. When she was in pain not just from cancer but also from the shingles she had contracted, Charlotte chose to take matters into her own hands again and ended her life by means of chloroform.

Charlotte refused to call herself a feminist; she called herself a humanist. She felt that “the world was masculinist and she wished to restore an equitable balance” (Lane 232). According to Charlotte, women were economically dependent on their husbands, which hampered economic development. The lesser position of the female in society impeded balance and hindered the optimal development of society (Lane 232). Charlotte believed that “the emancipation of women would lead to freedom for all” (Lane 232). In *Women and Economics* (1898), the book she became famous with, she investigates the economic role of women and men and pleads for equality and the liberation of women from the domestic sphere. Throughout her life, her most important point was to encourage women to become self-sufficient and independent of men (Davis 331). She also identified and theorised many of the underlying ideas of the Woman's Movement, using economics, biology, history and evolution theory. She published on dress reform (women should only wear comfortable and healthy clothing instead of, for example, corsets), on raising children, on ethics, on religion, on euthanasia, on anything that concerned herself or women in general (Allen 3). She is probably best known for her evolutionary and historical perspectives on the position of women. In her view, human society and its norms were self-constructed: as such, women

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<sup>3</sup> Her autobiography, *The Livings of Charlotte Perkins Gilman*, appeared posthumously in 1935.

could change these norms and help themselves gain an equal place in society. This could be achieved by focusing on the similarities between men and women instead of on the differences (Lane, “Gilman”).

During her life, Charlotte did not belong to the mainstream Women’s Movement: she was seen as an outsider (Lane 232). She opposed the ideas of many conventional feminists and frequently had discussions with them, usually based on her insistence of the importance of allowing women to work (Davis 314). Even though they shared certain beliefs, Charlotte did not feel at home at the Socialist movement either: women’s rights were second to worker’s rights, something Charlotte did not agree with. In her time, Charlotte was not seen as a feminist, but as a humanist concerned with the female cause. Now, we do not hesitate to call her a first wave feminist; we label her in just the way she did not want to be labelled herself. Refusing that label in the first place could have influenced the way people looked at her stories, in the same way her label as a feminist now influences our way of classifying them. At around 1920 the demand for Charlotte’s lectures started to decline and in the ‘30’s Charlotte began to have serious difficulty selling her lectures and ideas to a new generation of women. She felt ignored by these “painted, powdered, high-heeled, cigarette-smoking idiots” and felt she and her ideas were dated (Lane 342). She continued to publish, however, until her death in 1935, ending her career with her posthumously published autobiography *The Livings of Charlotte Perkins Gilman*.

## 4. “The Yellow Wallpaper”: Reception and Critics

In Charlotte’s entire oeuvre, “The Yellow Wallpaper” stands alone as a frightening horror tale. It was one of her few works of fiction that were noticed by reviewers. Nowadays she is mostly known for “The Yellow Wallpaper” and *Herland* (1915), two works of fiction, but in her own time her fiction played a supporting role and the stress was on her essays and her non-fiction works such as *Women and Economics* (1898) that made her well-known in both the US as in the UK, as well as in other countries. In another aspect “The Yellow Wallpaper” also stands alone: it was not a story written out of concern for the female cause, but a semi-autobiographical tale of her own emotional breakdown. Explaining to others how she felt was very important to her. Not only did she want to help others who had experienced something similar, she also used the story as a therapeutic outlet. Charlotte never commented much on the story, but she did say in her own magazine *The Forerunner* in 1913 that she “wrote the piece to save people from being driven crazy” (Lane 127). In it, Charlotte criticizes Weir Mitchell’s Rest Cure (even though the cure is not overtly named after him in the story). She was “naturally moved to rejoicing by this narrow escape” and wanted to share her story, while implicitly also sharing another remedy.

### 1892

Charlotte wrote the story in two days in 1890, but it took two years before the story was finally published, and not for her lack of trying (Davis 129). For example, with the help of William Dean Howells (1837-1920), an admirer and supporter of her work, a friend and a poet himself, she sent the story to the *Atlantic Monthly*, only to be rejected with the following

comment from the editor: “I could not forgive myself if I made others as miserable as I have made myself!” (Lane 145); a critic suggested that “husbands should keep it out of young wives’ hands” (Davis 102). Once published in 1892, the story received many positive responses, such as letters, and reviews that praise the style and impact; some reviewers, however, felt the subject (and its development) was too ominous:

It is a sad story of a young wife passing through the gradations from slight mental derangement to raving lunacy. It is graphically told, in a somewhat sensational style, which makes it difficult to lay aside, after the first glance, til it is finished, holding the reader in morbid fascination to the end. It certainly seems open to serious question if such literature should be permitted in print.

The story can hardly, it would seem, give pleasure to any reader, and to many whose lives have been touched through the nearest ties by this dread disease, it must bring the keenest pain. To others, whose lives have become a struggle against an heredity of mental derangement, such literature contains deadly peril. Should such stories be allowed to pass without protest, without severest censure?

M.D.  
(Dock 103)

Reviews of a later edition more or less express the same feeling: it is “blood curdling,” “[a] strange, weird story, uncommonly fascinating,” “contains a touch of ghastliness” and “a scary tale and of the insidious kind which produces its effect slowly” (Dock 105-106, 109). When this later edition was published, Charlotte was already known for her book *Women and Economics* (1898) and a collection of short essays concerning similar subjects that were published in different magazines. This is mentioned in reviews: “[t]he writer, who has contributed a good deal of serious matter on the subject of social economics, has in this instance taken up the pen of the fictionist” and “[Charlotte Perkins Gilman] has already made a hit as a clear and thoughtful essayist, especially on subjects relating to modern social problems, including the part of woman in industrial life” (Dock 106). In none of these reviews is a link made between her social advocacy and the story. It’s called a “remarkable study in progressive mania”, and “a strange study of physical environment” but never a feminist story or anything of that kind (Dock 110). Charlotte had written “The Yellow Wallpaper” as an

emotional outpouring of a very difficult period of her life. Writing about it helped her understand the severity of the depression and the wrongness of the prescribed cure for her, while also providing a way to let others experience how she had felt and to offer a way of dealing with these feelings (Lane 127). The story was never intended as a feminist tale, as opposed to later works by her hand such as *Moving the Mountain* (1911) and *Herland* (1915). Instead, it was meant to be a “verbal shock therapy for proponents of the rest cure” to demonstrate not just its inability to cure, but its opposite effect (Thraillkill 529).

As a study of the mind, of hysteria or of depression, “The Yellow Wallpaper” has been quite effective. The force of the story made many people feel “the shivers chase down one’s spine”: a sign the story’s message was well conveyed (Dock 109). As such, it was gratefully used by a number of physicians dealing with hysteria or other nervous diseases. One doctor, Dr. Brummell Jones, tells her that, until her story appeared, “there has been no detailed exact picture of incipient insanity” (Dock 93). He then tells of the importance of a doctor’s recognition and empathy in the patient’s experience. When a patient feels the doctor “ha[s] no knowledge of the disease [the patient] would not be treated again” (Dock 93). Dr. Jones claims that “The Yellow Wallpaper” has helped him understand and thus treat his patients better. Because he felt that the story was so realistic, he ends his letter to Charlotte with the question “[h]ave you ever been –er–; but of course you hav’nt”, referring to her psychosis, to which she answered she had been “as far as one could go and get back” (Dock 93; Lane 131). She had also sent a copy of her story to Weir Mitchell himself, so as to make sure he would not overlook the publication of this story (Martin 736). He never responded to her, not in person nor in any other way, but she claimed later that she had “learned indirectly that the doctor changed his treatment after reading the tale” (Davis 102). No proof of such changes exists, however. As a matter of fact, as early as 1986 Dr. Weir Mitchell’s treatments were found to have “frequently proved [themselves] a most conspicuous failure” by the *British*

*Journal of Psychiatry* (Subotsky 22).

“The Yellow Wallpaper” was mainly promoted and received as a horror story. However, it was also seen as a Gothic tale and compared to stories by Edgar Allen Poe (Davison 47). The story contains many elements familiar in the Gothic genre: “confinement and rebellion, forbidden desire and ‘irrational’ fear” (Johnson 522). The confinement and rebellion can be interpreted as literal (the confinement of the narrator in the house and her rebellion (writing) against her husband/physician) or figurative (the confinement of the narrator within the social construct of what it meant to be a wife and mother and her rebellion against this social construct (her madness)). Other recognisable and very important Gothic elements are “the distraught heroine, the forbidding mansion, and the powerfully repressive male antagonist” (Johnson 522). A Gothic story was a useful way to express the anger many 19th century women writers may have felt. In, for example, Charlotte Brontë's *Jane Eyre* this anger is represented by Bertha Mason, the madwoman in the attic who burns down the house (Johnson 522). In “The Yellow Wallpaper” the narrator also thinks about burning down the house. And isn't she also a madwoman in the attic at the close of the story? The narrator creeps round and round the room, whereas Bertha Mason is described as being “down on all fours,” running “backwards and forwards” which sounds quite similar (Brontë 274). According to Mr. Rochester, Bertha became just like her mother, who, at the time of their marriage, was locked up in a lunatic asylum somewhere on Jamaica (Brontë 286). Her madness is believed to be hereditary, and since she never had a child, the comparison seems to end there. However, since so little of the background of the narrator in “The Yellow Wallpaper” is known, there is no way of telling how similar these two cases are. The narrator identifies more and more with the woman behind the wallpaper an allegory for her own concealed rage, and feels that she is confined to the world behind the wallpaper, “the Gothic world of her own making” (Johnson 525).

## 1973

In 1973, “The Yellow Wallpaper” emerged again, 46 years after its final publication<sup>4</sup>, in a publication by The Feminist Press (Clift xix). This publication has revived interest not just in the story but also in Charlotte Perkins Gilman herself. She is introduced by Elaine R. Hedges as “a pivotal first-wave feminist writer, lecturer, and activist” and the story is read in this fashion (“The Yellow Wallpaper”). Now, due to the 1973 issue of The Feminist Press, “The Yellow Wallpaper” has been “as completely canonized as any work of literature can claim to be” (Dock 1). The story has become a feminist classic opposing male dominance and authority over females and can be found in a large variety of anthologies and other collected works.

As a feminist classic, “The Yellow Wallpaper” can be read in many different ways. Clearly, the husband, John, is a patriarchal figure who uses his authority over the narrator to confine her to the upstairs bedroom. But there is more in the story that suggests male dominance. Paula Treichler focuses on language and discourse. She starts her article by stating that a medical diagnosis is a verbal formula representing a constellation of physical symptoms and observable behaviours (Treichler 61). The narrator is diagnosed (by her husband and her brother, both male physicians) with “temporary nervous depression – a slight hysterical tendency,” the cure of which strongly involves language (Dock 29). She is not to engage in normal conversation, strongly advised to control negative ideas about her illness, such as that she’s not getting any better, and not allowed to write at all. She thus refrains from doing so when her husband is present, but because she feels unable to freely express herself she starts a journal to do so (Treichler 61). In the story, Treichler finds “conflict between patriarchal language and women’s discourse” (62). Treichler reads the wallpaper as women’s

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<sup>4</sup> Most sources claim “The Yellow Wallpaper” was last published in 1920 in *The Great Modern American Stories: An Anthology*, a publication of W.D. Howells who was a friend and admirer of Charlotte. However, it was also published in a 1927 edition of *American Mystery Stories* edited by Carolyn Wells (Dock 114).

discourse, be it spoken or written, and the woman behind the wallpaper to be the freed woman who is able to speak. Once free, the process is irreversible (Treichler 67). With the reference to Dr. Weir Mitchell, the story draws the attention out of the realm of fiction and into the real world, making a case for a different treatment of women's conditions. As Treichler puts it: "[t]he woman who writes escapes the sentence that condemns her to silence" (69). The sentence here is understood to be the diagnosis: a strong linguistic tool with serious consequences.

Jonathan Crewe takes another turn and looks at the importance of form in "The Yellow Wallpaper". He explains the view of "The Yellow Wallpaper" as "a literary text that stages the captivity of the human imagination, (or is it only the woman's imagination?) within imprisoning social and/or literary forms" (Crewe 273). Even though the narrator is descending ever deeper into madness, her writing does not seem to suffer. She continues to adhere to linguistic convention, as she does to social convention (Crewe 275). Crewe also notices that the narrator uses the pronoun 'one' to address issues she does not agree with, like her husband's view on her illness: "You see he does not believe I am sick! And what can one do?" (Gilman 1598). The impersonal pronoun is strongly class-marked and offers the narrator a socially accepted way to express her disagreement with John's ideas and treatments. Acting against John would be childish and ineffectual and would not adhere to good form (Crewe 275). Even when she thinks about throwing herself out the window, she feels that that would be something improper (Dock 41). Since adherence to social form, just as internalized by the narrator as adherence to linguistic form, entailed conjugal obedience, the narrator cannot get well. Conjugal obedience means following his medical advice, while not following the doctor's advice in her vision means getting well. Hence, in the patriarchal society of the 19th century the narrator seems to have only two options: diverge from good form, resist patriarchal treatment and recover, or adhere to good form and descend into madness.

## 5. “The Yellow Wallpaper”: Genre Conventions

“The Yellow Wallpaper” is a story that has had an influence on many people and in many different areas. At a personal level, writing the story for Charlotte was a way of dealing with her depression. Through the writing process, Charlotte could understand and cope with the feelings her depression had given her. At the same time, writing the story was part of her own, self prescribed cure that would give her back her sanity. The fact that she was well enough to write and lecture again proves that she was gaining health and that she was overcoming her depression. After publication, the story was also useful to the medical profession. It gave many physicians a better insight into depression, one that would benefit them in their treatment of patients. Patients who felt better understood were also more likely to listen to their physicians and therefore easier to treat.

Since the way people read “The Yellow Wallpaper” has changed drastically, the purpose with which Charlotte wrote the story is at issue. The role assigned to her as a feminist has played a large role in today’s interpretation of the story as a feminist classic, but when the story was just published there was not a single mention of any kind of feminist interpretation. On the contrary: some critics mention her feminist work and then express their curiosity at her apparent career twist. As far as I have been able to deduce from biographies and her journal, Charlotte never intended the story as a feminist tale. Putting down in words what she had suffered during her postnatal psychosis was first of all her way of dealing with the past and coping with the feelings she had experienced. By writing it down, she hoped she could leave her depression behind her and focus on the future, on earning a living and making a career. Another reason she wrote the story was that she wanted to make clear to others how she had felt. By making others aware of this, she hoped for a better understanding of depressions (whether from professionals or not) and for a change of treatment. As she herself had

experienced, and as the narrator in “The Yellow Wallpaper” also expresses, Weir Mitchell’s rest cure did not work (for Charlotte, at least) at all: it only made matters worse. Her story was therefore also a way of promoting a different treatment of hysteria: one of exercise, occupation of the mind and release from housework duties, as had been the treatment advised by among others Sydenham before S. Weir Mitchell became famous.

Hysteria was clearly Charlotte’s direct cause for writing “The Yellow Wallpaper,” and in general the disease has played a large role in her life. As an adolescent she suffered from depressions, something that ran in her family, and they continued to plague her throughout her life. During a depression, she felt very uncertain and unloved, pushing away those caring for her. As she wrote to Houghton, her second husband to be, she knew she loved him but she was not able to feel that love. Her depressions numbed her and made it almost impossible for her to work. Charlotte felt that her depressions were brought about by doing household chores: her first marriage, in which her husband had very traditional views on marriage, was therefore a disaster. When she was out of the house, attending lectures or working out at the gym<sup>5</sup>, she usually felt better and had more energy, but when she was back home again all her energy disappeared and she fell back in her depressed state of mind. In her second marriage she had warned Houghton about this and had made him promise not to make her do such chores. This marriage was thus more successful than her first. The burden her depressions put on her was one of the reasons she argued not just for equal division of the housework, but also for day-care centres to take care of children when their mothers went to work and for professionalization of housework chores, i.e. making housework something for professionals and not just for anyone.

As a gothic horror story, “The Yellow Wallpaper” certainly succeeded, and still does.

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<sup>5</sup> Charlotte had helped set up the “Sanitary Gymnasium for Ladies and Children in 1882. Before her marriage, she went three times a week and was very proud of her “strong and supple body” (Davis 47; Lane 57). After her marriage her visits were more infrequent. (Davis 47). The gym was not just a place to work out but also offered a female community that made Charlotte feel much at home.

It is a terrifying tale of a woman descending into madness that scares even contemporary readers, who are on a daily basis exposed to more scary stories and films than their 19th century great grandmothers. However, this aspect of the story is now often overlooked and “The Yellow Wallpaper” is only ever referred to as a feminist classic. A feminist message can be read in many different aspects of the story, as my examples show. Even something like the obedience the narrator shows towards her husband is nowadays seen as a strong feminist message, since this obedience leads to the narrator’s descend into madness. Had she trusted her own instincts rather than his judgement, she might have indeed regained her health.

To return to the question of why this feminist reading is now completely overshadowing the original horror-reading, it is necessary to take a closer look at the gothic horror genre. As Johnson points out, some of the notable characteristics of a gothic story consist of “the distraught heroine, the forbidding mansion, and the powerfully repressive male antagonist” (522). First, for the distraught heroine we don’t have to look too far: the narrator seems to be the archetypical example. Her husband moves her in the summer to a large ancestral hall to regain her health and in this state of mental instability she is very susceptible to her own imagination. The narrator is stuck in a downwards spiral she is unable to escape from in her present situation. Because she is already described as distraught, the heroine stands no chance. In any classic gothic horror story, she will need a strong male to help her or she will perish. A man could not be put in the same situation, for men have the opportunity to leave when they see fit. The gothic horror genre gives men the power of action that it denies the women. Second, the forbidding mansion is a large, ancestral hall already shrouded in mystery because of the cheap let and the quarrels the owners apparently had over it. It is rather secluded: it is not possible to see people from the windows other than those working on the property. Apart from the mansion, the upstairs room in which John decides they will sleep is forbidding in its own right. Probably a former nursery and gymnasium, the room is bare

apart from a giant bed that is screwed to the floor and, of course, the entire room is hung with the infamous yellow wallpaper. Lastly, John is indeed a powerfully repressive male antagonist; not just because he is her husband, but also because he is her physician. Either of these would probably have filled the repressive male antagonist role, him being both leaves the narrator nothing to argue with. In general, wives had few figures of authority to turn to. In case of concerns of any kind, the husband was generally the first to a wife would turn to. In the story, the narrator has no-one else to talk to. By renting the ancestral house and denying her visitors or trips John has successfully isolated her from her social environment. Regarding physical or mental concerns, women would seek the advice of a physician. Both a husband and a physician are authorial figures. If a wife would be unsatisfied with the advice of her physician, she would seek her husband's support in defying it, and the other way around. In the story, John is clearly an authoritative repressive character, not just because he acts out of love for the narrator, but also because he acts out of professional knowledge over her well-being. His double role in the story denies the narrator someone authoritative to turn to. The narrator's brother, who is also a physician and agrees with John, is of no help either. John disguises his patronising and dismissive attitude as concern for the well-being of his sickly wife. However, since the story is written in a first person limited point of view. The narrator might not be reliable at all, which could be due to her delusions, or which could be because she aims to trust the diary with her feelings and not necessary with real events. Either way, it is difficult to tell whether or not John's concerns are genuine and how oppressive he really is.

According to these standards, "The Yellow Wallpaper" is a textbook example of a gothic horror story. Could it then be possible that the conventions of the genre itself make the story so susceptible to a feminist reading? After all, two out of three of the ingredients for a gothic story (the distraught heroine and the powerfully repressive male antagonist) are also two good ingredients for any feminist tale. However, it would be too simple to state that all

gothic stories can also be read as feminist stories. Even though the elements are there, the feminist reading is often more subtle. This is visible in the examples I have chosen to represent the feminist readings of “The Yellow Wallpaper”. The oppressor is the husband John, but he is not the real oppressor: society is, and John is only its human representative. Most feminist readings are therefore not focused on John but on other elements of the story that, unlike John, do offer a chance on recovery or escape. The narrator already rebels against John by secretly writing her journal, but she cannot rebel against society, leaving her no other option than to go mad. The answer to the question whether it are genre conventions that make “The Yellow Wallpaper” so predisposed to a feminist reading is not so simple to give. In general, a gothic story might indeed be more susceptible of receiving a feminist reading than a story pertaining to another genre, due to the main elements of the genre. However, as can be seen in “The Yellow Wallpaper,” there is more to a feminist reading than ‘just’ a distraught heroine and a repressive male antagonist. These prototypical elements can be used in many different ways, both to promote and to mock the feminist cause. The difference in a horror reading and a feminist reading is, like the feminist reading itself, a bit more subtle. Looking at form, horror tales and feminist tales can have a great number of elements in common, such as the first person limited, possible unreliable point of view used in “The Yellow Wallpaper”, or characters such as the distraught heroine. In content, however, the two genres are miles apart. A horror story is usually about a conflict with the inner self or with something supernatural, as many of Edgar Allan Poe’s stories show<sup>6</sup>. A feminist story, on the other hand, is about a conflict with the outer world, with society and its norms and values. In the case of “The Yellow Wallpaper”, the feminist reading can be found in the investigation of “the social and economic conditions which drive the narrator (and potentially all women) to madness” (Threichler 64). The economic dependence of the narrator on her husband and his authority

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<sup>6</sup> See for example Edgar Allan Poe’s “The Fall of the House of Usher,” where nature itself in some supernatural way consumes the house and the remaining family members of the House of Usher (Poe 171).

not just over her but also over Jenny and the servants is absolute. The only character in the story he does not control is the woman behind the wallpaper, who does not pertain to his domain of reason and logic, but to his wife's domain of creativity and imagination. When the narrator is creeping around the room and refuses to let John in, he is powerless for the first time in the story. His crying for an axe implies his need for help, and his fainting proves his helplessness when his wife has decided to defy society in the only way she can: by going mad.

Social criticism is a strong element of "The Yellow Wallpaper" and an essential component of a feminist reading. The current reinterpretation of Charlotte's background as an advocate for the female cause might be the main reason for the present feminist fascination with the story and with the ignorance of the original reading. However, gothic horror genre conventions do not hamper a feminist reading, they reinforce it. This is especially the case in "The Yellow Wallpaper". Feminist elements are interwoven in the fabric of the horror story, and Charlotte's background supplied the extra attention for this feminist reading. It is not just a part of the story; it is inherent to the genre conventions that were applied to it. Neither the feminist reading, nor the gothic horror one are distinct. Both are elements of the same story and both should be taken into account when analysing "The Yellow Wallpaper". The story has showed that the gothic horror genre contains multiple elements that make stories more susceptible to a feminist interpretation. This suggests that gothic stories in general can also facilitate a partially feminist reading. Researching this subject further is beyond the scope of this thesis. However, it is an interesting topic for further study.

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