

## “Humanism and Science in *The Yellow Wallpaper*: Healing Neurosis through the Art of Narratology”

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### Abstract

*A postmodern reading of humanities in Charlotte Perkins Gilman's The Yellow Wallpaper highlights that it is a parody of nineteenth-century medical and patriarchal beliefs. Gilman deconstructs the medical enterprise through convincing John Mitchell, the famous neurologist of her era, to change his rest cure and to include art as a therapy in his treatment of neurasthenia. Through showing the adequacy of writing as a strong healing process to her psychic malaise and to her protagonist's neurosis, she foregrounds that science is in need of what is called "narrative competence," a competence developed by literary studies. In Gilman's paradigm, devoid of humanistic courses, the scientific world of her neurologist leads to destruction and invalidism, through reducing the patients to embodied diseases and their experience of illness to the data of medical charts and records. Gilman castigates the vehement criticism launched against humanities and highlights that it is the foundations without which we will be lacking moral behaviors. The paper under scrutiny raises the significance of humanities in boosting empathy, through joining those who suffer with those who feel called to respond to this suffering, and building a sane society lacking misconceptions and prejudices. It shows the deep relatedness, the complementarity and close interconnectedness of science and humanities. Following a deep scrutiny of humanities' enlightening role in the world of science in The Yellow Wallpaper, through interpreting, transvaluating and reexamining long-held beliefs and mentalities, the paper concludes by demonstrating that humanities are in motion and will not perish but will survive strongly given that it is a vital and an integrating part of any course.*

**Keywords:** humanities, science, parody, motion.

Following the birth of her daughter, Charlotte Perkins Gilman becomes subject to a complete breakdown known as the “postpartum disorder” (Golden 10). Examined by the famous neurologist of her era, John Mitchell, Gilman is told she “[is] suffering from neurasthenia or exhaustion of the nerves” (Lane 43). This disease is considered as “a neurosis<sup>1</sup> without organic basis” (43). Mitchell advises her to “never touch pen, brush, or pencil and to live as domestic a life as possible” (Gilman, *The Living* 96). This doctor echoes the attitudes of his fellow doctors towards women in general. He sums up his point of view toward women as follows:

The woman grows pales and thin, eats little, or if she eats does not profit by it. Everything wears her, to sew, to write to read, to walk, and by and by the sofa or the bed is her only comfort. Every effort is paid for dearly, and she describes herself as aching and sore, as sleeping ill, as needing constant stimulus and endless tonics-if such a person is emotional she does not fail to become more so, and even the firmest women lose self-control at last under incessant feebleness. (qtd. in Earnest 82)

Wood states that absolute rest is used by Mitchell as the corner stone of his treatment of hysteria. Such a therapy is a “combination of entire rest and of excessive feeding made possible by passive exercise obtained through steady use of massage and electricity” (Wood, “The Fashionable” 31). Preston states that isolation, which means the exclusion of family and friends as well as “no communication with the outside world”, (268) is the basis of the rest cure. He uses rest as his primary therapy because he believes it boosts the patients’ energy and contributes to their rapid revitalization. “Influenced by a spirit of abstraction and subject to the fallacy of misplaced concreteness,” (Engel 27) Mitchell believes that the woman who taxes her intellectual faculties risks spoiling her nervous system. Consequently, the woman is allowed neither to read, nor write or even to urinate (Wood, “The Fashionable” 31). He argues intellectual activities “signify but do not mean; they are sterile rather than potent” (Will 303). In this scheme, he wants to emphasize that intellectual activities are reserved for the more powerful and stronger male whose intellectual potency is too great to support pressure and strain without disastrous impact. To borrow Barbara Will’s term, “textual engagement [is] allowed as long as it remain[s] under the control of the will and within the realm of the balanced, the significant, the literal, the productive, and the masculine” (303). In offering contradictory and opposing modes of healing neurosis in women and men, Mitchell champions women’s minority position and strengthens men’s supremacy. Fox Keller maintains that the prevailing western thought about the females is rooted in the “gendering of science which links the scientific and objective with the masculine excluding women and the feminine” (qtd. in Gyler 8).

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<sup>1</sup>is a disease springing from disorders of the nervous system which, in the century of “emergent neurophysiology, embraced a wide range of disturbances. . . . The ‘neurosis’ included comas, the adynamias (including hypochondrias<sup>1</sup>), the spasms (including hysteria) and the vesanias (madness)” (Shepherd and Zangwill 40). The symptoms of this nervous disease are as follows:”moodiness, fixed ideas, unpleasant and disturbing feelings and behavior, manifold disturbances of digestion and circulation, flatulence, eructation, uneven pulse, palpitations”(41). Neurotics exhibit exaggerated outburst of emotions, sense of loneliness and of not belonging, and loss of appetite for social and public activities.

Following her doctor's advice, Gilman grows more miserable and sick (Hill, "From" 63). Henceforth, she writes *The Yellow Wallpaper*. Drawn from sorrow and deep psychic pain, this dismal masterpiece is the most autobiographical of all her stories, in which she blows the whistle on her descent into neurosis so fully and exposes to the world the cruelty inflicted upon her by medical practices. The woman who is the epitome of true womanhood, according to Mitchell, is the one who "live[s] as domestic a life as possible. H[as] [her] child with [her] all the time and never touche[s] pen, brush or pencil" (103). Under the binding authority of male doctors and their sharp look, the female body is metamorphosed into a site of coercion and repression instead of being treated. From curative and remedial, the treatment is transformed into dominance and seizure. In one word, this medical treatment is built upon unbalanced practices between the male and female, victimizer and victimized and persecutor and persecuted.

In order to acquaint her readers with the practices of the medical institution of her era marked by a "competing definition of both gender and science," (Theriot 2) Gilman builds *The Yellow Wallpaper* upon a contrast and a vicious antagonism between a male physician's scientific world and an invalid female's humanistic endeavor. John, the "physician of high standing," (Gilman, *The Yellow* 13) is a mirror-image of Weir Mitchell. In the hope of bringing his neurotic wife to her normal state, John applies a Mitchell-like rest cure. Following Mitchell's "deprivation strategies," (Madsen 90) the sick wife, who is suffering from a postpartum depression, is required to eat a nutritious diet and to lead as "domestic a life as possible". For this particular reason, his wife is cloistered in "an insanity producing situation" (Kolodny 456) and allowed no companionship within a wallpapered room for better convalescence. This latter places his wife in a children's nursery, with barred windows and "rings and things in the walls" (15); a "Kafkaesque detail suggesting a dungeon torture" (De Koven 28-29). The heroine of the story describes the room as follows: "it makes me think of English places that you read about, for there are hedges and walls and gates that lock, and lots of separate little houses for the gardeners and people" (Gilman, *The Yellow* 14). Out of an extreme incarceration, Gilman's narrator perceives herself as "a kind of infantile, even savage, spectacle where even the walls are endowed with the power to scrutinize her" (Harris, "A Psychological" 79). Thrailkill compares such a setting to a "war zone" (Hayes 542) and the wife to a "domestic warrior whose strained nerves [are] identical to those Mitchell encounter[s] on the field of battle" (542).

Conceiving her mental unrest as a "slight hysterical tendency," (Gilman, *The Yellow* 13) her husband doctor's method violates her spirit and traps her in a "limited sphere in which submission is the only feminine virtue" (Chi 67). With no apparent organic disease, he views his invalid wife as a "conceptually inert bundle of physiological processes" (Thrailkill 552). Instead of being an active participant in the healing process, her "interior monologue" (Engel 3) and experience of illness are dismissed as unreliable and irrelevant. This is clearly revealed in the narrator's claims:

John laughs at me, of course, but one expects that in marriage. I sometimes fancy that in my condition if I had less opposition and more society and stimulus-but John says the very worst thing I can do is think about my condition, and I confess it always makes me feel bad. (Gilman, *The Yellow* 29)

The doctor's trivialization of her illness is haunting her whole being, germinating inside her soul an immense misery and fatigue, accentuating her aloofness, and acting as "a place of incarceration, perhaps a madhouse" (Davis 17). The total devaluation of her singularity culminates in negative feelings of anger, frustration and belittlement. This diagnosis bitterly haunts and makes up her body as well as her mind. Devoid of compassion and empathy, it "slaps [her] in the face, knocks [her] down, and tramples upon [her]" (Gilman, *The Yellow* 21). This feeling of rejection that torments the sick narrator goes hand in hand with Gilman's fear of being ostracized and rejected by her nerve doctor. She pleads him not to laugh at her, and to pay serious attention to her mental agony and physical prostration by saying: "I beg of you not to laugh at me as everyone else does, not to say it is almost as bad as a disease as one of my friends, not to turn me off" (qtd. in Knight 273).

Buried alive inside the rented house, the narrator is no more than a corpse, cursed to breathe lifelines and denied the embrace of the outside world. In one word, her husband physician, as Kolodny puts it, has destroyed "all life, beauty and music in his [her] environment". The confinement imposed on her is "not only architectural, it is textual as well" (Chi 82). Under such a treatment, her "power to originate signs is monitored; and, once produced, no legitimating social apparatus is available to give those signs substance in the real world" (Treichler 94). The physician husband thinks that her nervous system is exhausted by "her clear and prolonged self-study," (Gilman, *The Yellow* 17). Reading thick books and competing the physically stronger male, in his perception, disarrange her nervous system "leaving her prey to neurasthenia and hysterical traumas" (Rosenberg 340). For this reason, any attempt to jot down unbearable feelings to a "dead paper" (Gilman, *The Yellow* 10) is "[met] with heavy opposition" (14). The wife is underprivileged "linguistically based interpretative strategies," (Kolodny 457) which are writing and reading. John transfers "her upstairs and laid [her] on the bed, and sat by [her] and read to [her] till it tired [her] head" (Gilman, *The Yellow* 19). Her husband maneuvers both activities in accordance with "the sexual politics" (Kolodny 457) natural in his gendered society. Like other male doctors, he cannot distance himself from the sexual categorization governing his epoch and sticks very firmly to his sexed perception of the world. According to him, because she is female, she is "from the first alienated from the processes of symbolic representation. Within this symbolic order, a phallogocentric order, she is frozen, confined, curtailed, limited, and represented as lack, as other" (Hover 90). Her femininity entails inadequacy to enter the symbolic level of language in the perception of John and his fellow doctors.

Treichler, correspondingly, describes the husband's diagnosis as "a death sentence" in that "it is simultaneously a linguistic entity, a declaration or judgment, and a plan for action in the real world whose clinical consequences may spell dullness, drama, or doom for the diagnosed" (Treichler 88). Under this diagnosis, the diagnosed is not offered cure for his pains, but doomed to darkness, lifelines and monotony. It is a death sentence, as Treichler puts, not only because it relegates her to lack and invisibility, but it deprives her of the slightest opportunity to make herself heard. The invalid woman in the rented room is sentenced to deprivation, estrangement and most of all "alienation from [her] own sentencing possibilities" (88). This line of thought is evidenced by Tomlinson who argues that the husband's diagnosis is "a method of both linguistic and teleological confinement. It establishes the boundaries wherein one's (particularly women's) subjectivity remains fixed

and tightly controlled” (117). He further maintains that it is “a kind of writing into immurement” (117).

Behind accentuating the brutal confinement of the heroine under her husband doctor’s treatment, Gilman yearns to lay bare the short-sightedness, narrowness, and insufficiency of the medical field, a field pregnant with repression and suppression of women’s artistic drives and talents. The author tries to excruciatingly excavate the corrosive impact of a diagnosis that lacks humanistic impulses upon her protagonist’s psyche. Literarily castrated and locked away from creativity, the invalid heroine turns “her artistic impulses to her own body, becoming thereby just another of the indecipherable furnishings of the hereditary estate,” (Herndl 133) meaning that she becomes insane by the end of the story. Away from the signifying system, she converts her repressed wishes into hysterical symptoms. Michèle Montrelay maintains that “the unconscious needs the signifying system to provide distance from the immediacy of body, the immediacy of anguish” (qtd. in Herndl 59). In the absence of significant signifying system, this distance from the body is not permitted. Thus, sickness takes the place as a substitute for introverted cravings seeking outlet through the artistic medium. For Montrelay, the woman who suffers from lack of representation succumbs to an imaginary realm, where she fancies herself as complete and uncastrated. Within this imaginary realm, she experiences herself as mere lack, and “comes more and more to accept the symbolic role of Women, that is, as object, as other”. In “having no representation, she becomes that which is desired, that object which is lacking, the lack itself” (qtd. in Herndl 60). Without the possibility of representations, the woman comes to terms more with being an object and less with being a subject.

Gilman highlights the leading role that writing could have played in relieving her protagonist’s buried and smothered emotions. Without any artistic outlet left, the narrator succumbs to neurosis as her only respite from so stern surroundings of renunciation and devastating oppression. She states: “I have got out at last in spite of you and Jane. I have pulled off most of the paper, so you can’t put me back” (Gilman, *The Yellow* 23). Treichler postulates that this ending is “complex and ambiguous,” (84) and views the narrator’s final proclamation as triumphant. Despite her insanity, her voice is a voice of triumph and sheer victory. By “install[ing], from a Lacanian perspective, “herself in the realm of the imaginary,”(qtd.in Gilman and Golden 3) she escapes the heavy “sentence” (Treichler 84) imposed by her husband doctor, and she heavily tramples his body leaving “[his] authoritative voice of diagnosis in shambles at her feet”(84). Yet, her escape is “temporary and compromised” (85) given that her husband has merely fainted, and she is doomed to be send to Weir Mitchell. This final vision, according to Treichler, is one of confinement and physical enslavement. The narrator remains physically bound and firmly locked in the vicious circle of the room, which she circles like “a groveling animal” (Hedges 33) in a “yoke” (Treichler 94). At first, the narrator strives to resist and stand still in the face of the male doctor hegemony. The “impertinence of trying to achieve humanness against all restrictions and the everlastingness of her own stubborn core of self which can never fully yield to outside expectations” (Macpike288) are the two traits that the narrator exhibits. Despite outside restrictions and constraints, she is too stubborn to yield to outside expectations and norms and follow the path prescribed by her husband. She argues: “I determine for the thousandth time that I will follow that pointless pattern to some sort of conclusion” (Gilman, *The Yellow*18).

Then, she surrenders to her sorrowful and gloomy fate by allowing herself to be produced, and to be a mere object at the hands of her physician husband. Her female will is utterly defeated by the atrocious manipulation of her husband and her stubborn self is died by the emergence of a new submissive one. Treated as an object whose writing is worthless and who is predestined to write to death and nonbeing, the narrator gives up all attempts to be truly herself by saying: "I don't know why I should write this. I don't want to. I don't feel able and I know John would think it absurd. But I must say what I feel and think in some way- it is such a relief! But the effort is getting to be greater than the relief". This passage reveals a self heavily beaten and losing a difficult battle. Seeing that the effort she is trying to make is too overwhelming to support, the neurotic wife merges herself with the imaginary woman trapped behind the iron bars, whom Herndl's perceives as the narrator's double (72), and argues that such a counterpart is "especially harmful for the woman who has accepted her role as other"(72). Instead of maintaining herself as a speaking subject, she identifies with the creeping women in the rented house. She claims: "I always lock the door when I creep by daylight. . . . I can't do it at night for I know John would suspect something at once". Kolodny argues that she "gives up her attempt to record her reality and instead begins to read it" (qtd. in Carruth 151), and that what she views is "her psyche write large until she is totally surrendered to what is quite literally her own text-,rather, herself as text"(151). She comes progressively to accept herself to what Kolodony describes "her own unattainable and unacceptable reality".

Behind her protagonist's neurosis, Gilman deconstructs the archives and complex heritage of science embodied in the mistreatment of the male physician, to use Gilman's words androcentricity," (Francis 33) and celebrates the role of humanistic endeavor in mitigating her heroine's mental anguish. Had her husband allowed her to indulge in artistic and literary tasks, the fate of the wife would have been different from insanity. Gilman impregnates her story with corroborating evidences which testify to the invalid wife's possibility of recovery from her depressive episodes thanks to her communion with writing. Searching for a break from the dry world of science and looking for a new life different from the one she is trapped in, the sick narrator refuses to lay bare her grievances to a "living soul," (13) and confides her psychological fatigue to a "dead paper," (13) while simultaneously trying to protect herself from being seen or "espied" by "absurd unblinking eyes". What used to engulf her soul is the dread of a patriarchal society that has always been a terrifying voice in her unconsciousness. Treichler argues that "her qualms about her medical diagnosis and treatment remain unspoken except in her journal, which functions only as a private respite, a temporary relief" (17). The narrator resorts to this dead paper as "a defense-an asylum or refuge into which [she] can withdraw" (Harris, Signifying 19). She reports not only her piercing pain but her doubt about the medical diagnosis set by her husband by saying: "so I take phosphates or phosphites which ever it is, and tonics, and journeys, and air, and exercise, and I am absolutely forbidden to work until I am well again. Personally I disagree with their ideas (Gilman, *The Yellow* 13).

This dead paper is extremely helpful for her given that it allows her to put down her deep frustration, her vulnerability, and her helplessness without being criticized by her husband. The choice of a dead paper to be the container of her suffering echoes an immense yearning for a place where all social dictates disappear. Treichler argues that she communicates among other things "exhaustion, crying, nervousness, synesthesia". Driven by a vigorous thrust to

unburden “the oppressive pain that sees no outlet,” (Hill, “From” 63) she claims: “[I] think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me” (*The Yellow*16). She feels in dire need to “say what [she] feels, and thinks in some way for “it is such a relief” (17). According to Monterlay and Irigaray, only through the linguistic medium can this neurotic woman transgress her psychic anguish. They contend that it is through discourse that the cure can be achieved and that “the hysteric can be cured by supplying her with representations” (qtd. in Herndl 62):

In her language she goes off in all directions . . . in her statements—at least when she dares to speak out—woman retouches herself constantly . . . embracing words and yet casting them off to avoid becoming fixed, immobilized”. (63)

Instead of being tight to a nailed bed remindful of the grave, the narrative voice embraces words that transfer her to an open space laden with liberty and emancipation. “Sketching with the pencil in words the scene through which [she] passes” (Will 302) proves to be invigorating, inspirational and morally uplifting. Rather than using her body as a signifier for her antipathy and bile, she uses the linguistic medium to voice her pent-up cravings. She claims: “this is a dead paper and a great relief to my mind” (13). Underprivileged outlet for excited fancies, Gilman’s narrator frees herself through “free association” or “stream of consciousness” (Harris, *Signifying* 54). Out of this practice, the heroine becomes absorbed by words and forgets the storm of mental fatigue that overwhelms and obscures her existence. She affirms that “congenial work, with excitement and change . . . do [her] good”(14).

Striving for breaking down the “sexual and discursive violence”(Schiwy 237) thrust upon her and for a “love relationship in which she could express her needs and passions and fully be herself” (*The Yellow*13), she finds in journal writing self-assurance and confidence in her own capability and prowess. Writing turns to be “the unifying impulse . . . [that] hold[s] the fragments of [herself] together (241-242). In the very process of writing about herself and about her traumatic life, this psychiatric wife creates herself anew. She expresses the healing process of journal writing as follows:

I come to journal writing a fractured person, holding with a frame of flesh and bone the shattered pieces of a grieving soul. Overtime the ability and desire to write in my journal—of colors, visions, dreams and even of nightmares—became the cushioning fillies against which my broken parts could rest and eventually set. (qtd. in Schiwy 250)

The story, as a consequence, is built upon a dialectical relationship between the narrator and her journals; she finds in her discourse a deep relief and solace due to the dialogic nature of any given discourse<sup>2</sup>. In this particular context, the sick wife shares her agonized story with an interested and sympathetic listener, who becomes her witness of what she had endured. The narrators’ journal provides “a powerful witness”(Schiwy 234) to the existence of prejudice, discrimination, gender differential and other forms of oppression forced upon her and other

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<sup>2</sup> In “Discourse in the Novel,” Michael Bakhtin postulates that any given discourse is built upon a dialogue between a writer and a reader. Written utterances are formed by a speaker addressing an audience (354-55).

minority groups. Like in a clinical setting whereby the patient uncovers his trauma to his physician, the narrator communicates her psychic pain to her readers. This dialogic nature of language and utterances “relate to recovery from trauma experiences (Larrabee 366). Her story telling becomes “a form of ethical action”(373) because it unites her grievances to her readers who feel called to respond to this sorrow. This “complex process of relating” creates “a moral narrative” that “embraces the vulnerability and subjectivity” (Engel 64) of the invalid and makes the reader experience the illness. Rather than bearing her plight alone, the consoling companionship of her readers lightens the pressure and anxiety engulfing her soul and spirit. She confesses to them her deep paranoia and anxiety triggered by her husband’s presence by saying: “[T]here comes John, and I must put this away he hates to have me write a word” (Gilman, *The Yellow*15).

The reader in this particular context plays an important role vis-à-vis the mental pain of the neurotic narrator, experiencing the trauma, listening to this story and sympathizing with her. She calls him to identify with her by reporting her overwhelming disgust of the room and her rejection of the treatment she undergoes. She describes to him her deep torment at being trapped and viciously subjugated and her overwhelming desire to be liberated from her sorrowful destiny. She states: “[o]ut of the window I can see the garden, those mysterious deep-shaded arbors, the riotous old fashioned flowers, and bushes and gnarly trees. Out of another I get a lovely view of the bay and a little private wharf belonging to the estate (16).The narrator’s journal, to borrow Hill’s words, shows “her journey of resistance. [It] show[s] her struggle with the death not of the body but of the spirit” (“Charlotte” 14). Yet, any attempt to write, as previously shown, is “met with heavy opposition” (Gilman, *The Yellow*14). For this reason, she thoroughly yields to her husband’s norms and gives up all mental activities. The narrator’s retreat from the masculine signifying system is tremendously dangerous exacerbating her psychological anguish and leaving her easy scapegoat of mental disturbances. In Irigaray’s perception, this lady’s neurosis and hysterical symptoms are the byproduct of her being “castrated of words” (qtd. in Herndl 59). In Gilman’s paradigm, this castration leads inevitably to destruction and invalidism.

In this particular context, Gilman furiously rejects literary confinement, which she views as “the paths to confinement and madness and the death of self-expression” (Herndl 133) and celebrates the role of humanistic urges as a therapeutic tool for nervous exhaustion. Following Mitchell rest cure, Gilman’s fate would have been similar to her narrator in *The Yellow Wallpaper*; she states that the story is “not a choice between going and staying, but between going, sane, and staying, insane,” (*The Living* 97). Casting her doctor’s advices aside and resuming both activities provide her with physical and psychological assistance. Unlike the narrator, Gilman “freed[s] herself in order to stay sane” (Golden 110) and escapes the heavy sentence of her doctor, a sentence of “isolation, deprivation, and alienation from [her] own sentencing possibilities” (Treichler 88).The disabled writer finds relief by externalizing, writing about, and creating a fictional person who, finding her desire to write aborted, [goes] mad”(Lane 53). Gilman, as a consequence, “has not lived in vain” (“Why I wrote” 36) given that she saves myriads of women whose lives are marred by psychological disturbances and malaise from succumbing to madness, which is the sorrowful fate of her narrator. Other women follow in her footsteps and adopt writing as a cure. To cite her terms, her story “[is] not intended to drive people crazy, but to save people from being crazy, and it work[s]” (33).



Her story, in Herndl's view, is "encompassed as a cure and [does] not have to be illness inducing" (123). Thanks to writing and engagement in social activities, the writer cures her physical and psychic malaise, embraces the world, and feels that she is a vivacious and an active person worthy of invention and respect.

Contrary to the belief, subsequently, of scientism<sup>3</sup> and philistines who judge humanities as a sloppy and a ridicule field, Gilman ferociously disrupts this very conviction from within. Her text is a parody of nineteenth-century medical belief. Linda Hutcheon defines parody as "repetition with a critical distance, which marks difference rather than similarity" (6). It is an "artistic recycling" (11) and a model of "revising, replaying, inverting, and trans-contextualizing" (6) the medical and scientific practices of her era. Gilman's incorporation of science and humanities within her text is laden with concealed motifs. Through "ironically inverting"(6) the position of a canonical figure in the field of neurology and reducing him to a minor character within her story, Gilman satirizes his treatment, which she views as the byproduct of a patriarchal society governed by sexual categorization. Mitchell's discourse, to borrow Gilman's terms, is merely nothing but part and parcel of "the patriarchal medical establishment" (Golden and Zangrando 103), and a means to "repress women who had strayed from their domestic role" (103). In "The Mixed Legacy of Charlotte Perkins Gilman," Catherine Golden affirms that Gilman "redirect[s] her criticism of Stetson, [her husband], who adhere[s] to the gender-based division of separate spheres and project[s] her anger onto Mitchell, who bec[o]me[s] the decided villain of her story" (12). This is noticeably displayed through her protagonist's revulsion of the rest cure, which she considers as an "assault on her very essence". The ailing narrator in the story states: "[I] don't want to go there at all. I had a friend who was in his hands once, and she says he is just like John and my brother, only more so" (Gilman, *The Yellow* 18).

By re-appropriating the complex heritage and the archives of nineteenth-century medical beliefs and resisting the unethical imperatives that used to pervade it, this author shows that science cannot stand alone given that there is "no medicine that is independent of historical context, and there is "no timeless and place-less quiddity called medicine". This field is in dire need of what is called "narrative competence," (Engel 64) a competence developed by literary tasks. Only through blending "narrative knowledge" with "the biomedical knowledge"(35) can the cure be maintained and the humanized affiliation between the patient and physician be enacted. In *Healing Patients, Practitioners, Profession, and Community: Narrative in Health Care*, Engel highlights the ethicality that lurks beneath honoring the patients' words concerning the events that generate disturbance of the body and mind (64) and foregrounds that science loses its human face by virtue of taking science thoroughly. This leads to an absolute imbalance by "forgetting the art of healing, forgetting the art of engagement, forgetting the art of listening, forgetting the art of caring and ceasing to invest time with the patient"(13). *The Yellow Wallpaper*, therefore, has become "a case study of the physical consequences of the [doctor] refusal" to acknowledge the value of "an [invalid ] woman's words" (Thrailkill 526) and culminates by convincing Mitchell to change his rest cure to include for some patients writing as a therapy (Gilman, *The Living* 106). This neurologist comes to "comprehend the inter-subjective and ethical demands of telling one's

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<sup>3</sup>Is the view that the only acceptable truth claims about reality are those that are justified by the methods of science (Holley 133).

story and receiving the stories of others” (Engel 60). Gilman uses her writing as “an armor [she] puts on to do battle” (Harris 19) and to fight the scientific world that ignores the true value of humanistic tasks and locates the long entrenched criticism against this field within the “constructs of society” (Joyce 87). Through her victory over illness, this female writing becomes extremely subversive and disruptive revealing the disparities between the truth about humanistic activities and the prescribed fixed attributes assigned to them. To borrow De Salvo’s terminologies, her story resembles “a potential historical time bomb” standing in disguise to “explore misapprehensions about the [medical] past, misconceptions about the role of [literature] . . . , misrepresentations about how a particular life was lived”(qtd. in Schiwy 235). The author’s awakening and relief signal not only a retreat from the ruins of nervous collapse but also highlight her emergence as a new creature different from the one described by her patriarchal medical arena. Historically, women were the “subject of literature, or the inspiration for literature” (qtd. in Herndl 128). In the case of Gilman, her illness becomes a kind of “cosmetic art” (Herndl 125). By making a work of art out of her nightmarish experience as a psychiatric patient, she becomes at once the “subject who writes literature” (128) and the subject who asserts his victory over “illness and invalidism” (125).

In addition to restoring back her sanity, Gilman’s story is an implicit call for the necessity of literature and art as an adequate healing process that gives voice to a smothered woe. To cite Gilman’s terms, through art women become “world’s servants”, and enjoy more “humane world”. Following both of Gilman’s experience with neurosis coupled with the invalid woman’s insanity in the story, it goes without saying that any culture that fails to recognize the significance and true value of humanities is a culture “that risks stagnation and even potentially moral decline”(Gordon 25). Without these practices, life would be extremely impoverished. To borrow Peter Gordon’s words, “every civilized society, to remain civilized, needs to develop in its citizens the aptitudes and intuitions which flow from engagement with the humanities”(1). Correspondingly, following the illuminating role of literariness and narratology in the world of science in Gilman’s text, it is obvious that humanities are in motion and will not perish but will survive strongly given that it is an eminent and an integral part of any field constituting the basic foundations upon which the modern conception of the human is built. Without its expertise, the medical and many fields cannot proceed.

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