

➤ **The discourse of madness and gender issues in “The Yellow Wallpaper”**

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FERLAGOS

“I hold that mental illness is a metaphorical disease; that, in other words, bodily illness stands in the same relation to mental illness as a defective television receiver stands to an objectionable television programme.”

“ I hold that psychiatric interventions are directed at moral, not medical problems (...)”

“(...) The nineteenth-century, Western physician was identified with, and often served the interests of, the capitalist state; hence he believed, for example, that the woman's ‘proper’ role was to be wife and mother. Escape from either role—that is, whether from that of downtrodden worker or downtrodden wife and mother - was left open along only a few routes, illness and disability being the chief one.”

(Thomas Szasz, *The Myth of Mental Illness*)

This paper aims at analysing related issues of madness and gender in Charlotte Perkins Gilman's “The Yellow Wallpaper”. It intends to demonstrate discursively how gender differences and sex-role stereotyping in a male dominated society may tragically lead a human being to states of depression, mental illness and, ultimately, utter madness. Such a restriction tends to target women, upon whom society imposes attitudes of (self-) denial and repressive behaviour on account of gender and/or sex roles. Consequently, society bereaves women of exploring their productivity capacities and limiting these same capacities to maternal and wifely roles.

Studies on madness, during the twentieth century, have been given a great deal more of attention profoundly as well as have been re-examined. Influenced by psychologists, psychiatrists and sociologists, these professionals have come to strongly assert in their studies regarding madness that a distinction is to be made, namely that which distinguishes madness as pathological and madness as unacceptable social behaviour. What has come to be realised is that what perhaps in a great number of cases society pigeon-holes as madness is not a disease of neurological or mental disorder, but rather a “disease” of social disorder. That is to say, madness under these circumstances is most frequently regarded as a kind of social behaviour which particularly does not match with the paradigms of social behaviour put forward and expected by society. Actually, their approach can be viewed in relation not only to madness, but to ‘diseases’ (FOUCAULT, 2000:72)

We have to take into consideration, naturally, the great number of distinct cultures that society, generally speaking, is composed of. In the early twenty-first century it is quite pointless, not to say prejudiced, to wish to assume that there ought to be some kind of regular pattern in the world as regards social customs, although such a situation may still happen. Very broadly, we can conclude that social madness may possibly lead to pathological madness.

If, in our male-dominated society, we include the matter of gender, the situation is even most particularly troublesome for heterosexual women, in heterosexual man-woman relations. Our prejudiced society very often mistakes sex for gender, imposes specific behavioural paradigms for both men and women and utterly rejects individuals who do not properly behave according to these behavioural patterns, or what may also be called sex-role stereotyping. That is to say, men are supposed to be independent, energetic, rational (the thinking type) and have a job, follow up a career and be home-providers by winning the daily bread. On the other hand, women are supposed to be dependent, docile, sentimental (the feeling type), non-productive outdoors and family-providers solely in the role of wife and mother.

That is, they are “trained to put their own needs second” (CHESLER, 1997:13).

If the contemporary world has been gradually witnessing a few changes, although not always effective, as regards these heterosexual man-woman relations, what to say about women's suffocating plight in past years? It is not surprising in the least that situations of conflict, exclusion and denial, even reaching the point of self-denial, might have led them to cases of depression, mental illness or, ultimately, pathological madness “ (...) notions of gender influence the definition and, consequently, the treatment of mental disorder” (SHOWALTER, 1985:5). As a matter of fact, any tiny attempt by a woman who sought to act freely in search of spontaneous self-expression, away from male-norm constraints, would be labelled mad under this “psychiatric imperialism” (CHESLER, 1997:3).

Therefore, this social madness or pathological madness are to be found in a “system of moral values and repression” (FOUCAULT, 2000:84). Historically speaking, as women have suffered a great deal more on account of these sex-role restrictions, madness has come to be acknowledged as a female malady (SHOWALTER, 1985:3)

However, what is to become of women, if in their female bodies, they were to have some of the above-mentioned male related features, in a society which utterly declines such a combination? We can perhaps relate this question to women's frequent complaints of depression and mental illness. Instead of being taught to deal with and express their sense of over productiveness, traditional treatment, which usually prescribes wrongful psychiatric diagnoses of mental illnesses, serves the purpose of exercising social control and, thus, making women docile or infantilized and conform to the patriarchal system. This is a way in which gender conflicts can possibly breed madness.

Furthermore, madness, rather than being viewed as an ultimate end, could well be regarded as a healthy symptom of a social disease, as Laingian theory of anti psychiatry suggests:

“For women, antipsychiatry seemed to offer important new ways of conceptualising the relationship between madness and femininity. Labelling theory provided a way of looking at female insanity as the violation of sex-role expectations. Laingian theory interpreted female schizophrenia as the product of women's repression and oppression within the family. Madness itself became intelligible as a strategy, a form of communication in response to the contradictory messages and demands about femininity women faced in patriarchal society. Finally, schizophrenia could be seen as a form of protest against the female role” (SHOWALTER, 1985:222).

Two distinguished doctors have radically offered breakthrough perspectives on studies of mental disorders. R. D. Laing in *The Politics of Experience and the Bird of Paradise* (1975) makes a clear distinction between experience and behaviour. He claims that we can only experience the other's experience through the other's behaviour, which, in turn, may also affect our experience and, consequently, our behaviour as well (p. 15-7). His ideas are leaden with this social approach:

“What we call ‘normal’ is a product of repression, denial, splitting, projection, introjection and other forms of destructive action on experience (...) It is radically estranged from the structure of being. The more one sees continue with generalised descriptions of supposedly specifically schizoid, schizophrenic, hysterical ‘mechanisms’. There are forms of alienation that are relatively strange to statistically ‘normal’ forms of alienation. The ‘normally’ alienated person, by reason of the fact that he acts more or less like everyone else, is taken to be same. Other forms of alienation that are out of step with the prevailing state of alienation are those that are labelled by the ‘normal’ majority as bad or mad’ (p. 24).

Thomas Szasz in his controversial *The Myth of Mental Illness* (1977) strongly asserts that mental illness does not exist (p. 11). Also, he protests this term “mental illness” as, in our present times, “scientifically worthless and socially harmful” (p. 13) and lashes out at psychiatrists for “reading mental illness as a problem apart from occurred” (p. 65). Szasz even introduces a new view of mental illness in which “every

human problem - from personal unhappiness and marital discord to political conflict and deviant moral conviction – is regarded as a symptom of mental illness” (p. 86).

Conclusively, the cases of madness as a social disease in our society stem from an unbalanced social interaction on account of cultural constraints imposed by a male-oriented system. This miscommunication between men and women lie in the fact that women cannot adopt particular behaviours which evade male-dominated norms lest they be rejected.

In order to illustrate the connection between how (male-imposed) gender barriers very much contribute to establish an unbalanced relation, most oppressively for women, which may lead to madness through discourse in “The Yellow Wallpaper”, the following questions will be made here to exemplify this view:

“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”. (p. 646; my italics)

“Personally, I believe that congenial work, with excitement and change, would do me good” (p. 646).

“I did write for a while in spite of them; but it does exhaust me a good deal-having to be so shy about it, or else meet with heavy opposition” (p. 646)

“Life is very much more exciting now than it used to be. You see I have something more expect, to look forward to, to watch. I really do eat better, and am more quiet than I was.

John is so pleased to see me improve! (...) I had no intention of telling him it was because of the wallpaper (...).” (p. 653).

“There is a beautiful shaded lane that runs down there from the house. I always fancy I see people walking in these numerous paths and arbours, but John has cautioned me not to give way to fancy in the least. He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency. So I try.

I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me.” (p. 648; my italics.).

“I used to lie awake as a child and get more entertainment and terror out of blank walls and plain furniture than most children could find in a toy-story.” (p. 648).

“You see, he does not believe I am sick! And what can one do?” (p. 646).

“If a physician of high standing, and one's own husband, assures (...) that there is really nothing the matter with one (...) what is one to do?” (p. 646).

“(...) I believed that congenial work (...) would do me good. But what is one to do? (p. 646).

“Nobody would believe what an effort it is to do what little I am able-to dress and entertain, and order things” (p. 647).

“It is fortunate Mary is so good with the baby. Such a dear baby!

And yet I cannot be with him, it makes me so nervous” (p. 648)

In relation to the protagonist the word “fancy”, either as a verb or noun, is used nine times (p. 646, 648 (4x), 650, 651, 652 (2x)).

The protagonist's "disease", if we may say so, is her exceedingly powerful urge in a late nineteenth Century male dominated society to veer from the traditional, restrictive roles prescribed to women, namely those of a wife and a mother, towards which the protagonist displays no inclination at all (5). This act of daring is also represented in her overwhelming desire to be productive. It is no wonder that, appalled with the wallpaper in the beginning, it is towards this same appalling wallpaper that she turns, for it is this object which provides her with a *raison d'être*, a way out of household chores, which she loathes, a way out of her unproductive situation and a way out of exploring her strong intellectual capacities, with which she is gifted (2), and which are abhorred in a woman's nature in a male-dominated society. As a matter of fact, the unfulfilment of her mental and writing skills (3), which are severely repressed by her husband and the whole society, turn her into a mentally restless character. She is portrayed with quite a powerful gift for story-telling, which is textually well-represented in the word "fancy" (6). This lexeme helps to characterize her with non-stop imaginative powers which, far from being encouraged into a writing production, are utterly disapproved of instead.

Besides these inner conflicts, which alienate the protagonist from traditionally-behaved women, she undergoes external conflicts of gender. This shock is sharply contrasted between her fanciful nature (6) and that of her husband, which is practical and objective, and unable to cope with subjectivity (1). Apart from displaying distinct profiles, hence miscommunication, this conflict proves itself to be still more unfavourable towards women, for as norms and means of production are pervasively male, the protagonist is crushed into total submissiveness (1), present in the recurrent question "What is one to / can one do?", or, we might well compare, into a state of colonization, " 'Colonization' exists when the colonized try to imitate or please the colonizer, and truly believe that the colonizer is, by nature, superior / inferior and that the colonized cannot exist without her colonizer" (CHESLER, 1997:17).

Therefore, it is not surprising in the least that, after meeting with so heavy opposition and conflict between who she is and who she is supposed to be in a world of disharmonious man-woman relations, the protagonist is driven into a negative /positive state of madness, her sole voice capable of unsilencing her discontent towards gender differences in a male system.

Not only is Charlotte P. Gilman's "The Yellow Wallpaper" a well-written piece of Gothic feminist writing, but also one of its major qualities is its reader-response. That is to say, how the short story's end puzzlingly invites the reader into deciphering it as positive or negative. Is it a sign of freedom and independence or failure and destruction?

This unresolved disclosure makes the short story even both more relevant and contemporary, for, in our present times, in spite of feminist rallies and outcries, few practical results have been produced. What is more, it can help us to re-evaluate our pre-conceptions of gender, heterosexual man-woman relations and madness, the latter not only as a pathological disorder, but also as a social disease. In a male society which privileges some strict social norms and which has been witnessing very recently the sudden increase of alternative groups who lead a way of life of their own, particularly among youngsters, social madness seems to be a positive step toward acceptance and respect among humankind.

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