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DOCTORING "THE YELLOW WALLPAPER"

BY JANE F. THRAILKILL

> "You see, healing *does* go on, even if not in the expected direction."[1]

In Pat Barker's novel *Regeneration* (1991), set during the final year of World War I, a neurologist named Dr. Rivers experiments with treating the tics, paralyses, and corporeal contortions of shell-shock victims by asking the damaged soldiers to talk—about their dreams, fears, pasts. Another physician, Dr. Yealland, also treats the newly recognized "psycho-neuroses of war," but he embarks on a different therapeutic regimen: shock treatment, or the application of electricity to the part of the body presenting symptoms. When faced with a British soldier who had emerged physically unscathed from "Mons, the Marne, Aisne, first and second Ypres, Hill 60, Neuve-Chapelle, Loos, Armentières, the Somme and Arras" yet had lost his ability to speak, Yealland straps him to a chair and attaches conducting wires to the tender tissues of his throat. "'Suggestions are not wanted from you; they are not needed,'" the doctor admonishes the agitated patient during a session. "'*You must speak, but I shall not listen to anything you have to say*.'"[2] It becomes clear that the doctor's thinking is this: either the soldier's muteness had a real somatic source—in which case the electricity would reactivate his vocal organs—or it was a pretence, in which case the painful and humiliating treatment would constitute a form of discipline. Elaine Scarry has written of torture, "The physical pain is so incontestably real that it seems to confer its quality of 'incontestable reality' on that power that has brought it into being."[3] A solution to skepticism, Yealland's treatment also makes irrelevant the question of whether the soldier's debility is fabricated: reality lies in results, and indeed by the end of the session the soldier manages to stammer out a few words. What distinguishes this medical treatment from torture proper is the doctor's indifference to the semantic content of the soldier's verbal expression. Effects, in other words, trump meanings.

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In American letters, perhaps the most renowned instance of a doctor disregarding a patient's words involves the eminent neurologist S. Weir Mitchell, who in 1887 treated the young Charlotte Perkins Gilman (then Charlotte Stetson). As one of her 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."[4] Mitchell submitted Gilman to his celebrated rest cure that, in calling for isolation, physical inaction, massage, mild electrical stimulation, and fattening, centered on the body as the site of health and disease. This story is familiar to twentieth-century readers of Gilman's now classic short story "The Yellow Wallpaper," due largely to the critical work of feminist scholars who, beginning in the 1970s, interpreted Gilman's treatment at the hands of Mitchell as paradigmatic of the patriarchal silencing of women.

"The Yellow Wallpaper" is a fictional account of a young wife and mother whose physician husband takes her to the country to recuperate from a "temporary nervous depression."[5] Cast as a series of diary entries, the story portrays the narrator's preoccupation with the ugly wallpaper in her sickroom. Both the narrator and the narrative become increasingly unhinged, and the narrative ends with the maddened woman crawling over the body of her swooning husband. "The Yellow Wallpaper" has since become a case study of the psychical consequences of the masculine refusal to listen to a woman's words, a refusal that critics link to the more general proscription of female self-expression—literary and otherwise—within a patriarchal culture. That Gilman's contemporary reviewers did not appear to perceive its feminist meanings was construed as lending weight to this analysis, for it fueled the call for a new, feminist mode of reading that (allegorizing the narrator's own activity with the wallpaper) would peel back "the dominant text" to reveal "the second muted text" beneath.[6] As Lisa Kasmer has noted, critics such as Susan Gubar, Sandra Gilbert, Annette Kolodny, Jean Kennard, and others examined Gilman's story as an exercise in gendered hermeneutics, "align[ing] the inability of the husband to understand his wife's condition, in effect to read her text, with the difficulty Gilman's contemporaries had in understanding the work itself."[7]

This raises a pertinent question. If Gilman's readers did not read the text in the gendered terms of twentieth-century critics, how *did* they react to her tale?[8] *Physiologically*, I would argue;

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while nineteenth-century reviewers differed on the story's ultimate meaning (from a cautionary tale about the dangers of tasteless home decorating to a Poe-esque study of psychosis), almost all commented explicitly on the story's powerful *effects* on the reader. A typical correspondent, writing for *The Criterion*, described "The Yellow Wallpaper" as

> an eerie tale of insanity that is uncommonly effective. Most attempts to work up insanity as "material" are ineffective; but here the progress from nervous sensitiveness to illusion, and on to delusion, is put before the reader so insidiously that he feels something of that same chill alarm for his own mental soundness that accompanies actual contact with lunatics.[9]

In response to readers who feared her story was madness-inspiring, Gilman wrote, "it was not intended to drive people crazy, but to save people from being crazy, and it worked."[10] Significantly, Gilman did not quibble with her readers' tendency to read the text in instrumental terms—emphasizing, that is, what it does rather than what it means—but instead clarified the intended trajectory of its effects and claimed that they hit the target: "and it worked."

Rather than elucidating subterranean meanings, Gilman and her contemporaries focused on the story's consequences. Whereas some critics have used early reviewers' supposed misreadings as a springboard for late twentieth-century critical practices, I would like to consider whether recent critical practices might instead help to shed light on the interpretive context—both literary and medical—of Gilman's readers. For as I will explain, Gilman's historical moment is marked by the incursion of the literary *into* the medical, within the nascent discourse of psychotherapeutics.

To frame the discrepant reactions of Gilman's twentieth and nineteenth century readers, it is instructive to return to the scene in *Regeneration* (in which the mute soldier is shocked into speech), for the two doctors' contrasting modes of treatment dramatize the disparities between two approaches to nervous ailments at the turn of the century. These approaches diverged most significantly in how they articulated the role of human expression, both within the doctor-patient encounter, and in the context of theories of health and disease. It is difficult for a post-Freudian reader to perceive the use of electricity by the character Dr. Yealland, or his indifference to the content of his patient's speech, as legitimate medicine, much less recognize his emphasis

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on effects as providing a conceptual matrix for approaching a text. And yet Yealland's treatment is not reducible to simple sadism; rather, it can be traced to the somatic paradigm regnant in Europe and the United States at the turn of the century. Many neurologists, physiologists, and even those working in the emergent field of psychology theorized corporeal malfunctions, including afflictions produced by nervous shock, to have a physiological seat. When a nervous patient became inexplicably mute, the doctor focused on the mechanics of the body to restore speech. Positioned in opposition to the physiological position, the psychoanalytically influenced character Dr. Rivers perceives even the most strikingly corporeal disability—a patient's uncontrolled vomiting, say—to be a meaning-bearing sign that, along with a patient's verbal representations, the physician must mine for significance. The narrative he produces, then, is understood to be at once diagnostic and therapeutic.[11]

In this article I wish, like other feminist critics, to take seriously Gilman's own claim that "the real purpose of the story was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways."[12] I diverge from these critics, however, in arguing that Gilman thought Mitchell's error inhered not in his semiotics, which were underwritten by his physiological theories about nervous disease (and which Gilman shared), but in Mitchell's extension of the category of gender beyond a few circumscribed anatomical differences to a woman's health, capacity, and cultural role more broadly construed. In fact, scholars who discern an *écriture féminine* in Gilman's text, who locate and celebrate gender distinctions in an extra-corporeal domain of female production, replicate Mitchell's commitment to mapping the world in terms of gender differences despite the strenuous objections of Gilman herself that "there is no female mind. . . . As well we might speak of a female liver."[13] I also differ from earlier feminist readings in taking seriously Gilman's own claim that her text had a "purpose." I argue that recent critics have not only reprised Mitchell's gendered logic, they have also subscribed (somewhat paradoxically) to the semiotics of psychoanalysis insofar as they privilege subtext over text, symbolic meanings over stated intentions, and sex over everything—even over Gilman's explicit feminist commitment to *decoupling* sex from the issue of women's work. (The housewife, she believed, traded sex for food, an abhorrent arrangement that made all women's domestic work a form of prostitution.)[14]

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In the first section, I examine the role of words in the healing process, as theorized by Mitchell and early Freud, to reveal the intellectual underpinnings of the well-established tendency among both mainstream and more radical healers to discount the semantic content of patients' speech, while taking self-expression seriously as a physiological function. In sections two and three, I examine Mitchell's writings in light of Gilman's belief that the nineteenth-century home produced artificial gender distinctions between men's and women's bodies and minds. Gilman's idea that the domesticated wife is basically a victim of household rather than battlefield carnage—a notion she expresses in "The Yellow Wallpaper"—recovers the historical and conceptual roots of Mitchell's approach to nervous disease: *male* bodies damaged in the Civil War. The intended effect of Gilman's short story, then, was to provide verbal "shock therapy" for proponents of the rest cure in order to bring about an amendment to the treatment: the inclusion of vigorous exercise and intellectual work once the patient had sufficiently recuperated, elements Mitchell prescribed for nervous men but proscribed for nervous women.

"The Yellow Wallpaper," in other words, does not document the difference between a feminine and a masculine epistemology. Rather, the text makes an appeal for a sex-neutral medical model, engaging the reader (as Mitchell did his patients) at the somatic level. In the final section, however, I argue that because of Gilman's commitment to be shocking—to producing a text with a purpose, one that doesn't so much convey an idea as it does catalyze action—the story extends its own physiological logic to the breaking point, producing within itself an alternative way of understanding nervous disease that would come to be codified as psychoanalysis, and which would understand hysteria as an essentially textual rather than corporeal malady. Rather than privilege "the second muted text" over the dominant text, I conclude that "The Yellow Wallpaper" both thematized and helped to effect the move from a materialist paradigm of mental states to a proto-psychoanalytic one. This shift, which unfolds across the text, involved a deceptively simple epistemological reorientation, from looking at a patient's body to listening to the patient's story.[15] Understanding how the story's formal features interact with its competing medical epistemologies helps to situate more precisely the novel premise of much recent scholarship on Gilman's tale: that arduous interpretive work by a skilled expert possessed

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curative power. "The Yellow Wallpaper," I conclude, both occasioned and seemed to sanction a certain approach to literary texts. Whereas Freud came to believe that medicine might draw on the techniques of literary analysis, "The Yellow Wallpaper" has irresistibly solicited literary critics to "doctor" the text: to imagine that their readings possessed not just literary/historical significance but also therapeutic efficacy.

I. WORDS AND HEALING

As historian of science Eric Caplan has written, the emergence of a scientific medicine in the mid-nineteenth century helped to disassemble the more integrated approach to health and disease of an earlier "holistic medical paradigm," which posited a "correspondence between mind and body on the one hand, and environment and health, on the other."[16] With the advent of the new disciplines of physiology, bacteriology, and cellular pathology in the second half of the century, diseases once explicable primarily in terms of a patient's character traits, personal history, or social circumstances, became instead firmly rooted in the physical body and meliorable in purely somatic terms.[17] Caplan writes, "somatically inclined physicians devoted an unprecedented amount of attention to the psychical symptoms of those for whom there existed no clearly discernible anatomical or organic irregularities. . . . [P]sychical factors came to be regarded merely as the products of certain yet-to-be determined neurophysiological processes."[18] By the turn of the century, however, nervous disease became a class of disorder that required not just a new discipline (psychology) to investigate its particular conundra, but a new body of knowledge and epistemological orientation to produce meaningful diagnoses and new methods to effect cures. Poised not on somatic symptoms as such but on narrative representations of traumatic events from a person's life, this new mode of knowing would have at its problematic center the patient's story.

Despite Mitchell's thorough case studies of patients, in which some have discerned the biographical elements of Freud's case histories, his interest was in neurology rather than psychology.[19] His inquiries into family background, which might appear to lend weight to a patient's narrative of her sickness, actually sought to ascertain any hereditary predisposition to nervous illness.[20] In his *Clinical Lessons on Nervous Diseases* (1897), Mitchell narrated in meticulous physical detail one nervous patient's inexplicable in-

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ability to control the movement of her limbs, which became increasingly rigid and contorted. What impressed the physician the most about this patient was that, despite her physical degradation (covered with abscesses, she was unable to move, speak, hear, eat, or control her bowels), she "learned to write and draw beautifully with pen and pencil in her mouth."[21] Unusual for a Mitchell text, this case study contains a picture of the girl herself, poised over a piece of paper with fountain pen in her lips, as well as facsimiles of her handwriting drawn from her personal correspondence.

The girl's words are thus preserved in Mitchell's medical narrative, though purely as evidence of a rare compensatory motor skill; the content of her writing goes without remark. One enigmatic excerpt from a letter she wrote reads as follows: "He doesn't seem to be able to catch rabbits, or at least to keep them in the traps; one rabbit left its toe in the trap, another its tail, and another pulled its leg clear off getting away. I am getting better faster now than I have for a long time; I can move one of my thumbs when" [the writing apparently continues outside the frame of the image].[22] Mitchell's complete lack of interest in the girl's words, much less in interpreting what light they might shed on her grotesque, inexplicable symptoms, is particularly striking given the parallels between the girl's malady, which involved the slow loss of function in all her limbs, and the amputation of the rabbits' appendages (feminist critics would later argue that hysteria itself served as a "mock escape by self-mutilation").[23] That the girl's body was, without any somatic damage, in almost total rebellion from even the most basic capacities of sight, movement, or digestion, Mitchell accepted as a function of her disease. Such symptoms required physical interventions to remove them; etiological explanations had no therapeutic role to play in such cases.[24] Significantly, he concludes the case study not with the images of his patient's words, but with two pictures of her emaciated naked body (her face discreetly out of the frame), one taken with her legs horribly twisted and contorted, the second taken following surgery and treatment with weights, which succeeded in straightening the girl's limbs and restoring limited mobility.

Mitchell, in his willingness to persist for years with cases others had given up on, became immensely popular and influential, and patients flocked to his practice from around the world. Like the legendary scientist of hysteria Jean-Martin Charcot, whom Mitchell

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met during a Parisian sojourn, Mitchell himself was clear that the efficacy of his cure lay in its treatment of a patient's material body, not in what we might now term the psychological effects of isolation or of his own charismatic presence. (In a 1908 article in the *Journal of the American Medical Association*, Mitchell derided those "psychopaths" who believed "the chief value of [his] treatment lay in its psychotherapy.")[25] Mitchell's own lack of interest in a patient's assessment of her condition is completely consistent with his physiological perspective; he trusted instead his own expertise and powers of observation. Why would one consult a layperson's opinion about complex neurological questions? Or ask a desperately sick girl to explain why she chose to write about self-mutilating rabbits? Indeed, Mitchell ascribed to the received wisdom of neurologists, believing that "too morbid attention riveted to her many symptoms" to be a contributing factor in the progress of nervous disease.[26] With this in mind, it is possible to recontextualize Mitchell's indifference to Gilman's letter to him detailing her condition. Far from uneasy about the relationship between body and mind, Mitchell conceived the mind to be yet another point of ingress to a person's physical substance, as susceptible to emotional shocks as the mucus membranes were to germs. In both cases, one addressed the cure to the afflicted body, for as Mitchell noted, "The hysteria is lost with years . . . the consequences and additions [to the body's anatomical structure] remain."[27]

The influence of the somatic paradigm, and indeed Mitchell himself, is evident in the early writings of Sigmund Freud.[28] In *Studies on Hysteria*, Freud writes of his treatment of Frau Emmy von N., who had a tendency to describe early childhood experiences when under hypnosis. Likening his technique to surgery, Freud found hypnosis a useful tool because, like chloroform, it placed the patient in a receptive state for probing and treatment, allowing Freud to catch glimpses of the pathogenic objects—certain memories and ideas—and then to focus his therapy on extracting them.[29] When Frau Emmy entered a memory state in which she fretted about the health of her child, Freud "interrupted her here and pointed out to her that this same child was today a normal girl and in the bloom of health, and [he] made it impossible for her to see any of these melancholy things again" (*S*, 60–61). When Frau Emmy complained of seeing mice, Freud "said that these were hallucinations and told her not to be

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frightened of mice; it was only drunkards who saw them (she disliked drunkards intensely)" (*S*, 73). (In a similar vein, Mitchell recorded the case of a self-starving woman who started eating "when told that being thin and wasted she was ugly.")[30]

While Mitchell acknowledged that "in certain cases of hysteria, insomnia, aphonia, bed cases, [and] simulation of paralysis, a command, an order will sometimes produce abrupt results," he was extremely skeptical about the permanence of such word-instilled cures. Further, he maintained that he had "seen some rather appalling results from hypnotism," although in the context of a medical article he declined to go into detail.[31] Although Freud's earliest assays into hypnotic cure shared the technique of suggestion with the mind-cure movement, his scientific commitments forced him to confront the inefficacy of his attempts to erase the memories and images that beleaguered his patients (Freud was, by his own account, a remarkably poor practitioner of hypnosis). When Emmy von N.'s symptoms reappeared, and she complained of Freud's tendency to interrupt her discourse, a resigned-sounding Freud recorded her injunction for him to be quiet and "let her tell me what she had to say" (*S*, 63). Following her lead, Freud departed from the interrogative approach of an empiricist and adopted the far more time consuming method that would come to distinguish psychoanalysis from both the authoritative rest cure *and* the more subversive mind cure: "I now saw that . . . I cannot evade listening to her stories in every detail to the very end" (*S*,61). To his astonishment, Freud found that the verbal recovery of a traumatic event, when accompanied by the intense emotions adequate to the trauma, allowed the accompanying hysterical symptoms to be (in Breuer's words) "talked away" (*S*, 37). A previously "strangulated affect" might "find a way out through speech" (*S*, 17) rather than finding expression in disabling physical symptoms: this was the heart of the cathartic treatment developed by Breuer and Freud.

That a patient's seemingly irrelevant stories might provide etiological clues and even possess salutary power was, as Freud immodestly claimed in later writings, novel to psychoanalysis: "No one had ever cured an hysterical symptom by such means before, or had come so near to understanding its cause."[32] Urging the patient "to reproduce the story of her illness" (*S*, 138), he found in the case of Emmy von N., "Her remarkably well-stocked memory showed the most striking gaps. She herself complained that it was

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as though her life was chopped in pieces" (*S*, 70n). Most remarkable of all was the fact that a patient's body appeared to fill the "gap" that her conscious memory couldn't recover; as Freud writes of Fraulein Elisabeth von R., "her painful legs began to 'join in the conversation' during our analysis" (*S*, 148). Physiology, that is, became the discursive handmaiden of psychology. Aware that he might be accused of "laying too much emphasis on the details of the symptoms and of becoming lost in an unnecessary maze of sign-reading," Freud nonetheless asserted that *interpretation*—of corporeal symptoms as well as verbal expression—lay at the heart of both diagnosis and cure. "[I]t is difficult," he maintained, "to attribute too much sense . . . to these details" (*S*, 93). As Janet Malcolm has written, "it isn't the story [the patient] tries to tell but the story he tells *in spite of himself* that the analyst listens for. What he is really after is the story behind the story."[33]

The tendency of feminist critics to approach "The Yellow Wallpaper" as a layered text demanding meticulous—even strenuous—critical attention in order to discern its subversive subtext therefore reprises the analytic approach Freud was developing in his embryonic practice. "This procedure," he writes,

> Was one of clearing away the pathogenic psychical material layer by layer, and we liked to compare it with the technique of excavating a buried city. I would begin by getting the patient to tell me what was known to her and I would carefully note the points at which some train of thought remained obscure or some link in the causal chain seemed to be missing. And afterwards I would penetrate into deeper layers of her memories at these points by carrying out an investigation under hypnosis or by the use of some similar technique. (*S*, 139)

As is clear from *Studies on Hysteria*, in early psychoanalysis the role of the doctor in treating nervous diseases underwent a remarkable transformation. Epistemologically, there was a dramatic shift from the sometimes spectacular details of a patient's physical symptoms (apparent in Charcot's use of the amphitheater to demonstrate *grande hystèrie*, as well as in Mitchell's only slightly tamer case studies) to the content of her speech. Whereas once he looked, now the doctor listened.

This analytic listening was, judging from Freud's frequently burdened reports, immensely arduous: "The task on which I now embarked turned out, however, to be one of the hardest I had ever

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undertaken, and the difficulty of giving a report upon it is comparable, moreover, with the difficulties that I had then to overcome" (*S*, 138). The difficulty of analysis, of tracing out the connection between symptom and source in a patient's experience, was for Freud commensurate (or even identical) to the difficulty of producing a coherent narrative of his course of treatment. In *Studies*, Freud records the birth pangs attendant on the new medical genre that sprang from his therapeutic approach, the case history. Because of its unfamiliarity to science, Freud offers an apology for this new form:

> I have not always been a psychotherapist . . . and it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. . . . Case histories . . . have, however . . . an intimate connection between the story of the patient's sufferings and the symptoms of his illness. (*S*, 160–61)

Narrative, that is, mediated between a patient's corporeal condition and the afflictions of her mind. In the introduction to *Fragment of an Analysis of a Case of Hysteria* (1905), Freud's famous study of "Dora," Freud maintained that his piecemeal approach to case narrative placed the reader in the same situation of the "medical observer" when he took on a new patient, for "[i]t is only towards the end of the treatment that we have before us an intelligible, consistent, and unbroken case history."[34] Relief of a patient's symptoms and restoration of her damaged memory are achieved through the process of interpretation that establishes a coherent narrative. "The two aims are coincident," Freud writes. "When one is reached, so is the other; and the same path leads to them both."[35] These elaborate, detailed, even unwieldy representations would become the point of connection between body and biography, between the physiological and the psychological—and between doctor and patient.

Studies nonetheless refutes an easy, linear progression from physiology to psychology, for even as Freud became increasingly convinced of the centrality of storytelling to the therapeutic encounter, he retained his links to Mitchell and the physiological approach to hysteria. He frequently isolated his patients from their families, sending them to calmer therapeutic settings where he could see them multiple times per day. Against Emmy von N.'s better judgment, he decided to embark with her on a course of

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fattening. He continued to theorize the etiology of nervous disease in physical terms, in which a traumatic event, producing a psychic wound analogous to inflamed tissue, required that the sufferer expend a certain quota of bottled affect to relieve distress—a therapeutic act that Freud imagined along the lines of lancing a boil.[36] Psychoanalysis, he continued to insist, was a medical procedure akin to surgery in its ability to produce tangible effects that were not mere words, but written in the lingua franca of the patient's healed or healing body.

II. WOUNDED NERVES

Much has been written on the apparent epidemic of nervousness during the second half of the nineteenth century. "I am nervous. I did not used to be. What can I do to overcome it?" was, Mitchell reported, a question on the lips of a vast number of Americans.[37] Although the narrator of Gilman's "The Yellow Wallpaper" is her most renowned portrait of this distinctive nineteenth-century figure, nervous women and men show up repeatedly in Gilman's fiction.[38] In "Dr. Clair's Place" (1915), for instance, a suicidal woman is advised to seek the help of a woman doctor "who is profoundly interested in neurasthenia—melancholia—all that sort of thing." In this utopian vision of the perfect medical treatment, the patient travels to Dr. Clair's isolated mountain retreat, agrees to "do anything she said," is "put through an elaborate course of bathing, shampoo, and massage, and finally put to bed, in that quiet fragrant rosy room." In slow stages the patient's body is "made as strong as might be" and her "worn-out nerves" are restored with "sleep—sleep—sleep."[39] Once the patient reclaims an increment of energy, the doctor then tests out a series of treatments, focusing in particular on how the body of the patient responds to different foods and to her physical surroundings.

To this point, the treatment Gilman portrays is practically identical to the rest cure that Mitchell developed and which met with acclaim on both sides of the Atlantic. The key elements of the treatment were isolation, complete physical rest, a rich diet of creamy foods, massage, and electrical stimulation of disused muscles, and complete submission to the authority of the attending physician. All physical and intellectual activity was prohibited. A patient was lifted out of her own social and familial milieu and transported to a neutral environment tended only by a nurse and

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her doctor. Underlying Mitchell's approach was the commitment to the physiological relationship between the mind and the body, where worries and burdens could precipitate "a speedy loss of blood globules." "[T]he defects of the body," Mitchell explained, "have to do with those of the mind, [hence] the need to begin by building up the body anew."[40]

Mitchell, however, possessed no background in women's diseases; instead, his work as a young physician with the damaged bodies of soldiers during the Civil War primed him to take seriously maladies of the nerves dismissed by the medical community. Hysteria in particular had presented a profound challenge for doctors, since its symptoms consisted of "strange and multiform phenomena"—including local paralysis or anesthesia, fainting, tunnel vision, and trance-like spells—that mimicked the features of other diseases while possessing no discernible organic basis. As a contract surgeon for the Union army, however, Mitchell had discovered an equally astonishing set of symptoms among men suffering from injuries to the nerves, both direct (as in a gunshot wound) and indirect (as in paralyzing homesickness or what he termed nostalgia). The soldier with wounded nerves often became "hysterical, if we may use the only term which covers the facts. He walks carefully, carries the limb tenderly with the sound hand, is tremulous, nervous."[41] In these cases, the normal laws of physiology appeared inapplicable: a wound to the neck might render a man's arm immobile, cause a limb to atrophy, produce a shiny red gloss to the skin of the hands, or cause terrible contortions, twisting a man's body into a grisly human pretzel. (When the shape of the limb seemed unusually interesting, Mitchell would have a plaster cast of it sent to the Army Medical Museum.) Perhaps most bizarre was phantom limb syndrome, the experience of sensation or pain in a limb that had been amputated.

Rather than reject the somatic paradigm, which traced all physical symptoms to some organic lesion, Mitchell and his colleagues used the findings from the Hospital for Nervous Diseases to expand it. Likening nerve force to an electrical current, they hypothesized that a person's nervous function could be affected without necessarily leaving any pathological traces in the tissue itself. A traumatic shock caused a short in the circuit, generating a variety of far-flung symptoms. "Reflecting then upon the close correlation of the electrical and neural force," they write,

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> it does not seem improbable that a violent excitement of a nerve trunk should be able to exhaust completely the power of its connected nerve centre. . . . [T]he condition called shock is of the nature of a paralysis from exhaustion of nerve force . . . [that] may be so severe as to give rise in certain cases to permanent central nerve changes, productive of paralysis of sensation and motion, or either alone.[42]

By hypothesizing nervous force to be as real and yet as immaterial an entity as electricity, Mitchell conceived that a person might suffer a *functional* injury that, in depleting or overtaxing the nervous circuit, produced symptoms as substantive and potentially irreversible as any visible wound. Fellow neurologist George Beard, writing of a new clinical entity he dubbed neurasthenia, was optimistic that the source of the disease's wide array of symptoms—fatigue, paralysis, irrational fears, palsy, insomnia—would "in time be substantially confirmed by microscopical and chemical examinations of those patients who die in a neurasthenic condition."[43] In the meantime, restoration of function was the goal: limbs were splinted into position, feeling restored with electricity, muscles rejuvenated with massage.

A model of disease articulated through experience with male bodies, then, underwrote Mitchell's postwar treatment of his affluent female clientele.[44] That domestic struggles debilitated some women as if they were battlefield skirmishes was not unreasonable to Mitchell; well before Gilman advanced her own critique of the draining effects of unsystematized housework, Mitchell took seriously the exhaustion inherent in the home. He attributed many nervous disorders to "the daily fret and wearisomeness of lives which, passing out of maidenhood, lack those distinct purposes and aims which, in the lives of men, are like the steadying influence of the fly-wheel in an engine." Mitchell criticized American household arrangements, which included such physical strains as "furnace-warmed houses, hasty meals, bad cooking, or neglect of exercise."[45] Mitchell observed in his nervous patients that even simple, normally habitual actions of the body, such as rising to a sitting position or raising a teacup to the lips, required a tremendous amount of thought and conscious will to execute. Yet, because of their physical depletion, his women patients had no nervous reserves for such an energetic "tax." Rather than confront the exhausting prospect of rising, the nervous woman kept to her bed.[46]

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Yet domestic pathology was not limited to the individual sufferer: "the [invalid] woman," warns Mitchell, "who wears out and destroys generations of nursing relatives . . . is like a vampire, sucking slowly the blood of every healthy, helpful creature within reach of her demands."[47] Although clearly pejorative, the image of the female vampire was not exactly metaphorical. Nervous women, Mitchell observed, tended to be frail and *anemic*; embellishing the image of the vampiratic woman, Mitchell ominously reported, "I have seen an hysterical, anemic girl kill in this way three generations of nurses."[48] The title of his popular tract published in 1877 supplied the remedy: *Fat and Blood*. This book was subsequently translated into five languages (and was favorably reviewed by Freud).

The rest cure proceeded, then, along two lines. First, the physician treated the physical body through a strict, iron-rich feeding schedule and a regimen of strengthening therapies. To reverse the depleting effects of a hectic domestic environment, he also transported a patient "from a restless life of irregular hours . . . to an atmosphere of quiet, to order and control, to the system of care of a thorough nurse."[49] Coupled with isolation, the rich diet fortified a woman's nervous reserves by adding flesh and enriching her blood, while massage and electricity provided "exercise without exertion" to preserve a patient's muscle tone until she could safely exercise on her own. Second, the exclusive authority of the physician provided the patient with willpower (the doctor's) without any expenditure of her own mental resources, during which time her mind and body were retrained to more efficiently bear the burden of her domestic functions. Uninterested in the psychological power of suggestion, Mitchell's medical logic operated by simple analogy to other physiological processes; just as a crutch provided temporary mobility while a broken bone knit, so the physician's decisive authority supplied temporary willpower while a patient's own capacity for self-control was on the mend.[50]

When twentieth-century critics have pointed to Mitchell's obvious infantilization of his women patients as misogynistic, they wrest his therapy from its historical and theoretical context. More to the point, however, they overlook the fact that many of his patients were in contact with him precisely because of the extremity of the symptoms that predated their contact with the neurologist.[51] Stripped not by her physician but by her *illness* of the habitual functions built up from infancy, the hysteric's circum-

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scribed capacities rendered her *physiologically* analogous to that earlier state; such an unfortunate regression "necessitated," Mitchell wrote, "an entire re-education."[52] The physician's orders bolstered the patient's will, while the desired physical habit—in this case, the power to use the legs—was reinforced through repetition ("by a series of trained and aided efforts, there may be won, bit by bit, a full power of motion"). This patient was slowly trained to move up the phylogenetic ladder, from a mute, mollusk-like state, to "quadruped" capable of "creeping," to fully functioning woman.[53] Infantilization was often a symptom of nervous disease, but was not for Mitchell a therapeutic end; the point of the rest cure was to restore a woman to adulthood.

III. DOMESTIC WARRIORS

Until recently, critics writing about Gilman's "The Yellow Wallpaper" have tended to emphasize her feminist impulses and to disregard the theories of human physiology that undergirded her calls for social reform of the home and the professions.[54] Yet her ideas about the human brain, in particular, are crucial to any understanding of Gilman's critique of domestic arrangements. They also reveal a deep compatibility between her ideas about nervous disease and those of Mitchell. Like the neurologist, Gilman believed that the distinctive contours of the nineteenth-century household produced a damaged organ prone to nervous disease. It is notable in Gilman's writings that she used the terms "brain" and "mind" interchangeably; because the human brain was composed of "[t]he softest, freest, most pliable and changeful living substance," one's environment *physically* shaped one's state of mind.[55] Whereas a man of business tended to hone a single set of specialized skills, the housewife was called on to live "a patchwork life," performing multiple tasks in wearying redundancy. "To the delicately differentiated modern brain the jar and shock of changing from trade to trade a dozen times a day is a distinct injury, a waste of nervous force," Gilman wrote in *Women and Economics*. The conditions of the housewife, that is, injure the mind: "She has to adjust, disadjust, and readjust her mental focus a thousand times a day; . . . to live at all, she must develop a kind of mind that does *not object to discord*." In turn, the addled mind of the housewife displayed its confusion in the very decorations of the house: "The bottled discord of the woman's daily occupations is quite sufficient to account for the explosions of discord on her

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walls and floors. She continually has to do utterly inharmonious things . . . perform[ing] all at once and in the same place the most irreconcilable processes." So while "it is true that the brain is not a sex-distinction; either of man or woman," Gilman maintained "it is also true that as an organ developed by use it is distinctly modified by the special activities of the user."[56]

In her analysis of nervous exhaustion, then, Gilman sounds uncannily like Mitchell. Even his evolutionary metaphors of recuperation are echoed in Gilman's work: "Women," she wrote, "are undeveloped human beings, that is what ails them; and their brains are more severely affected than their bodies." Gilman was similarly optimistic about physically training an ill mind to healthier habits, proclaiming "[j]ust as one screws and makes adjustments in a machine, one may reset one's mind, and train it to better action." Echoing Mitchell, Gilman explained, "We have a certain storage of nerve force, with which we can drive ourselves. . . . We act, in all those established lines we call habits, without loss of energy. . . . For the conscious mind to compel the body to do what it has no inherited desire or acquired habit of doing, is a direct expense."[57] And just as Mitchell suggested that "[n]othing is a better ally against nervousness or irritability in any one than either out-door exercise or pretty violent use of the muscles," so Gilman, after her repeated bouts of nervous prostration, turned to the gymnasium to restore her vigor.[58] So while twentieth-century critics have almost universally read the wallpaper in Gilman's famous short story as symbolic of the narrator's psychological state, a more thorough reading of Gilman's own oeuvre sharply indicates that she conceived of the connection between environment and the body—even between home furnishings and one's state of mind—in *physiological*, rather than psychological, terms.

Further, Gilman's reformist writings recover the history of Mitchell's own ideas about nervous disease by making explicit the connection between the bodies of soldiers and the nerves of women. If women are flighty and mercurial, it is because "[t]he daughter of a soldier inherits her father's pride and courage, and also the centuries of . . . cowardice of her mother."[59] Diverting a young woman's ambitious "energies for conquest" onto "the conquest of a man," domestic training artificially instills "discreet submission to domestic life." Within this environment, the plastic body and mind of the girl adapt by becoming "smaller and softer"—"And then we blame woman for extravagance indeed! We

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dress in their armor, their tools, their weapons of defense and offense—their battlefield, their indirect means of subsistence" ("E," 30). Married life (the conquest of a man), only exacerbates her embattled state, plunging her into a home that, for Gilman, is itself a war zone. Martial metaphors are peppered throughout *The Home*, which describes the "tranquil" home as a series of breached fortifications:

> First there is the bulwark aforesaid, the servant, trained to protect a place called private . . . Back of this comes a whole series of entrenchments—the reception room, to delay the attack while the occupant hastily assumes defensive armour; the parlour or drawing room, wherein we may hold the enemy in play, [and] cover the retreat of non-combatants . . . the armour above mentioned . . . and then all the weapons crudely described in rural regions as 'company manners,' our whole system of defence and attack.[60]

Although Gilman's tone here is irreverent, she was deadly serious in casting the wife as a domestic warrior whose strained nerves were identical to those Mitchell had encountered on the field of battle.

Gilman drives home this point in "The Yellow Wallpaper" by exposing the traces of conflict inscribed in the rented house: "the floor is scratched and gouged and splintered, the plaster itself is dug out here and there, and this great heavy bed, which is all we found in the room, looks as if it had been through the wars" ("Y," 43). The wallpaper's images of carnage assert the connection between the domestic sphere and the discord of war: "the pattern lolls like a broken neck, and two bulbous eyes stare at you upside down" ("Y," 42). Figures in the paper "go waddling up and down in isolated columns of fatuity" ("Y," 44), while the images appear to stage ambushes: "It slaps you in the face, knocks you down, and tramples you" ("Y," 47). These distorted figures are not merely metaphors for twisted minds and deformed bodies, however; they are catalysts. Just as war "makes" deformed, hysterical men, so the domestic environment materially constitutes women's minds and bodies; the narrator, then, is literally correct when she sees her mental processes in the wallpaper's figures. In a public lecture, Gilman echoed "The Yellow Wallpaper" in syntax, metaphor, and meaning when she warned, "our whole race reels to the foundation, totters and gropes and staggers blindly, because of this implied discord of our own making" ("E," 22).

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Much has been made of the narrator's husband's proscription of writing in "The Yellow Wallpaper" and Mitchell's advice to Gilman that she refrain from written expression. In fact, Gilman writes that she suffered from neurasthenia her entire life, and as Tom Lutz has pointed out, it was Gilman's exhaustion, rather than her husband's proscription, that kept her from putting pen to paper during the early years of her marriage.[61] Gilman's journal is riddled with entries describing her utter lassitude and her husband's diligent house cleaning, baby tending, and wife nursing during her malaise. "I was so weak," she recounted later in her autobiography, "that the knife and fork sank from my hands—too tired to eat. I could not read nor write nor paint nor sew nor talk nor listen to talking, nor anything. . . . To the spirit it was as if one were an armless, legless, eyeless, voiceless cripple." Employing Mitchell's economic terms, she asserts, "the effects of nerve bankruptcy remain to this day." Simply put, Gilman herself provided no evidence to indicate that "Charlotte Perkins Gilman's Literary Escape from S. Weir Mitchell's Fictionalization of Women" provided her with lasting good health.[62]

The term "fictionalization of women," however, does provide a good index for Gilman's central point of disagreement with Mitchell: his commitment to the *fiction* of gender difference. Although he believed that prepubescent boys and girls had commensurate vitality, Mitchell theorized that puberty and reproduction put an enormous strain on girls, making them less able to sustain prolonged study, intellectual labor, or vigorous exercise. "[T]he grave significance of sexual difference controls the whole question," he wrote, concluding that "woman . . . is physiologically other than man."[63] Gilman, by contrast, was adamant that "we should be *human*, not feminine" ("E," 34). Gilman agreed that women's bodies announced their differentiation from men, but whereas Mitchell saw these traits (usually weaknesses) as natural and sought to restore nervous women for their domestic role, Gilman saw them as artificial (akin to the contorted limbs of Mitchell's Civil War soldiers), *created* by the domestic role. "Now I want you all to look at your own hand," she exhorted her audience. "If that hand was seen, alone, all the rest hidden, what would anyone instantly pronounce it? A feminine hand! Did any of you ever hear of *a feminine hoof*? Or *a feminine paw*?" ("E," 24). Generations of domestication had made women smaller and weaker; now, it was up to society to reverse this process and restore natural homogeneity between men and women.

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Gilman's suggestions for social uplift for women had then a crucial physiological impulse. As she expressed in "Dr. Clair's Place," the way to decouple the connection between women and nervous depletion was first to restore a woman's vitality and then—her central variation on Mitchell's rest cure—to prescribe productive work. The invalid in the story had exacerbated her nervous condition by her "clear and prolonged self-study" of her symptoms, a focus that Gilman viewed as "a diseased condition; most extreme in the megalomaniacs, and in those writers of intimate personal confessions."[64] The narrator of "The Yellow Wallpaper," then, becomes unhinged when her writing can no longer be construed as work but instead becomes (to use Gilman's own term) "excretion." It is precisely the narrator's turning inward, away from the more detached observation of her physical environment, that forms the point of entry into the textual space designated (and indeed privileged) by some feminist critics as the "subtext." For Gilman, who denigrated in her autobiography what she saw as the "infantile delight in 'self-expression'" that characterized her age, the narrator's intensely subjective self-absorption is not just morbid, but actively pathological.[65]

Dr. Clair, by contrast, turns her patient's pathogenic "self-study" into productive work. Once the invalid's energy is enhanced through massage and delicious food, the doctor begins to solicit her observations in order to isolate which environmental elements (e.g. certain colors or smells) helped relieve her various symptoms. Absorbing her physician's epistemological stance, the patient herself becomes "more and more objective, more as if it were someone else who was suffering, and not myself."[66] The story ends with the convergence of cure and denouement, but in a form that would have been unimaginable to either Mitchell *or* Freud: in Gilman's tale, the patient joins the physician's staff. No longer a professional invalid, the former patient becomes a professional who *specializes in* invalids.[67] (Indeed, many of Gilman's stories conclude with a woman in medical, financial, or marital trouble solving her difficulties by acquiring a career.) An explicitly didactic portrait of good medicine, the story could be construed as the deepening and extension of the somatic paradigm, in which habits of mind and body make us who we are. In this regard, "Dr. Claire's Place" reverses the trajectory of "The Yellow Wallpaper" by moving the nervous woman from agonizing self-scrutiny (i.e. an obsession with the psychological) to dispassionate empiricism (i.e. an emphasis on the physiological).

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"A writer can no longer expect to be received on the ground of entertainment only," wrote William Dean Howells; "he assumes a higher function, something like that of a physician or a priest . . . bound by laws as sacred as those of such professions." The physician that Gilman emulated in "The Yellow Wallpaper" was, I would argue, Mitchell himself, who employed electricity to stimulate a patient's disused muscles (and who was reported to have once shocked a neurasthenic patient out of bed by offering to hop in with her). Gilman's tale was explicitly crafted as a form of shock therapy, a catalyst to social change via corporeal reform. "If I can learn to write good stories," she once wrote, "it will be a powerful addition to my armory." Gilman was clear that "the story was meant to be dreadful," and nineteenth-century readers indeed gave it their "startled attention."[68] Intensely aware of the tale's somatic effects, a number viewed it—not inappropriately—as a cautionary tale pointing up the dangers of tasteless home decorating.[69] For Gilman, however, that was just half the story: the other piece, portrayed in "Dr. Clair's Place," involved the inclusion of salutary *professionalized* work once a nervous woman had sufficiently begun to recharge her energetic battery. Such work could quite literally re-form persons by changing not just their minds but their bodies, and it had an uplifting effect on the world, something that Gilman claimed for "The Yellow Wallpaper." For, as she ecstatically declared, "My brain is to see and teach. I do this by voice and pen."[70]

IV. THERAPY THROUGH INTERPRETATION?

Contrary to critics who construe "The Yellow Wallpaper" in gendered, polemical terms, I would argue that for the first half of the story, the narrator in fact emulates Mitchell's physiological thinking in her scrutiny of the wallpaper.[71] Assaulted by its confusing design, the narrator, like the recuperating patient in "Dr. Clair's Place," initially sets herself up as an experimentalist, with the diagnostic task of "follow[ing] that pointless pattern to some sort of conclusion" ("Y," 44). In casting the narrator as a diagnostician who experiences both fascination and disgust with the wallpaper-cum-patient, Gilman shrewdly captures the sense in which nervous maladies constituted a thorn in the side of the medical establishment. As one historian has written, "For twenty-five centuries, hysteria had been considered a strange disease with incoherent and incomprehensible symptoms." Carol Smith-

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Rosenberg has argued that doctors' "resentment [of hysterical women] seems rooted in two factors: first, the baffling and elusive nature of hysteria itself, and, second, . . . [the fact that hysterical] patients did not function as women were expected to function." Hysterical behavior was, in other words, both fickle and threatening. One researcher captured the outrageous elements of the illness when he wrote in 1867 that hysterics "manifest themselves by vociferation, singing, cursing, aimless wandering; occasionally by more formal delirium, attempts at suicide, nymphomaniacal excitement; . . . or there are attacks of all kinds of noisy and perverse . . . actions."[72]

With this background in mind, one can imagine that the narrator's commentary on the wallpaper might have flowed directly from the pen of an exasperated physician faced with a recalcitrant case. "It is dull enough," she complains, "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" ("Y," 41). The narrator positions herself as an objective observer, noting that the paper's "defiance of law . . . is a constant irritant to a normal mind" ("Y," 47). She also renders the power struggle that attended a doctor's engagement with a hysterical patient: "You think you have mastered it, but . . . it turns a back somersault and . . . slaps you in the face, knocks you down and tramples on you" ("Y," 47). (The "back somersault," in fact, could refer to the infamous *arc-en-cercle* or gymnastic backarching and contortions of Charcot's hysterical patients.) In the narrator's case study, in short, the wallpaper becomes a "debased" figure "with *delirium tremens*" ("Y," 44). In turning her attention to the hysterical flourishes of the wallpaper—in "studying," "watch[ing] developments" ("Y," 48), "analyz[ing] it" ("Y," 49), advancing "scientific hypothes[es]" ("Y," 48), and finally "discovering something at last" ("Y," 49)—the narrator is not producing a distinctly "women's discourse"—but in effect assuming the diagnostic approach of her physician husband (or even Mitchell).[73]

Attempting to divert his wife from the internal, ungrounded pathologies of a morbid self-consciousness, the husband refers the narrator to the external world of palpable fact. When the narrator writes, "John is practical in the extreme . . . and he scoffs openly at any talk of things not to be felt and seen and put down in figures"

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("Y," 39), she captures the medical epistemology of both Mitchell and the so-called "Napoleon of the Neuroses," Jean-Martin Charcot. In one of Charcot's famous Tuesday Lessons, in which he modeled his diagnostic technique by displaying a patient in front of a packed auditorium of eager students and curiosity seekers, the neurologist articulated his approach to hysterical patients. "I am not the type," he pronounced, "to suggest things that cannot be demonstrated experimentally. . . . If you want to see clearly, you must take things exactly as they are. . . . [I]n fact all I am is a photographer. I describe what I see."[74] The narrator's recording eye and minute descriptions of her surroundings emulate this cataloguing empiricism. Morbidity might arise from too much exercise of the imagination—the narrator admits that "to think about my condition . . . always makes me feel badly" ("Y," 40)—while good health is achieved through physical therapies: thus the rest, doses of cod-liver oil and other tonics, and meals of sustaining meats and wine. Accordingly, John urges the narrator to avoid self-defeating thoughts about her condition ("There is nothing so dangerous, so fascinating, to a temperament like yours" ["Y," 47]) and applauds the response of her physical body to his ministrations: "You are gaining flesh and color, your appetite is better. I feel really much easier about you." Sight is the privileged indicator of health and disease, holding sway even over a person's subjective physical experience: "you really are better, dear, whether you can see it or not" ("Y," 46).

A sort of Charcot of the Wallpaper, the narrator scrutinizes it almost constantly, making her a parodic expert in her field: "There are things in that paper," she announces, "that nobody knows but me, or ever will" ("Y," 46). Unlike the physicians she mimics, however, the narrator is possessed of "an imaginative power and habit of story making" ("Y," 42) which causes her to press onward, in spite of both the dumb recalcitrance of her object of scrutiny and her husband's indifference to her findings. Her work, in other words, has no currency; it produces no effects on the world around her; she remains a metaphorical doctor, not an actual one. Drained of purpose, the narrator's observations turn inward, become speculative: "I wonder—I begin to think—" ("Y," 46) she writes, composing sentences that, lacking an object, call attention to the operation of her own mind. Her first impulse upon discerning a woman behind the paper's surface pattern is actually to recognize the pathology in the heightened activity of her mind, and she begs

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her husband to take her away from the house. When he refuses, she finds herself unable to resist further observations; at this point for the narrator, the wallpaper shifts from being an entity of essentially material interest available to description (like a Mitchell patient), to being a text, something with dual material and semantic dimensions (which, like a Freud patient, elicits interpretation). Bringing to bear analytic attention on this homely object, the narrator pieces together a narrative fraught with significance, featuring a woman struggling to extricate herself from the wallpaper's surface pattern. With the help of the narrator, who embarks on a campaign to peel the paper down and thereby complete her project ("I declared I would finish it today!" [51] she reports), the wallpaper quite literally unfolds: the flat entity becomes a participant in the drama of the sickroom.

Or perhaps it is more accurate to say that the narrator becomes a participant in the drama of the wallpaper, for at this point the narrator enters into the plot she has up to now purported simply to observe, as she strives to rescue the shadowy figure from the villainous wallpaper. In a shift that articulates the larger transformation from the physiological to the psychological, the patient/wallpaper loses its inertness and becomes impatient, insistently soliciting attention from its analyst. Just as a panicky Breuer found himself sucked into the erotics of Anna O.'s interior drama, and just as Freud found himself anxiously entering into Lucy R.'s fantasy of marrying her employer, so the narrator begins to participate in the drama she sought only to report.[75] Gilman's story, in other words, moves inward, away from the outward setting (of ancestral house, recuperating woman, etc.). Most explicitly, the conceit of the journal, with its emphasis on the realist scene of writing, falls away. "Why, there's John at the door!" the narrator reports ("Y," 52), even as her hands—while ostensibly inscribing her journal—are propelling her along the floor as she circles the perimeter of her room. At this point, the narrative follows the play of the narrator's mind in real time. From Gilman's perspective, the narrator has metamorphosed from metaphorical doctor (i.e. potential professional) to tragically literal patient.

Two path-breaking exegeses, Annette Kolodny's "A Map for Rereading: Or, Gender and the Interpretation of Literary Texts," and Jean E. Kennard's "Convention Coverage or How to Read Your Own Life," argue that contemporary readers of Gilman's story were surprisingly unable to "decipher its intended meaning":

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that meaning, they recommend, is that the narrator is "the victim of an oppressive patriarchal social system."[76] "The Yellow Wallpaper," by this account, is a tale of failed interpretation, a failing that extends off the page and to the story's reception in Gilman's culture at large. For feminist critics, however, this plotline that engaged nineteenth-century readers—the concern, for instance, with the somatic effects of home furnishings—is simply an overlay for the real story that lies submerged beneath it.

Indeed, for Kolodny, Kennard, and Gilbert and Gubar, "The Yellow Wallpaper" is no common example, but the model of what Golden terms the "palimpsestic" literary work, and what Gilbert and Gubar describe as "works whose surface designs conceal or obscure deeper, less accessible (and less socially acceptable) levels of meaning." Feminist critique, in turn, proceeds along the lines of restoration; as Elaine Showalter writes, critics attuned to the layered quality of such texts employ a mode of interpretation attentive to recurrent patterns of imagery (of incarceration, for instance), which allows them to sponge away the occluding picture: "The orthodox plot recedes, and another plot, hitherto submerged in the anonymity of the background, stands out in bold relief like a thumbprint."[77]

Tempering what these critics have chalked up to a more or less malevolent patriarchy (Kolodny sees "mutual misreadings" between men and women, while Ann Douglas Wood tersely indicts the narrator's husband for "sadistic ignorance"), Regina Morantz has 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."[78] More importantly, a certain kind of feminist reading occludes the central work being done in Gilman's story—work that in fact unites the cover story and the sub-story, rather than privileging one over the other—which involves moving from a materialist paradigm of mental states to a proto-psychoanalytic one. These critics, in other words, map a psychotherapeutic approach back onto a text that marks the emergence of the very possibility of such an interpretive stance. By locating the real story in what they perceive as barely audible subterranean suggestions, such readers actually play Breuer/Freud to the narrator's Anna O.—or, in the arresting case of critic Mary Jacobus, to the story "The Yellow Wallpaper" itself.

In her article entitled "'An Unnecessary Maze of Sign-Reading,'" Jacobus argues that feminist critics "exemplif[y] hysterical

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processes" when they repeat the narrator's tendency to overread the wallpaper: "The literalization of figure," she asserts, "(a symptom of the protagonist's hysteria) infects the interpretive process itself."[79] But her critique is not that critics anachronistically approach the text in terms of a psychoanalytic encounter; rather, Jacobus suggests that critics have improperly adopted the role of hysterical patient instead of occupying the position of analyst. Jacobus's own psychoanalytic reading boldly stakes out the hermeneutic authority of the analyst who reads textual lapses to discern any "inexplicable, perhaps repressed element in the text itself." Whereas earlier feminist critics made the mistake of thinking that the subversive story to be revealed lay in the recesses of the narrator's (or Gilman's) inexpressible feminine experience within patriarchy, for Jacobus, the story of the narrator is the obscuring cover story: "there emerges . . . a creeping sense that the text knows more than she; perhaps more than Gilman herself." (Elaine Hedges, commenting on Jacobus's reading, aptly notes, "While we may have lost a feminist heroine, we have retained a feminist text.") What "the text knows," it turns out, is its own "uncanny literalness"; what Jacobus's interpretation is meant to reveal is a dual failure: first, the failure of interpretation to capture the uncanniness of hysteria, and second, the inevitable inadequacy of *any* attempt at realist figuration. However, even as she positions herself in opposition to feminist critics whom she believes reductively psychoanalyze both Gilman and the narrator, Jacobus makes the most dramatic substitution of all. For by elucidating "the unconscious of the text"—by reading its excesses and evasions and ultimately its refusal to bow to the "violence . . . of interpretation"—she personifies the story itself as the psychoanalytic subject *par excellence*.[80] Rather than textualizing women, her reading succeeds in "womanizing" the text: she makes it exemplary, like the female body, of the absence that she maintains underlies any attempt at mimetic representation.

I am arguing, by contrast, that contemporary readers of Gilman's story were not duped by the patriarchal script when they avoided the hermeneutic entanglements of the text and instead reacted to "The Yellow Wallpaper" in physiological terms. Nor, as Jacobus seems to indicate, was it unreasonable that feminist critics have interpreted the story so tenaciously. For just as chilling (and darkly humorous) as Kafka's twentieth-century tale of metamorphosis, Gilman's story records the creepy literalization of a woman trans-

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formed into a text. Gilman, that is, captures the Gothic underside of Freud's novel epistemology, where legs might "enter into the conversation," or the seemingly irrelevant talk of addled patients might encrypt salacious horrors from the past and possess an almost magical capacity to heal. (This in stark contrast to Charcot, who once told an audience witnessing a patient's agitated vocalizations, "Again, note these screams. You could say it is a lot of noise over nothing.")[81] In the final pages of "The Yellow Wallpaper," the distinction between the narrator's life and the drama she perceives in the wallpaper collapses when the figure finally appears from behind the paper. The narrator recognizes the woman in the paper as herself, and suddenly sees her embodied, observing, recording self as the enemy, referring to her in the third person as "Jane." (One might say that the doctor/narrator, in a radical transference, has actually become the patient.) It is the reconstituted narrator, now, who completely enters the text (that is, the wallpaper). In doing so, she actually begins to behave less like a person and more like *writing*: she "get[s] to work" (51) and, with her body, marks a swath through the convolutions of the wallpaper's pattern—"a long straight even smooch" (49)—as she creeps around the room.

The "story" the narrator tells in appropriately literal (or really, corporeal) form, then, is the story of textualization of nervous disease, of the advent of a new epistemology that would raise "sign-reading" (*S*, 93) to a medical art. As Freud explained in the *Studies*, whereas physiology traced innocuous-seeming symptoms, such as a facial tic or the convulsive wiggling of toes, to reflex acts or the "stimulation of cortical centres" (*S*, 94), the radical semiotics of psychoanalysis presumed that "it is difficult to attribute too much sense to them" (*S*, 93). Not only did hysterics' symptoms speak volumes, in Freud's analysis they told a certain kind of truth that traditional narrative, cast in language, could only feebly emulate. The listening, interpreting physician returned to linguistic form a traumatic event that the hysteric had realized as physical symptoms, while the patient's most eloquent means of accepting her reworked story took the appropriately somatic form of getting better.

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. These critics, in other words,

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have done a superb job of "listening" to "The Yellow Wallpaper," which endlessly solicits interpretation, asking readers to assemble the pieces of its fractured narrative, and the narrator's fractured mind, into a coherent story. William Veeder echoes contemporary critics of every stripe when he comments of the narrator's writing, "These passages cry out for analysis."[82] 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).

But, one might ask, don't all stories coax us into such intellectual activity? What is novel about Gilman's narrative is the way it instills the sense that there is *therapeutic potential* inherent in interpretation itself, an insight that psychoanalysis would circumscribe to a very particular and strenuous sort of doctor-patient encounter. Instead of reading the story, one might say, contemporary scholars have continued to do its work, and in so doing have conflated the activities of literary critic and psychotherapist. Understood historically, "The Yellow Wallpaper" narrates how the medical wisdom of the day, which conceived of a patient as a conceptually inert bundle of physiological processes, came to be replaced by a psychological approach that reimagined a patient as a text. (Johns Hopkins's William Osler would adopt this cry when he wrote more than a decade later that in medicine "it is a safe rule to have no teaching without a patient for a text.")[83] Recognizing the way the story engenders this impulse helps to explain why so many critics, many of whom position themselves as vehement critics of Freud and denounce his treatment of Dora, find triumph in its pages.[84] What they are applauding, I believe, is the reworked story their exegeses create; such critics are left with the satisfied sense that someone's life story has been successfully reconfigured—if only their own.

Unlike the critic Julia Dock, however, who suggests that twentieth-century feminist scholars distorted facts and engaged in sloppy scholarship in producing the "dramatic story of Saint Charlotte and the evil Doctor Mitchell," I wish to argue that Kolodny and post-Freudian critics have doctored the story in a much less

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disreputable sense: by recasting what one contemporary reviewer termed its "un-narration" into a recognizable Ur-feminist tale and then by conceiving of their readings as a form of therapy as well as a form of criticism.[85] And while the unhappy plight of the narrator at story's end suggests the dangers inherent in attempting to doctor oneself, the sort of collaborative effort that women scholars have engaged in as we read and reread the text marks the difference between solipsism and what Gilman referred to as reformist "organizing," and what contemporary thinkers, drawing on Hannah Arendt, have termed "world making." As Michael Warner explains, "The idea is that the activity we undertake with each other, in a kind of agonistic performance in which what we become depends on the perspectives and interactions of others, brings into being the space of our world, which is then the background against which we understand ourselves and our belonging."[86] Though Gilman may have puzzled over the *meanings* that twentieth-century scholars discerned in "The Yellow Wallpaper," and certainly would have disapproved of its being used to establish a textual paradigm for gender difference, she would, I think, be enthusiastic about its effects: the founding of a vibrant, contentious field of study and myriad institutional venues that have helped propel women into the academy in startling numbers since the 1970s.[87] These women, like Gilman herself, found productive, specialized "work [that] lies mainly in public speaking, in writing for a purpose, and in organizing." I think it is not irrelevant that these women, like the character in Gilman's story "Turned" (1911), are in fact Doctors of Philosophy.[88] I conclude that what Dock somewhat disparagingly terms "invested scholarship" is actually an apt phrase for Gilman's own reformist goal for women to stop dissipating their precious energies in unpaid housework and barely disguised sexual labor, and instead invest their "capital of nervous force" by joining the ranks of the professions. With this in mind, I suggest that we should read feminist critic Jean Kennard's purposefully shocking comment about the lesson of "The Yellow Wallpaper"—that "the value of our rereadings lies not in their 'correctness' [read *meanings*] . . . but in their ability to enrich our present [read *effects*]" (185)—not as epistemological nihilism but the reverse: as an indication that, as Gilman earlier claimed of her story, "it worked."[89]

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NOTES

My special thanks to Jack Kerkering for his suggestions, advice, and encouragement.

[1] Spoken by the character W. H. R. Rivers in Pat Barker's novel *Regeneration* (New York: Penguin Books, 1991), 242.

[2] Barker, 231 ("psycho-neuroses"), 226 ("Mons"), 231 ("Suggestions"; "'*You must*'"). Barker's novel treats actual historical figures, including the neurologists Lewis R. Yealland and Rivers (who was also a social anthropologist), and the poets Seigfried Sassoon and Wilfred Owen. *Regeneration* also draws on documented cases of shellshock; the mute soldier who is shocked into speech appears as "Case A1" in Yealland's *Hysterical Disorders of Warfare* (London: MacMillan, 1918). I refer to Barker's novel not for its historical accuracy, but for its post-Freudian polarization of two approaches to nervous disease and the concomitant dismissal of nineteenth-century modes of treatment, which are personified (really, demonized) in the figure of Yealland. For a meticulous historical account of the writings of Rivers and Yealland, which uncovers their mutual debt to physicalist nineteenth-century ideas about nervous disorders, see Allan Young, *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (Princeton: Princeton Univ. Press, 1995), 67–74. Young provides a succinct critique of the received Rivers/Yealland dichotomy, which he attributes to such diverse works as Barker's *Regeneration*, Elaine Showalter's *The Female Malady* (1987), and Judith Herman's *Trauma and Recovery* (1992). Of the latter, for example, he writes that the "dubious sketch of Yealland" and the "questionable" depiction of Rivers serves to claim Rivers as a "standard-bearer" for enlightened medicine, in which "'[p]rogressive,' 'liberal,' 'humane,' and 'psychoanalytic' are a single piece" (82).

[3] Elaine Scarry, *The Body in Pain* (New York: Oxford Univ. Press, 1985), 27.

[4] Ann J. Lane, *To Herland and Beyond: The Life and Work of Charlotte Perkins Gilman* (New York: Pantheon Books, 1990), 113. I should note that Lane's source for this anecdote is Gilman herself, who wrote of the encounter in her autobiography, published 43 years after "The Yellow Wallpaper." Despite Gilman's indication that her former physician 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.

[5] Charlotte Perkins Gilman, "The Yellow Wallpaper," in *The Yellow Wallpaper*, ed. Dale Bauer (Boston: Bedford St. Martin's, 1998), 42. Hereafter abbreviated "Y" and cited parenthetically by page number. Completed in 1890, Gilman's short story was first published in *New England Magazine* in 1892. In 1920 William Dean Howells, a long-time booster of "The Yellow Wallpaper," included the story in his collection entitled *The Great American Short Stories*. The Bedford edition reprints the text from the original 1892 publication, which included the inconsistent hyphenation of the word "wallpaper," although the editor follows critical convention (as do I) in omitting the hyphen from the story's title.

[6] Catherine Golden, "The Writing of 'The Yellow Wallpaper': A Double Palimpsest," *Studies in American Fiction* 17 (1989): 193.

[7] Lisa Kasmer, "Charlotte Perkins Gilman's 'The Yellow Wallpaper': A Symptomatic Reading," *Literature and Psychology* 36.3 (1990): 1–15; Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic: The Writer and the Nineteenth*

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Century Literary Imagination (New Haven: Yale Univ. Press, 1979), 89–92; Annette Kolodny, "A Map for Rereading: Or Gender and the Interpretation of Literary Texts," *New Literary History* 11 (1980): 451–67; and Jean E. Kennard, "Convention Coverage or How to Read Your Own Life," in *The Captive Imagination: A Casebook on "The Yellow Wallpaper,"* ed. Golden (New York: The Feminist Press, 1992), 168–90. More recently, Conrad Shumaker has argued that Gilman's readers couldn't acknowledge the story's realism because "[i]t would have required seeing creeping [i.e. oppressed] women everywhere" ("Realism, Reform, and the Audience: Charlotte Perkins Gilman's Unreadable Wallpaper," *Arizona Quarterly* 47 [1991]: 91). An important exception to the approach of these critics can be found in an article by Suzanne Poirier entitled "The S. Weir Mitchell Rest Cure: Doctors and Patients," *Women's Studies* 10 (1983): 15–40. Poirier places Mitchell's treatment in the context of nineteenth-century physiology, in which "emotions were subordinate to chemistry or pathology" (22), then analyzes the reaction of a number of women authors, including Gilman, Virginia Woolf, and William Dean Howells's daughter Winifred, to such a therapeutic approach. In contrast to Poirier, who concludes that Mitchell "moved medicine one step nearer to recognizing the power of one's psychological existence" (35), I wish to argue that Mitchell remained fiercely physiological in his approach throughout his career.

[8] In an article that is highly critical of what she perceives to be historical and textual inaccuracies in feminist scholarship on Gilman's story, Julia Dock has challenged a central premise of such readings, arguing that nineteenth-century readers actually *did* perceive a feminist subtext in the story ("'But One Expects That': Charlotte Perkins Gilman's 'The Yellow Wallpaper' and the Shifting Light of Scholarship," *PMLA* 111 [1996]: 52–65). I disagree with Dock on this point, however, for even those few moments in later reviews (after Gilman achieved fame as a feminist reformer) that might appear to take a feminist position suggest that the prevailing issue was not gender as such, but the then current belief that inharmonious décor (e.g. highly patterned wallpaper) might contribute to nervous illness. For example, one reader wrote that the story "should illuminate for some other blundering, well-intentioned male murderer the effect of a persistent aversion upon knotted and jangled nerves" (*News* [Newport, R. I.], 27 January [1905?], in Folder 301, Charlotte Perkins Gilman Papers. Schlesinger Library, Radcliffe College, Cambridge, Mass.). "After reading [the story]," another reviewer concluded, "the model husband will be inclined seriously to consider the subject of repapering his wife's bed chamber according to the ethics of William Morris" (Anon., "A Question of Nerves," *Times* [Baltimore], 10 June 1899, in Folder 301, Gilman Papers). As I explain more fully, from this perspective the husband's failure did not lie in his misogyny, but rather in his ignorance about the physiological effects of interior design.

[9] Anon., "Book Notes," *The Criterion* 21 (New York), 22 July 1899, 25, in Folder 301, Gilman Papers.

[10] Gilman, "Why I Wrote 'The Yellow Wallpaper?'" *Forerunner* 4 (October 1913): 271.

[11] What links the physiological and the psychotherapeutic approaches and differentiates them from the received wisdom of previous centuries is the belief that nervous ailments are real and not simply the result of malingering (the moralistic view) or demonic possession (the religious view). For an excellent

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account of the displacement of "preternatural illness"—which required religious healing—by "natural illness"—which called for medical practitioners who laid claim to scientific knowledge—see Henri Ellenberger's *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry* (New York: Basic Books, 1970), esp. 53–69. Also, see Ilza Veith, *Hysteria: The History of a Disease* (Chicago: Univ. of Chicago Press, 1965), 55–65, 203–9, on the historical link between hysteria and witchcraft, and on the moral censure of hysterics in the nineteenth century. In wresting authority over a burgeoning array of nervous afflictions away from ecclesiastics, both camps in the debate succeeded in medicalizing what were once conceived as social or spiritual ills. In the crisp words of S. Weir Mitchell's son, who was also a physician, "the *treatment* of a patient, whether it be surgical, medical, or psychic, should, for the safety of the public, be in the hands of the doctor" (John K. Mitchell, "The Emmanuel Movement: Its Pretensions, Its Practice, Its Dangers," *The American Journal of the Medical Sciences* [December 1909]: 782).

[12] Gilman, "Why I Wrote 'The Yellow Wallpaper?'" 271. I disagree with Wai Chi Dimock's declaration that Gilman "was writing specifically for a female readership" ("Feminism, New Historicism, and the Reader," in *Readers in History: Nineteenth-Century American Literature and the Contexts of Response*, ed. James L. Machor [Baltimore: The Johns Hopkins Univ. Press, 1993], 93). To defend this claim, Dimock quotes selectively from Gilman's explanatory essay, omitting the part that I quoted above in which her intention to reach her former doctor was made explicit. (In fact, the critical tendency to discount Gilman's stated beliefs about both gender and medicine reproduces the psychoanalytic idea advanced most forcefully by Mary Jacobus, that the author's "text knows more than Gilman herself" ["An Unnecessary Maze of Sign-Reading," in her *Reading Woman: Essays in Feminist Criticism* (New York: Columbia Univ. Press, 1986), 240], a position I wish to critique in this essay.) I also take issue with Dimock's assertion that, at the conclusion of Gilman's story, the reader is "still sitting, still sane and still rational" (91) and is therefore a model of professionalism. This point is clearly troubled by the reaction of contemporary readers, who persistently spoke of the text's destabilizing and even pathogenic qualities ("he feels something of that same chill alarm for his own mental soundness"). As I will explain, Dimock's idea of the "professional woman reader" will indeed come into play, but not until the late twentieth century when women academics begin to fill this role. Ironically, by applying psychoanalytic principles of reading to Gilman's tale, these scholars do indeed carve out a professional domain that comes to be defined, first by a shared set of texts (of which "The Yellow Wallpaper" is exemplary) and hyperattentive, deeply imaginative reading strategies (which Gilman herself found morbid and pathogenic), and eventually by the creation of authorized institutional spaces within the academy (e.g. programs in women's studies and feminist theory, the National Women's Studies Association). As I will explain, while Gilman would have deplored some of the theoretical components of women's studies (i.e. gendered texts and gendered ways of reading), she would have applauded the very outcome that makes some radical feminists uneasy: the creation of professional spaces for women within a traditionally male-dominated sphere, the academy.

[13] Gilman, *Woman and Economics: A Study of the Economic Relation Between Men and Women* (New York: Harper & Row, 1966), 149. In addition to the

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groundbreaking articles of Kolodny, Kennard, and Gilbert and Gubar, there is an expanding critical oeuvre that discerns some form of *écriture féminine* in "The Yellow Wallpaper." Among these, exemplary essays include Jacobus's, "An Unnecessary Maze of Sign-Reading"; Diane Price Herndl's "The Writing Cure: Charlotte Perkins Gilman, Anna O., and 'Hysterical' Writing," *NWSA Journal* 1 (1988): 52–74; and Paula A. Treichler, "Escaping the Sentence: Diagnosis and Discourse in 'The Yellow Wallpaper,'" in *The Captive Imagination*, 191–210.

[14] Arguing that the home was "a little ganglion of aborted economic processes," Gilman asserted that the traditional housewife "gets her living by getting a husband" (*The Home: Its Work and Influence* [Urbana: Univ. of Illinois Press, 1972], 319; *Women and Economics*, 110). To break the clandestine domestic connection that turned sex into work, Gilman advocated either that housewives acquire careers and let their families eat in communal kitchens, or become professionals in the home by receiving wages for housework (implicitly leaving sex as a recreational activity—or, in her utopian novel *Herland* [1915], getting rid of sex altogether and reproducing through parthenogenesis).

[15] For an historical account of how this epistemological transformation worked itself out in European medicine, see Daphne de Marneff, "Looking and Listening: The Construction of Clinical Knowledge in Charcot and Freud," *Signs* 17 (1991): 71–111.

[16] Eric Caplan, *Mind Games: American Culture and the Birth of Psychotherapy* (Berkeley: Univ. of California Press, 1998), 6, 7. Historian of science Charles Rosenberg has explained that the practice of many early nineteenth-century doctors was predicated on a "model of the body, and of health and disease . . . [that] was all-inclusive, antireductionist, and capable of incorporating every aspect of man's life in explaining his physical condition" (*Explaining Epidemics and Other Studies in the History of Medicine* [Cambridge: Cambridge Univ. Press, 1992], 18). For other accounts of the transition from traditional therapeutics to scientific medicine, see John S. Haller, *American Medicine in Transition, 1840–1910* (Chicago: Univ. of Illinois Press, 1981), esp. 17–29; and James H. Cassedy, *Medicine in America: A Short History* (Baltimore: The Johns Hopkins Univ. Press, 1991), 25–33. For the French and German roots of American scientific medicine, see Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W. W. Norton, 1997), 304–47.

[17] Technologies such as the stethoscope and the x-ray helped to facilitate what Michel Foucault has famously termed "the clinical gaze," that detached, abstracting mode of perception that made visible the most intimate recesses of the diseased body, which in turn "authorize[d] the transformation of symptom into sign and the passage from patient to disease" (*The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith [New York: Vintage Books, 1994], 114). This transition—from imagining health and disease as a dynamic interaction with an internal and external environment, to conceiving of illness as a discrete set of pathologies localized in, yet detachable from, individual bodies—was both reflected in and bolstered by a whole set of transformations within the medical profession. The regularization and extension of medical education to include laboratory work and the increasing medical dependence on hospitals in the U. S. are two examples of the organization (and consolidation of authority) of the medical profession. By the 1880s, many diseases such as anthrax and cholera had been isolated and studied in the laboratory; they

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were no longer attributable to the psychosocial constitution of particular patients or social classes. In addition, rather than examining a patient at home and therefore embedded in the broader context of her life, physicians would with increasing frequency visit patients in hospital wards, in which they were grouped with others suffering from the same ailment.

[18] Caplan, 7.

[19] Veith, in her important study, *Hysteria: The History of a Disease*, argues backward from the Freudian perspective when she approvingly writes of Mitchell's rest cure: "the actual treatment . . . was supplied by the physician in the form of 'moral medication,' or psychotherapy. This consisted largely of long conversations with the patient, eliciting, often in writing, her life history and the circumstances preceding the onset of the hysterical state" (217). Similarly, Mitchell biographer Ernest Earnest and literary scholar Cynthia Davis discern in Mitchell's collection of essays, *Doctor and Patient* (1888), the germ of Freud's psychoanalytic method; see Earnest's *S. Weir Mitchell, Novelist and Physician* (Philadelphia: Univ. of Pennsylvania Press, 1950), 98. A look at Mitchell's actual case studies, however, reveals the physician's entrenched somaticism; he himself never acknowledged the centrality of the patient's storytelling to either disease etiology or cure.

[20] The French investigator Jean-Martin Charcot's influential studies on the etiology of hysteria, conducted at the Salpêtrière hospital in Paris, identified heredity as the primary factor in the illness.

[21] S. Weir Mitchell, *Clinical Lessons on Nervous Diseases* (Philadelphia: Lea Brothers & Co., 1897), 256.

[22] S. Weir Mitchell, *Clinical Lessons*, 257.

[23] See Porter, "The Body and the Mind, the Doctor and the Patient: Negotiating Hysteria," in *Hysteria Beyond Freud*, ed. Sander Gilman et al. (Berkeley: Univ. of California Press, 1993), 229.

[24] In every physiological respect, however, the study couldn't be more thorough; S. Weir Mitchell devotes an unprecedented twenty-five pages to this girl's case and included four facsimiles of her handwriting. After three years of treatments that included exploratory needling to discern sensation, intermittent rectal feeding, the application of massage and electricity, multiple surgeries, and the forcible stretching of limbs, the girl was finally able to use crutches and even "unaided to walk a few steps." Mitchell considered even this imperfect recovery close to miraculous, worthy of such extended commentary because "[n]o more instructive lesson can be given as to the need for hopeful, persevering treatment in a case of what did seem at first beyond human aid" (*Clinical Lessons*, 274).

[25] S. Weir Mitchell, "The Treatment by Rest, Seclusion, Etc., in Relation to Psychotherapy," *The Journal of the American Medical Association* 1 (1908): 2033. Mitchell was heavily influenced by the neurological work of Charcot, who had taken charge of the immense Salpêtrière hospital in 1872. Faced with a massive number of patients suffering from nervous aliments, Charcot set to work studying and classifying previously unrationalized (and unruly seeming) complaints. "I was befuddled as I looked at such patients," Charcot remembered, "and this impotence greatly irritated me. Then one day, when reflecting over all these patients as a group, I was struck with a sort of intuition about them. I again said to myself, 'Something about them makes them all the same'" (quoted in *Charcot the Clinician: The Tuesday Lessons*, trans. with an introduction by Christopher

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G. Goetz [New York: Raven Press, 1987], 103–4). Charcot then proceeded to anatomize attacks of hysteria, developing a disease archetype (*la grande hystèrie*). Despite accusations that he scripted these episodes, Charcot adamantly defended his scientific approach. In the words of historian of science Anne Harrington, Charcot made hysteria behave (lecture, Harvard University, 8 February 1999).

[26] S. Weir Mitchell, *Doctor and Patient* (Philadelphia: J. B. Lippincott Co., 1889), 134. Not just doctors but John Stuart Mill and Thomas Carlyle, reports historian Porter, "deplored egoistic preoccupation as the road to ruin, to suicide even, and advised consciousness-obliterating, outgoing activity" ("Body and the Mind," 246).

[27] S. Weir Mitchell, *Clinical Lessons*, 247.

[28] For a genealogy of psychoanalysis as a discursive science, see Dianne F. Sadoff's *Sciences of the Flesh: Representing Body and Subject in Psychoanalysis* (Stanford: Stanford Univ. Press, 1998), especially her analysis of Freud's hesitant move away from the somatic paradigm to a psychoanalytic understanding of the modern subject (152–65). For her account of S. Weir Mitchell's rest cure, which conceives of "the reflex body" as embedded in "an economy of exchanges with the nurturing or depleting social world" (125), see 124–27.

[29] Sigmund Freud, *The Origin and Development of Psychoanalysis* (New York: Henry Regnery Co., 1965), 65. On his first trip to the United States, Freud gave a series of lectures at Clark University in Worcester, Massachusetts, which were originally published in *The American Journal of Psychology* 21 (1910). Freud wrote of his psychic "surgery": "Therapy consists in wiping away these pictures, so that she is no longer able to see them before her." (Josef Breuer and Freud, *Studies on Hysteria*, trans. and ed. by James Strachey [New York: Basic Books Inc., 1957], 53. Hereafter abbreviated *S* and cited parenthetically by page number.

[30] S. Weir Mitchell, "The Treatment by Rest," 2036. The idea that words spoken by a healer might possess curative power was far from a novel idea; however, before psychoanalysis the *meaning* of either the doctor's or the patient's words was considered therapeutically uninteresting. The French physician Hippolyte Bernheim, Charcot's rival in the treatment of hysteria, was the first European physician systematically to investigate as well as employ the power of hypnosis to cure patients through suggestion (see Bernheim, *Suggestive Therapeutics: A Treatise on the Nature and Uses of Hypnotism* [New York: G. P. Putnam's Sons, 1890]). Freud's technique also approximated the practices of a wide range of Americans engaged in what Harvard philosopher and psychologist William James dubbed "the mind-cure movement" (*The Varieties of Religious Experience* [New York: Macmillan, 1961], 89). Phineas Quimby, the popular healer who first treated Mary Baker Eddy and set her on the road to Christian Science, located healing power not in the patient's account of her troubles, but in the doctor's potent empathy with the patient's suffering. "The doctor," Quimby wrote, "can produce a chemical change by his talk. It makes no difference what he says" (*The Quimby Manuscripts Showing the Discovery of Spiritual Healing and the Origins of Christian Science*, ed. Horatio Dresser [New York: Thomas Y. Crowell, 1921], 263). As James put it, the story of a patient's malady was "something merely to be outgrown and left behind, transcended and forgotten" (99).

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[31] S. Weir Mitchell, "The Treatment by Rest," 2036. It is likely that the "appalling" results to which Mitchell referred were sexually explicit words or gestures on the part of patients under hypnosis. Perhaps he even came across incidents similar to that which Breuer confronted in his treatment of Anna O. (and which Breuer declined to include in the case history published in *Studies on Hysteria*): the ardent patient's declaration of amorous feelings for the attending physician. Suggestion in particular, and mind cure in general, are ridiculed in Mitchell's short story, "The Case of George Dedlow." Adopting the detached tone and narrative form of a medical case study, the narrator—a Civil War doctor who loses all four limbs to gunshot wounds—recounts his miraculous (if temporary) "cure" at the hands of a spiritualist. When, in a trance state, the medium becomes aware of two spiritual visitors who wish to contact the doctor, she conjures his ghostly limbs from their specimen jars at the Army Medical Museum, causing the doctor's torso to lurch across the room on invisible alcohol-sodden legs. (Mitchell was later amused to learn that spiritualists pointed to his story, which he intended as a satirical commentary on mind cures, as authoritative proof of the efficacy of their methods.)

[32] Freud, *The Origin and Development of Psychoanalysis*, 7.

[33] Janet Malcolm, "*Six Roses ou Cirrhose?*" in *The Purloined Clinic: Selected Writings* (New York: Random House Inc., 1992), 46.

[34] Freud, *Dora: An Analysis of a Case of Hysteria* (New York: Macmillan, 1963), 31, 32.

[35] Freud, *Dora*, 32.

[36] Mikkel Borch-Jacobsen has argued that Freud's desire to distance psychoanalysis from the "impure origins" of hypnotic technique led him to overemphasize the scientific, materialist nature of his practice rather than acknowledging the kinship between his "talking cure" and the curative trance-induced speech of shamanic rituals. See his essay "Mimetic Efficacy," in his *The Emotional Tie: Psychoanalysis, Mimesis, and Affect* (Stanford: Stanford Univ. Press, 1992), 98–122.

[37] S. Weir Mitchell, "Nervousness and Its Influence on Character," in *Doctor and Patient*, 116. For an examination of how the late nineteenth-century discourse of nerves is linked to cultural and industrial modernization, see Tom Lutz, *American Nervousness, 1903: An Anecdotal History* (Ithaca: Cornell Univ. Press, 1991). As Porter argues, "the chronological epicenter [of nervous disease] is bound to be the nineteenth century" ("Body and the Mind," 226); similarly, Carol Smith-Rosenberg observes, "Hysteria did not emerge as an endemic disease among bourgeois American women until the mid-nineteenth century" (*Disorderly Conduct: Visions of Gender in Victorian America* [New York: Alfred A. Knopf, 1985], 198).

[38] See "An Honest Woman" (1911), "Making a Change" (1911), "Mr. Peebles' Heart" (1914), or "The Unnatural Mother" (1916) for characters who are nervous, oppressed, or in rebellion against their domestic arrangements.

[39] Charlotte Perkins Gilman, "Dr. Clair's Place," in *The Yellow Wallpaper*, 328 ("who is"), 334 ("do anything"), 332 ("put through"), 334 ("made as"; "worn-out"; "sleep").

[40] S. Weir Mitchell, *Doctor and Patient*, 16 ("a speedy loss"); *Lectures on Diseases of the Nervous System, Especially in Women* (Philadelphia: Henry C. Lea's Son & Co., 1881), 31 ("[T]he defects").

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[41] S. Weir Mitchell, *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria* (Philadelphia: J. B. Lippincott & Co., 1877), 141 ("strange"); *Gunshot Wounds and Other Injuries of the Nerves* (Philadelphia: J. B. Lippincott & Co., 1864), 103 ("hysterical").

[42] S. Weir Mitchell, *Gunshot Wounds*, 22, 23.

[43] George Beard, "Neurasthenia or Nervous Exhaustion," *Boston Medical and Surgical Journal* 80 (1869): 218. As late as 1895, an article on neurasthenia in the *Medical Record* argued, "To understand this [condition] more fully we have only to study closely the anatomy of the brain" (W. A. McClain, "The Psychology of Neurasthenia," *Medical Record* [1895]: 82).

[44] Critical discussion of gender in relation to S. Weir Mitchell's rest cure has actually overshadowed another important category of analysis: class. Mitchell believed that a person's social status provided a crucial predisposition to nervous disease, a position also held by Beard. Physiologically, Mitchell maintained, elite class status in the U. S. was correlated with an excessively sensitive nervous system; economically, it tended to indicate overinvolvement in the draining postwar economy. Some neurologists, however, were adamant that these maladies struck all sorts of persons: "it does not make any difference whether it is a mechanic or the man who has the whole responsibilities of the country upon his shoulders, it is an overaction of the brain . . . that produces the result" (B. W. James, "Report of the Section in Neurology and Electro Therapeutics," *Transactions of the American Institute of Homeopathy* [1901]: 592). Despite this disagreement over who became nervous, one class-related issue was incontrovertible: only well-to-do patients could afford Mitchell's rest cure, which required the intensive medical attention of both doctor and nurse, as well as months (and sometimes years) of diminished activity.

[45] S. Weir Mitchell, *Lectures*, 14 ("the daily"); *Wear and Tear, or Hints for the Overworked* (Philadelphia: J. B. Lippincott, 1871), 43 ("furnace-warmed").

[46] William James, in *Principles*, also conceived of the nervous system in economic terms, where, through repetitive training, we "fund and capitalize our acquisitions [i.e., good habits], and live at ease upon the interest of the fund." In a passage that might have been drawn from direct observation of a neurasthenic, James wrote, "There is no more miserable human being than one in whom nothing is habitual but indecision, and for whom the lighting of every cigar, the drinking of every cup, the time of rising and going to bed every day, and the beginning of every bit of work, are subjects of express volitional deliberation" (126).

[47] S. Weir Mitchell, *Wear and Tear*, 30.

[48] S. Weir Mitchell, *Fat and Blood*, 41.

[49] S. Weir Mitchell, "Evolution of the Rest Treatment," *The Journal of Nervous and Mental Disease* (1904): 371, 61.

[50] An effective doctor, Mitchell explained, must not be "a person of feeble will," for the "man who can insure belief in his opinions and obedience to his decrees secures very often most brilliant and sometimes easy success" ("Evolution of the Rest Treatment," 58, 55). Another physician put it more bluntly: "[The doctor] must rule [the patient] with a rod of iron" (William Harvey King, "Some Points in the Treatment of Neurasthenia," *Transactions of the American Homeopathic Association* [1901]: 493). The decisive will of the physician worked along the same lines as the electricity they applied to enervated bodies, providing the nerve force to galvanize a patient's recovery.

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[51] In *Sciences of the Flesh*, Sadoff includes a peremptory rejection of "strictly social constructivist feminist accounts of hysteria that portray the hysteric as a victim of power struggles with nineteenth-century doctors" (17). Despite this assertion, and despite her general attentiveness to the physiological theories underpinning S. Weir Mitchell's rest cure, Sadoff nonetheless casts Mitchell as a usurping mother figure who (in what appears to be a mixed metaphor) proceeds to "paternalistically reeducate" his patients (130). My point is simply that infantilization or depleted capacity to perform basic functions was not the effect of the physician's treatment, but the cause of the patient's seeking help in the first place.

[52] S. Weir Mitchell, *Lectures*, 39. This physical re-education was grueling; in a passage that warrants the analogy between a nervous patient's path to recovery and infant development, William James quotes the English physiologist Henry Maudsley: "Think of the pains necessary to teach a child to stand, of the many efforts which it must make, and of the ease with which it at last stands, unconscious of even an effort" (118).

[53] S. Weir Mitchell, *Lectures*, 40 ("by a series"), 41 ("quadraped"), 42 ("creeping"). Mitchell was unapologetically clear about the model employed: "You see that, following nature's lessons with docile mind, we have treated the woman as nature treats an infant" (*Lectures*, 42). In his novel *Roland Blake* (New York: Houghton, Mifflin, 1886), Mitchell employed a metaphor savoring of Darwinism to describe the process by which "the mind rose in the scale of soundness with the body,— slowly, of course, as when one long crouching in slavery, straightening himself, tends to walk erect" (254). The physical habits the woman acquired during recuperation, then, allowed her—like the slave, the savage, or the child—to complete her ascent to full personhood. As James wrote, "The more details of our daily life we can hand over to the effortless custody of automatism, the more our higher powers of mind will be set free for their own proper work" (126).

[54] The work of literary critics Lutz and Davis forms an important exception. Analyzing Gilman's domestic writings in terms of the capitalist economy of the Gilded Age, Lutz astutely notes that for Gilman, "women's work as it existed, since it was wasteful, led to neurasthenia," though he concludes that her vision for reform "helped reshape women as consumers" (230, 243). Davis goes further in examining "The Yellow Wallpaper" in light of Gilman's views about the maddening aspects of women's domestic life, concluding that the literariness of Gilman's Gothic prose undermines her commitment to "the healthiness of what we might call a hermeneutics of the overt" (*Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845–1915* [Palo Alto: Stanford Univ. Press, 2000], 139). While I concur with Davis's observations about "Gilman's disdain for psychoanalytic approaches to life and narrative" (153), I do not agree that "The Yellow Wallpaper" fails in its didactic purpose (145). For as I argue, Gilman's ideas about physiology indicate that she wrote the story less for its *meanings* than for its *effects*, and that she did not precisely intend it "to instruct" (Davis, 143) but instead crafted it to shock. Rather than conceiving of critics' psychoanalytic readings as proof of the story's formal failure (on Gilman's terms), I conclude that the cultural and professional *work* of such readings make them the splendidly ironic embodiment of Gilman's governing belief that ultimately, women's health lies in their developing a sphere of expertise and pursuing a paid vocation.

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[55] Gilman, *The Home: Its Work and Influence* (New York: McClure, Phillips, and Co., 1903), 6. Concurring with Gilman's belief in the corporeal basis of the mind, one physician explained that "thought exhausts the nervous substance as surely as walking exhausts the muscles" (McClain, 82).

[56] Gilman, *Home*, 151 ("a patchwork"; "She has to"; "The bottled"); *Women and Economics*, 155–56 ("To the delicately"); *Our Brains and What Ails Them*, published in serial form in *The Forerunner* 3 (January–October 1910): 249 ("it is true"). Gilman concurred with one of the fundamental precepts of Mitchell's rest cure when she acknowledged that, when the strain of home life "produces utter exhaustion, we have *to go away from home* for a rest!" (*Home*, 71). As an antidote to the complexities of modern life and the strain it placed on a person's nervous system, Gilman echoed William James in proposing "the power of habit." "Don't waste nerve force," she exhorts her readers, "on foolish and unnecessary things—physical or moral; but invest it, carefully, without losing an ounce, in the gradual and easy acquisition of . . . new habits" (Gilman, "Improved Methods of Habit Culture," *The Forerunner* 1 [July 1910]: 7, 9).

[57] Gilman, *Our Brains*, 250 ("Women"; "are undeveloped"), 329–30 ("[j]ust as"; "We have").

[58] S. Weir Mitchell, *Doctor and Patient*, 148.

[59] Gilman, "Our Excessive Femininity," 22, in Lectures from the 1890s, Folder 172, Gilman Papers. Hereafter abbreviated "E" and cited parenthetically by page number.

[60] Gilman, *Home*, 45.

[61] Lutz, 226–27. Literary critics are not alone in associating good health with robust publication. Because of Gilman's voluminous publications and speeches, her own friends (to Gilman's chagrin) received her complaints of chronic nervous weakness "with amiable laughter and flat disbelief" (*Living*, 104). Casting writing as salutary, Diane Herndl concludes, "Through her representation, her 'story' of a breakdown, Charlotte Perkins Gilman managed to cure herself" (74). Similarly, Gilbert and Gubar in *Madwoman in the Attic* assert that "it was quite clear to Gilman herself" that the narrator's escape from the patriarchal text—and by extension Gilman's own—"was a flight from dis-ease into health" (91). Treichler has argued that Gilman's story is about freeing "women's discourse" from a silencing "patriarchal language" (195). Jeffrey Berman, in his article "The Unrestful Cure: Charlotte Perkins Gilman and 'The Yellow Wallpaper'" (in *The Captive Imagination*), is an exception in emphasizing Gilman's chronic poor health, though he also chalks it up to patriarchy ("The price she paid for imitating her father's glorious male achievements was a lifetime of neurotic suffering" [220]). In short, the idea of Gilman's prescribing her own "writing cure" constructs a tidy if inaccurate story supporting the notion that if patriarchy made her sick, feminism healed her.

[62] Gilman, *The Living of Charlotte Perkins Gilman: An Autobiography* (New York: D. Appleton-Century Co., 1935), 91, 97. The quotation concerning Gilman's "Literary Escape" is from the subtitle to Golden's essay entitled, "'Overwriting' the Rest Cure: Charlotte Perkins Gilman's Literary Escape from S. Weir Mitchell's Fictionalization of Women" (*Critical Essays on Charlotte Perkins Gilman*, ed. Joanne B. Karpinski [New York: G. K. Hall & Co., 1992], 144–58).

[63] S. Weir Mitchell, *Doctor and Patient*, 48.

[64] Gilman, "Dr. Clair's Place," 328 ("clear"); *Our Brains*, 81 ("a diseased").

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[65] Gilman, *The Living*, 330. In contrast to some current critics who construe the narrator's journal keeping in "The Yellow Wallpaper" as cathartic and therefore potentially therapeutic, Gilman asserted in a 1894 lecture that production not intended for communication is a sign of individual and social ills. For an individual who construes writing as "the relieving of himself," she maintained, it is "as much his business to stop producing—to cease to express himself—as for the consumptive to forbear marrying" ("Art for Art's Sake," 16, 34, Folder 171, Gilman Papers).

[66] Gilman, "Dr. Clair's Place," 333.

[67] Walter Benn Michaels, in his essay treating "The Yellow Wallpaper," emphasizes the phenomenological aspects of work, in particular, the "physiological labor of 'self-conquest'" that was the particular occupation of the nineteenth-century woman (*The Gold Standard and the Logic of Naturalism* [Berkeley: Univ. of California Press, 1987], 6). In this account, the narrator of the story is the radical extreme of the modern subject, one who simultaneously conceives of herself as a commodity and writes herself into existence. While I agree that the market economy is central to Gilman's conception of the self, I differ from Michaels in arguing that Gilman endorsed not an allegorical performance of market exchange (as in the narrator's writing herself into the wallpaper), but actual participation in the culture of professionalism.

[68] Howells, *Criticism and Fiction and Other Essays*, ed. Clara Marburg Kirk and Rudolf Kirk (New York: New York Univ. Press, 1959), 72; Gilman, "Stories" (n.d.) in notebook labeled "Thoughts and Figgerings," Folder 16, Gilman Papers ("If I can"; "it will be"); Gilman, *Living*, 119 ("the story"); Anon., "In Book Land," *Newport* [Rhode Island] *Daily News*, 27 June 1899, 3 ("startled"). Reading Gilman, one contemporary explained, "brings a distinct shock" (Anon., "You Ought to Know" [n.d.], Oversize Folder 2, Gilman Papers). Howells, appreciatively rereading "The Yellow Wallpaper" decades later, confessed that he "shiver[ed] over it as much as I did when I first read it in manuscript" ("A Reminiscent Introduction," in *The Great Modern American Stories: An Anthology* [New York: Boni & Liveright, 1920], vii). One newspaper urged that the tale "work[ed] one into an agony of . . . horror" (Anon., *Oklahoman*, 29 January 1928, Folder 301, Gilman Papers)—a sentiment echoed by a Boston reader who warned that for anyone with a "heredity of mental derangement, such literature contains deadly peril" (quoted in Gilman, *The Living*, 120). These somatic responses apparently had significant extra-literary effects, as with Horace Scudder, then the editor of the *Atlantic Monthly*, who refused to publish the piece not on its (de)merits or its unseemly innuendos, but because, as he said, "I could not forgive myself if I made others as miserable as I did myself!" (quoted in Gilman, *The Living*, 119).

[69] One review called the story "a strange study of physical environment" (Anon., "A Study of Physical Environment," *Times* [Boston], 9 July 1899 [?], Folder 301, Gilman Papers), while another praised Gilman for "warning of the quite frightful consequences which might follow disregard of discretion in such permanent furnishings of a sick chamber" (Anon., "Colors in Hygiene," [n.d.], Folder 301, Gilman Papers). "[E]very householder," one reviewer emphatically wrote, "ought to be *made* to read that story" to prevent his "inflict[ing] a 'Yellow wallpaper' on a defenceless prospective tenant" (Charles Bainbridge, "Choosing Wallpaper," *National Food Magazine* 53 [April–May 1916]: 9).

[70] Gilman, entry dated 28 June 1908, "Thoughts and Figgerings." In her personal papers, Gilman wrote that the tale "so alarmed" one of the friends of a

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woman "treated in the same mistaken manner" that "they forthwith altered their methods and the woman got well" (Gilman, "The Yellow Wall Paper—Its History & Reception—Note left by C. P. G." [n.d.], Folder 221, Gilman Papers).

[71] Although dozens of such essays have been written, I will only refer to a representative few. Herndl analyzes hysteria as "a sort of rudimentary feminism" (54), in which women's bodies speak a truth that cannot be expressed by "women existing in a patriarchal signifying system" (55). She concludes that it is Gilman, not the narrator, who triumphs by "writing a breakdown, rather than having one" (74). Kasmer agrees that "the narrator is entrapped in her husband's discourse" (4); she sees the wallpaper as a disruptive text, a potential "*écriture féminine*" (8) that the narrator is unable to fully embrace. Golden argues that the narrator is forced to write in a language "imbued with a social, economic, and political reality of male domination" ("The Writing of the 'Yellow Wallpaper,'" 194), while the "cogent madness" that she achieves "circumvents" and "banishes" (200) the malevolent force of both her husband and masculine language.

[72] Ellenberger, 142; Smith-Rosenberg, 202; Wilhelm Griesinger, *Mental Pathology and Therapeutics* (London: New Syndenham Society, 1867), 179, quoted in Veith, 195.

[73] Treichler, 192.

[74] Charcot, 107.

[75] Malcolm makes this observation about Freud in "Dora," *The Purloined Clinic*, 18.

[76] Kolodny, 173, 175.

[77] Gilbert and Gubar, 73; Elaine Showalter, "Review Essay," *Signs* 1 (1975): 435.

[78] Kolodny, 158; Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America," in *Clio's Consciousness Raised: New Perspectives on the History of Women*, ed. Mary S. Hartman and Lois Banner (New York: Harper & Row, 1974), 11; Regina Morantz, "The Lady and Her Physician," in *Clio's Consciousness Raised*, 47.

[79] Jacobus, *Reading Woman*, 232.

[80] Jacobus, *Reading Woman*, 234 ("inexplicable"), 240 (there emerges"), 248 ("the text"; "uncanny"), 233 ("the unconscious"), 245 ("violence"); Elaine R. Hedges, "'Out at Last'? 'The Yellow Wallpaper' after Two Decades of Feminist Criticism," in *The Captive Imagination*, 330.

[81] Charcot, 106.

[82] William Veeder, "Who Is Jane? The Intricate Feminism of Charlotte Perkins Gilman," *Arizona Quarterly* 44 (1988): 48.

[83] William Osler, "Medical Education," in *Counsels and Ideals from the Writings of William Osler* (Oxford: Henry Frowde, 1905), 146.

[84] This critical doubleness—allegiance to Freud's epistemology, but resistance to his account and treatment of women—is in fact an echo of the text itself. For "The Yellow Wallpaper" anticipates an approach to nervous disease that, once codified by Freud, would be as roundly rejected by Gilman as it was by the purported villain of the piece, S. Weir Mitchell. In her autobiography, Gilman expresses her disdain for psychoanalysis in terms that take on added significance given recent psychocritical accounts of her work (see for instance Veeder's account of Gilman's "'boundary' problems" [41]). Gilman writes, "Always it has amazed me to see how apparently intelligent persons would permit these mind-

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meddlers, having no claim to fitness except that of having read certain utterly unproven books, to paddle among their thoughts and feelings, and extract confessions of the last intimacy. . . . One of these men [analysts], becoming displeased with my views and their advancement, since I would not come to be 'psyched,' as they call it, had the impudence to write a long psychoanalysis of my case, and send it to me. . . . Fancy any decent physician presuming to send a diagnosis to some one never his patient, and who on no account would have consulted him!" (*The Living*, 314–16). More succinctly, Earnest reports that Mitchell, upon reading of Freud's theories, exclaimed, "'Where did this filthy thing come from?' and threw the book in the fire" (180). For a thorough account of Gilman's writings on the subject of psychoanalysis, see Davis, 136–38.

[85] Anon., "Books: Light and Serious Stories," *Time and the Hour* 10, 17 June 1899, 9, Folder 301, Gilman Papers.

[86] Annamarie Jagose, "Queer World Making," interview with Michael Warner, *Genders* 31 (2000): 38.

[87] Perhaps the pithiest account of the role played by "The Yellow Wallpaper" in the rise of academic feminism is written by Jonathan Crewe in his "Queering *The Yellow Wallpaper*? Charlotte Perkins Gilman and the Politics of Form," *Tulsa Studies in Women's Literature* 14 [1995]: 273–94. He approaches the text "not just as any old text but as a text that has taken on peculiar salience in modern feminist criticism" (274), acknowledging that, as "almost the exemplary literary document of the intellectual movement" (276), it "became an instrument of academic change" (277). Crewe, however, critiques what he sees as academic feminists' misuse of the text's potentially radical, decentering possibilities; similarly, Susan Lanser has faulted critics of Gilman's tale for being "collusive with ideology" insofar as they used the story implicitly to assert themselves as bourgeois white professionals ("Feminist Criticism, 'The Yellow Wallpaper,' and the Politics of Color in America," *Feminist Studies* 15 [1989]: 422). Here is Crewe's complaint: "Contrary to persistent legend in the academy and beyond, the narrator's now-perceived reason-in-madness, or oppositional *écriture féminine*, was not embraced by academic feminists in radically disruptive, counter-cultural, or extra-professional ways, but was legitimized, rationalized, and incorporated under only modestly adjusted canons of professional civility and procedural regularity" (277). By contrast, I argue that this employment of the story (pun intended) should be viewed not as a scandal, but as an astonishingly apt application of Gilman's own professionalized, sex-neutral form of women's empowerment.

[88] Gilman, entry dated New Year's Day, 1896, "Thoughts and Figgerings." In "Turned," a woman with an inactive Ph.D. discovers that her husband impregnated their young servant. The wife's solution is to leave her husband, whisk the young woman away, tend her through her pregnancy, help raise the baby, and go back to teaching. I read this story as Gilman's meditation on the rich semantic possibilities of the term *doctor*, which here references reform as well as healing, and education as well as medicine (*The Yellow Wall-paper and Other Writings* [New York: Modern Library, 2000], 78–88).

[89] Kennard, 185.

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