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To Be a Woman and to Be Mad:
On Charlotte Perkins Gilman’s “The Yellow Wallpaper”

Hidetaka Kamo

Victory or Defeat: Introduction

This essay will argue on Charlotte Perkins Gilman’s “The Yellow Wallpaper.” Concerning the heroine’s insanity, she clearly says that “[i]t was not intended to drive people crazy, but to save people from being driven crazy, and it worked” (20). The insanity, nevertheless, seems to some critics to be her brilliant victory over her physician husband, and thus causes the opposite interpretation of the insanity.

Sandra Gilbert and Susan Gubar, whose criticism of the story is usually seen as a classic, say: the “paper surrounds the narrator like an inexplicable text, censorious and overwhelming as her physician husband” (90). As for the vision seen by the heroine, some feminist critics consider it as the simple projection of her self-suffering from the suppression and the sign of her disobedience to it: for example, “[e]ventually the narrator begins to project her own identity onto the figure” (Scharnhorst 17). They generally tend to interpret the wallpaper as a prison of male power behind the psychiatry at that time and simply “The Yellow Wallpaper” as a tale of the classic opposition to and liberation from male suppression: “the narrator’s identification with the trapped woman within paper, even if born of a hallucination, prompts the narrator to free herself from her restrictive world” (Golden 76).

Todd McGowan’s interpretation of the story must be indeed a new Lacanian version of the traditional and prevailing reading of the story that sees the heroine’s insanity as the victory over the male world. Applying Jacques Lacan’s theory to “The Yellow Wallpaper,” he criticizes Janice Haney-Peritz’s idea that the heroine’s insanity should be interpreted as regression from the symbolic into the imaginary and asserts that the madness should be instead interpreted as a leap from the symbolic into the real (Haney-Peritz 118; McGowan 122). Partly agreeing with Walter Benn Michaels’
contention that the discourse of individual property in the story is reflection of the gold standard at that time, McGowan observes that the yellow wallpaper in the story bears the stable analogy of the gold standard in the sense that the meanings of signs match to things and then concludes that the wallpaper works as a symbolic order. In reference to Michaels’ view on parallel between the development of capitalism and that of the individual self, he maintains that the yellow wallpaper confines the heroine in the prison both of the self and of symbolic system, which results from capitalism (McGowan 31-39; Michaels 3-28). He also argues, however, that there is a crack in the symbolic order as represented in the text and the crack eventually causes her madness, or her leap from the symbolic into the real (32, 41-46): he reads the story as woman’s liberation from male domination. McGowan’s Lacanian interpretation of the story therefore seems to parallel traditional ones and can be called a Lacanian digest version of precedent studies on the story, while he considers the vision as the sign not of the imaginary, but of the real. In this way, the classic interpretations are fortified with Lacan’s theory: it would provide a significant clue for the analysis of the story from a viewpoint of gender-politics and insanity.

Nevertheless, the simplistic feminist and psychoanalytic interpretations of the full liberation from the suppression would overlook the complex situation around the heroine. McGowan fails to notice that the yellow wallpaper is not a linguistic sign in the symbolic, but rather an image. It is true that the yellow wallpaper bothers the heroine persistently, yet the bother is only imaginary. She recurrently sees a spooky woman behind the wallpaper (see the citation on endnote 3 of this essay). McGowan regards the figure behind the wallpaper as the manifestation of the real behind the symbolic (41, 123), but, as far as Lacanian theory goes, any symbol or figure is never able to represent “object a” in the real. It is nothing but a lack that appears as object a, even though it can frequently appear under the disguise of excrement, look, breast, voice and so on (The Four Fundamental Concepts 77). While, insisting that the joy of object a attracts the heroine and consequently leads her into insanity, McGowan considers her insanity to be a feminine “No!” (43), Gilman’s text actually does not invest in insanity (20). McGowan admires the heroine’s feminist liberation, so that he fails to grasp the significance of the image in her insanity definitely as
a result of her estrangement.

By contraries, Judith Fetterley interprets the heroine’s insanity as defeat: expressing herself through the paper, the heroine temporarily seems to succeed in the liberation herself from the male dominance but succumbs to insanity, and this is because she validates John’s hypothesis that creative work leads her to madness. This would be also misreading after all, for the heroine gets out and throws away the wallpaper, and then Dr. John faints at the end of the story (19). All in all, there are two contrary interpretations of the heroine’s insanity: some read it as her victory, others her defeat.

Which is her insanity, victory or defeat? The conflict between these views indicates the necessity of a deeper reading. While the preceding interpretations on the work regard the heroine’s insanity either as the victorious leap or as the regression because of her defeat, it would be more persuasive to find her in a more subtle situation. This essay therefore attempts to discover the intricacy beyond the duality.

The Formation of Woman and Madness in “The Yellow Wallpaper”

“The Yellow Wallpaper” is indeed the story of alienation of feminine subject. Dr. John, the heroine’s husband and “a physician of high standing,” carries out on the heroine his methodical practice, namely the “rest cure,” which is in a word to do nothing and only to rest (3-4). She just obeys him in the beginning, but ironically his care only causes suffering to her. His rest cure only restrains her from doing anything in daily life, only to annoy her: “John does not know how much I really suffer. . . . It does weigh on me so not to do my duty in any way! I meant to be such a help to John, such a real rest and comfort, and here I am comparative burden already! / Nobody would believe what an effort it is to do what little I am able . . . .” (6). While she imagines that to engage in writing would relieve her, the heroine writes without her husband’s admission or advice, only to get tired (7). Besides, she wonders if “she [John’s sister] thinks it is the writing which made me sick” (8) and thus she must not let John’s sister find her writing.

The fundamental design of “The Yellow Wallpaper” is obviously the critique of
asymmetrical social formation. As Gilman says that the rest cure was designed for “the business man exhausted from too much work, and the society woman exhausted from too much play,” the psychiatry must be one of the techniques for control based on sexual difference (Living 95). Catherine J. Golden explains Weir Mitchell’s invention of the rest cure: “[t]rained as a neurologist (as was Sigmund Freud) Dr. S. Weir Mitchell designed his rest cure for female versus male neurasthenics on the supposition of innate differences between the sexes: he described for males a course of vigorous physical exercise . . . whereas he literally put woman to bed” (12). Gilman also clearly demonstrates it in her feminist monograph Woman and Economics, in which it is argued that “every step of the human creature is marked ‘male’ or ‘female,’ —surely, this is enough to show our over-sexed condition” (52-53). \(^1\) When she talks about “our over-sexed condition,” she means that the idea of sex is made to dominate the whole human world, when it is imperative that all the human acts conform to the sexual norm: in the growth of civilization, “male of our species has become human, for more than male. . . . he is a far more normal animal than the female of his species, —far less over-sexed. . . . It is in woman that we find most fully expressed the excessive sex-distinction of the human species . . .” (43). When the sexual norm becomes thus imperative, what men do becomes just “human,” but, on the contrary, what women do is defined as “feminine.” This observation ultimately involves an insight that the imperative draws the gender line. Gilman then concludes: “[n]ot woman, but the condition of woman, has always been a doorway of evil” (329). It is here important to notice that Gilman’s argument on the definition and condition of “woman” takes the form of self-consciousness. Just as Hegel once stated in Phenomenology of Spirit that to be conscious of the self and to quest for it at low-level is to be in self-estrangement (111-38), Gilman contends that women’s divided consciousness of themselves results from their self-estrangement, where they are compelled to be keenly conscious of their body as the “naturalized” effect of cultural construction. This happens under the sexual division of labor the gender line initiates. The rest cure deprives the heroine of the chance to relieve her imaginative power, in the same way as the modern society deprives of women the opportunity to work in the
society. What she grapples with is then the estrangement of women from their own nature.

Gilman clearly notices that the condition and concept of women are constructed by what we call the social and cultural context when she sharply criticized the women's estrangement in the society. The asymmetrical power relationship between the sexes as a cause for her estrangement, which is not transcendent, but social and cultural product, compels the heroine to admire unconsciously the doctor's authority: because of the asymmetrically social and cultural construction of sexes, she has to undergo continuously the rest cure, which, after all, results in her insanity. This idea should foretell the social constructionism of today, so the work surely still deserves detailed critical analysis.

The heroine, a famous physician's wife and his patient, apparently accepts his treatment: “[i]f a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression. . .” (3-4). Although she then suffers under his authority, eventually goes mad, and fancies that she sees people walking in these numerous paths and arbors, yet she still believes her husband: “John has cautioned me not to give away to fancy. . . . He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency. So I try” (7). Interestingly, it is at the moment when her imaginative power is repressed that she is “getting really fond of the room in spite of the wallpaper” “[p]erhaps because of the wallpaper” (9, Gilman's emphasis). This paradoxical fixation with the wallpaper, which clearly predicts and defines the heroine’s fundamental situation at the story’s ending, can be seen as due to her intricate love for her husband, or, in other words, because of her transference to Dr. John under his authority: Dr. John is a famous physician, and “perhaps that is one reason I do not get well faster” (3, Gilman's emphasis). The heroine confesses that “[i]t is so hard to talk with John about my case, because he is so wise, and because he loves me so” (11).

This is where we see the mechanism of transference in the story. Michel Foucault observes that the transference that results above all from doctor’s moral
superiority has faked up mental disease and patients since the late eighteenth century (History of Madness 503-11). The transference is one of causes of iatrogenesis. Regarding hysteria, it is often, as Elaine Showalter points out, iatrogenic, since the patients respond to their doctor's hypothesis: hysteria is created by the interaction between doctor and patient (Showalter 18). Doctor's superiority over patients that derives from the transference frequently makes the patients cooperate with the doctor in the faking of hysteria, because the patients regard the doctor as the secret holder of the unconscious and its real desire, namely, the phallus in terms of psychoanalysis.\(^2\)

Since it is assumed to be the only significant sexual organ, the phallus, according to Lacan, is “the privileged signifier . . . in which the role [part] of Logos is wedded to the advent of desire” (Écrits 581), and thus the pillar of the symbolic order, or the only origin of validity and authority. Even though Lacan indeed denies that the phallus is either an organ or an imaginary effect as demanded just on the stage of the imaginary (Écrits 578), its morphological scheme is marked as masculine. Many feminist thinkers regard the phallus as one of central causes of alienation crucially for woman and formulate the typical schema of the female alienation in phallogocentrism: since the principle of recognition is essentially based on the phallus, the typical model of human recognition is sought out first of all in the male cognition, and, hence, all but “anthropocentric and androcentric epistemological imperialism” (Butler, Bodies That Matter 72-74; Chodorow 172; Spivak lxii-lxvii). When the heroine is in the situation of transference, that is, of a sort of admiration that comes from woman’s alienation, her insanity, therefore, is to be considered to result from the male domination. This is the reason Gilman rejects her insanity.

**The Deconstructive Mimicry**

The transference, nevertheless, becomes oddly entangled at last. In her imagination, the heroine first projects her physician’s power on the wallpaper that she imagines a prison and then finds “eyes” behind it: “[t]his paper looks to me as if it knew what a vicious influence it had! There is a recurrent spot where the pattern lolls like
a broken neck and two bulbous eyes stare at you upside down” (7). She then relates them with John’s: “I’ve caught him [John] several times looking at the paper!” (13, Gilman’s emphasis) In addition, she sees a spooky woman stooping down, “creeping about” behind the wallpaper and seemingly wanting to “get out” of it, and feels “creepy” (11). What she sees here is both the confinement and the confined; thus, the simple supposition that the vision is the sign of the heroine’s disobedience to the suppression is doubtlessly incorrect. The matter is definitely still more complex. Her imitation of the weird woman is the significant process for her identification not only with the woman but also with her physician. While she sees an illusion, the heroine who is in transference virtually imitates her doctor who looks at her. For instance, her ironical use of the phrase of “a scientific hypothesis” recalls the patients’ response to their doctor’s hypothesis under transference: “[h]e seems very queer sometimes, and even Jennie has an inexplicable look. It strikes me occasionally, just as a scientific hypothesis, that perhaps it is the paper!” (13) In the end, however, she entirely imitates the weird woman who seemed to watch over her: she reversely looks at him over her shoulder (19). Arguing on the formation of and the treatment for insanity in lunatic asylums, Foucault points out the “recognition as mirror” where “the gaze only worked inside the space defined by madness, without surface or exterior limits. It [madness] saw itself and was seen by itself—as both pure object of spectacle and absolute subject” (History of Madness 497-98).

Her imitation reveals woman’s alienation. One acquires the subject barred with slash, an alienated subject, because of the identification with small other, a false but idealized figure on a mirror as the principle of integration of the body, and consequently loses one’s own subjectivity (Lacan, Écrits 75-81). It is “around the wandering shadow of his own ego” that all the objects of his world are always structured,” for “. . . the image of man’s body is the principle of every unity he perceives in objects . . .” (Lacan, The Ego 166). The body image formed by the narcissistic and idealized projection establishes the condition for our perception of objects in the world. Under the “anthropocentric and androcentric epistemological imperialism,” female recognition becomes an epistemological constitutive outside and thus the “wandering shadow.” This is the way the feminine unconscious, the
repressed desire of woman, emerges from under the feminine body, which is an effect of the wandering shadow of her own ego. Her achievement of the identification would be paradoxically at once her possession of the phallus and the apparition of her own ego.

Certainly, in this way, the heroine imaginarily identifies the doctor’s phallus as the pillar of the symbolic order, narcissistically imagines and imitates the spooky woman, but, at the same time, finally overwhelms his phallogocentrism. At the end of her imitation of the physician’s watching over her that should be a disguise for phallogocentrism, the heroine intricately imitates the creepy woman in the wallpaper, a narcissistic vision on a mirror, and then contrarily looks at the doctor: “I kept on creeping just the same, but I looked at him over my shoulder. I’ve got out at last,” said I, ‘in spite of you and Jane. And I’ve pulled off most of the paper, so you can’t put me back!” (19) John encounters the scene of the heroine’s creeping and looking at him and hears her proclamation that she throws away the wallpaper. He cannot help fainting on the scene.

Her imaginary identification and imitation finally lead to the renouncement of the doctor’s phallus, which is predicted by Hegel’s master-slave dialectic that affects Lacan’s mirror stage theory. Judith Butler, the most influential Hegelian of today, similarly argues in terms of the “lesbian phallus” the moment of renouncement of phallogocentrism by the way of the imitation of and the identification with the phallus (Subject of Desire xiv; Bodies That Matter 57-91). It is here meaningful to refer to the lesbian phallus as more sophisticated theory that explains the deconstruction of the border between the imaginary and the symbolic: we are able to detect in the heroine’s madness a (vague) sign of the lesbian phallus. Her insanity is to be equivalent to the lesbian phallus, in that she attempts to steal and possess the doctor’s phallus by her imaginary identification with it. Her imaginary imitation of, or her transference with, the physician is her envy of his power, that is, his phallus. Nevertheless, it pervertedly invokes the vision of abnormal woman as an effect of the repression. The heroine’s insanity as a result of that eventually transcends his intelligence. Thus, it symptomatically signals a split in phallogocentrism between the imaginary and the symbolic and deconstructs them and moreover resultantly the duality
between the victory and the defeat, which should imply the high productivity of application of Butler’s deconstructive strategy to the analysis of the story.

Butler regards it as the *Merkmal* at once of the influence and the limit of phallogocentrism, or as a split that necessarily comes into being in phallogocentrism: “when the phallus is lesbian, then it is and is not a masculinist figure of power; the signifier is significantly split, for it both recalls and displaces the masculinism by which it is impelled” (*Bodies That Matter* 89). Feminine sexuality is circulated in the chain of signifiers around the phallus as the absent axis that does and does not exist in the symbolic: it is the signifier always falling from the position of the full and entire signified. When it is resultantly marked and objectified as the constitutive outside of phallogocentrism, women as the excluded tends to envy the phallus. Butler, however, postulates the distinction between phallogocentrism, or the symbolic, and the ideal image, or the imaginary, and collapses it surprisingly at an ambiguous but crucial deconstructive point, where women are thirsty for an invisible phallus whispering unclearly the truth, or a real desire, and unexpectedly wish to identify narcissistically with the phallus. The lesbian phallus that can exist only in phallogocentrism remains just the effect of lesbian’s narcissistic image and thus brings a split, noise and turbulence into the symbolic (Butler, *Bodies That Matter* 73). The principle of phallogocentrism is imploded in the lesbian phallus by the thorough, radical, and exhaustive imitation of the phallus, or by the caricature and parody of the masculine principle, which is an accidental declaration of invalidity of naturalized image.

Her transference to and mimicry of the phallus lead to the apparition of her own real ego. Then the “wandering shadow” on the border of phallogocentrism, or the imaginary unconsciousness under the symbolic, ultimately happens to subvert phallogocentrism. As Butler insists that “what is excluded from the body for the body’s boundary to form” “haunts that boundary as an internal ghost of sorts, the incorporation of loss as melancholia” (*Bodies That Matter* 65), the imaginary creepy woman would be at once the compelled and the excluded. The phrase of “an internal ghosts of sorts” can mean both an effect of the feminine body forming under phallogocentrism and paradoxically another possibility of the body lost in the
formation. The latter would be the chance of an abnormal shape and of its embodiment. Butler then regards it as allegorical: “... if one must either love or fall ill, then perhaps the sexuality that appears as illness is the insidious effect of a [sic] such a censoring of love. Can the very production of the morphe be read as an allegory of prohibited love, the incorporation of loss?” (Bodies That Matter 65, original emphasis)

What the heroine’s madness described by Gilman eventually reveals would be an allegory of the prohibited love directed toward someone or something. Consequently it does not result in the simple defiance against phallogocentrism, but in her transference and mimicry of it; therefore her madness consists both in master-slave dialectic and in deconstruction. The imitation of and the identification with the spooky woman that result from the repression by and the transference with her physician, or an alter ego of herself, reflect phallogocentrism in the distorted way. The heroine has to suffer the confused processes of imitation, or transference, since it would be the only way to show how she is confined in it. In other words, what Gilman wanted to write is the story of madness within the symbolic order, which paradoxically rejects it by describing the images of the woman. Indeed, this is deconstruction of border between the symbolic and the imaginary. However, even if so, it happens partly under phallogocentrism that causes woman’s estrangement and is labeled as insanity. Foucault says that the shared origin of the alienation of philosophers and that of physicians took place together in the late eighteenth century (History of Madness 371-72). The heroine’s insanity is a trace of “prohibited love” and thus never her full victory, which is paradoxically the reason why her madness is deconstructive. Maybe as a result, Gillman rejects the heroine’s madness.

Conclusion

The heroine’s insanity results from her transference to her husband, which is a perverted identification with psychiatrist’s phallus. Gilman depicts the social and cultural condition that culturally constructs woman and causes the heroine’s insanity. The heroine sees the vision behind the wallpaper caused by her projection of his repression of her imaginative power on the wallpaper, imitates it and moreover
identifies herself with it. The identification intricately reflects psychiatrist’s power under the transference, but all the same, her hallucination ultimately transcends his intelligence, which is theoretically equivalent to the “lesbian phallus” that is deconstruction of border between the symbolic and the imaginary, that is, a deconstructive moment of phallogocentrism. This is how to be a woman and to be mad are simultaneously constructed and deconstructed. However, it is an effect of phallogocentrism in a way, and thus argumentative. Her madness is to be seen as neither a brilliant victory over masculinism nor a disastrous defeat against it; it should be neither a happy nor an unhappy ending, but persistently just a critical deconstructive point beyond them. It reveals that she is certainly in a harder situation.

(1) See Chapter 3, 6 and 15 of Woman and Economics respectively.

(2) Transference is one of the main concepts of Freudian psychoanalysis and an imaginative identification with the phallus. As McGowan can analyze the story by referring to Lacan's theory, Freudian and Lacanian psychoanalysis is oddly useful to analyze the story as an effect of phallogocentric epistemology. Psychoanalysis should be beneficial to the analysis of this story in terms of social constructionism. This essay thus refers to psychoanalysis. Nancy J. Chodorow says: “Freudian theory does not just oppress women. Rather, Freud gives us a theory concerning how people—women and men—become gendered and sexed, how feminity and masculinity develop, how sexual inequality is reproduced” (178).

(3) It is the idea of “hysteria” itself, when it is essentially iatrogenic, that indicates the gap between bodily image and sign, or, namely, between the imaginary and the symbolic: “[h]ysteria has been the designation for a vast, shifting set of behavior and symptoms—limps, paralyses, seizures, coughs, headaches, speech disturbance, depression, insomnia, exhaustion, eating disorders—that doctors have despaired of finding a single diagnosis” and also the view that “the definition of hysteria has never given and never will be” (Showalter 14). The undecidability and fugitiveness of the symptoms imply their non-regionality, that is to say, their non-correspondence to language in the symbolic and thus indicate imaginary wholeness in/over them, just as the heroine's hallucination is also non-regional when the figures appear here and there in the house.

This wallpaper has a kind of sub-pattern in a different shade, a particularly irritating one . . . .

But in the places where it isn’t faded and where the sun is just so-I can see a strange, provoking, formless sort of figure that seems to skulk about behind that silly and conspicuous front design.

There’s sister on the stairs!

............................................................

The front pattern does move-and no wonder! The woman behind shakes it!

Sometimes I think there are a great many women behind, and sometimes only one, and she crawls around fast, and her crawling shakes it all over. (8, 15, Gilman’s emphasis)

This can be also the evidence that her vision is caused by the imaginary transference.

(4) According to Foucault, the association between words and things, and between fantasy and reality, which
was based on the figurative similarity of signifier in the episteme of the Renaissance, was regarded to be insanity in that of the age of reason that was the time of signs' independence from referent and of the establishment of their own autonomy (Les mots et les choses 32-91). The transition from one to another was the moment when the fissure between image and language was a crucial turning point in history of madness of the West. It is significant that the signs at that time were allegorical (Les mots et les choses 63; History of Madness 16-21).

Works Cited


