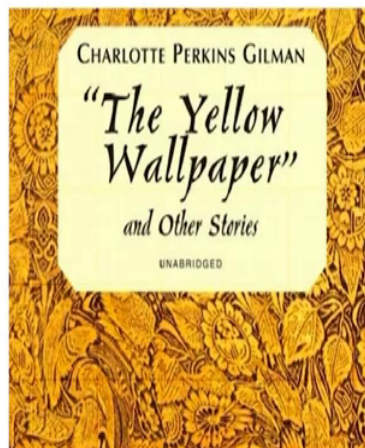


Feminist Writings
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The Yellow Wallpaper - Part 1

So, hello and welcome to this NPTEL course entitled Feminist Writings where we will begin with a new text today. So, we just finished Simone de Beauvoir's, we spoke The Second Sex. We looked at the introduction very closely. So, today we will start with a new text which will be Charlotte Perkins Gilman's The Yellow Wallpaper which is one of the foundation of Feminist Writings you know in recent century at least and it is got a lot of fame over the years subsequently after its publication. So, today is considered to be one of the really seminal feminist texts like the Goblin Market by Christina Rossetti which we have already done.

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Now, if you just take a look at the cover page of Gilman's The Yellow Wallpaper, you will find this is a very colorful cover page and I will talk about the color and the use of color and way the colors become not just aesthetic in quality or anti-aesthetic in quality but also quite political in quality and what are the discursive functions of the color in this particular text.

Now a little bit of a biographical background I think is in order before we begin or dive into the text directly. So, Gilman wrote this story or the sort of long story or a novella if you will out of drawing on her own biographical, her own personal experiences and she did suffer from postpartum psychosis which is a very troubling, a very disturbing disorder which affects woman post pregnancy.

So, it includes symptoms such as depression, you know stimulation, hallucination and obviously it is medically diagnosed and it is something, which is you know, it is a big disease, it is something which affects lots of women and it is a very serious disease as it is recognized today, but at the time when Gilman was writing this particular story you know there is no such classification which was concrete and systematized.

So a large part of the suffering of women were classified as it is very loose term called hysteria, which could basically mean anything, nervous illness, nervous breakdown, and hysteria was seen as essentially a female moldy, it is something which affects women because they happen to have a womb, uterus so it is essentially a female moldy.

So you can see it is re-essentialized, re-reductionist and extremely phallogocentric. So, it is a phallogocentric projection of a certain kind of a weakness on women. So, hysteria was a female moldy, hysteria was considered to be a pseudo symptom, a pseudo disease not really a real disease, so it was looked down upon, it was patronized by doctors and there were different kinds of treatment which were given to female hysterics.

So, we have a list of female writers who suffered from hysteria and who you know drew on those experiences in terms of producing literary text, so Gilman's book is one very fine example and also we have Virginia Woolf who wrote a series of writings, fiction as well as nonfiction on her experiences with nervous illness and how she was essentially mistreated by the medical industry of her times.

So, likewise we have Gilman over here who gives a very graphic description of treatment of confinement, treatment through confinement and rest cure. Now rest cure, it was very popular form of treatment at that point of time in terms of looking at female hysterics it was systematized with someone called Silas Weir Michelle.

Silas Weir Michelle was an American physician who came up with his rest cure method which comprised confinement a very selective diet of sort of banana and milk, you know, diets which supposed to help me put on weight and taking away any kind of freedom of expression in his writings, so writing was forbidden to women, they were just confined in a house and forced to rest and given a certain kind of diet in order to recuperate, in order to make them recuperate metabolically and health wise.

So there is a degree of confinement coercion about rest cure so the very term rest cure, I mean it seems to suggest us something which is about tranquility and rest and recovery but it did comprise and did contain the elements, the qualities of coercion and confinement of course. So there is really a spatial quality about rest cure which we will take into account very heavily and very frequently while looking at this particular text.

Because the space becomes very important, the space of confinement, the space of containment becomes very, very important in this particular writing and claustrophobia produced out of that confinement out of that containment is something which is a recursive marker in this writing and also interestingly we find is a very interesting gendered binary operative over here, so we have the female who is suffering from a condition which is not you know classified which is not even probably diagnosed by the doctors of that time and the medical industry which is supposedly treating her is very, very male.

So, we have the doctor husband and that is a very interesting conflation, the doctor husband as a figure of authority, as a figure of sanction, as a figure someone who is sort of controlling and coercing and confining the woman, as someone who's supposed to know everything, as someone who is supposedly knows everything what is wrong with a woman and someone who was qualified to command critique and cure this particular person, but we find throughout the text the references the fact that the husband doesn't really understand the protagonist at all and the husband is a very busy doctor, he is a very rational man.

He is someone who seems to know everything about every time and that obviously is a very, very serial typical representation of male-female boundary, I mean the husband seems to be someone who is socially sanctioned to be a medical practitioner and someone who is qualified to command on the nervous condition that the protagonist suffers from and yet he doesn't seem to have any human empathy or any human connect to the protagonist and that lack of human empathy is something which keeps coming up throughout this particular text.

So, we have this very interesting issues which we will look at and unpack as we move on. the issue of empathy. the issue of identity and the issue of agency and of course throughout uncovering and connecting all these issues is the issue of specialty, space right. So, how was space, I mean how does space generate agency or take away agency for that matter, to what extent is space responsible for the production of identities, medical identities, existential

identities, discursive identities and all these are connected very, very interestingly and very organically.

Because if you remember at the very beginning, at the very outset of the schools we talked about how we will look at the whole idea of feminist writing as a combination or entanglement of text reality, discursivity and experientiality and because that is something which is absolutely key to understanding a feminist writings so we were looking at it from a particular position, this combination of experientiality, text reality and discursivity is something which we cannot really lose that hope anyway throughout the course.

And this particular book is a very, very vivid example, a very graphic example of that kind of combination of text reality, discursivity and experientiality because obviously it is a text, it is a written text and you find very interestingly it seems to contain some meta-fictional elements as well, there seems to be a live quality about writing. So oftentimes you will find that, oh I hear footsteps coming up so I am going to stop writing, so there is a degree of immediacy or urgency about the writing is, it seems to be happening at the present moment even as a reading, so the time of reading or the time of writing seem to be so coplanar with each other on certain occasions. So the text reality is very, very sort of explicit or explicitly present or palpably present in your face.

So that is the text reality bit, the discursivity bit of course is how the husband seems to be, the all-knowing doctor, the all-knowing male protagonist, the all-knowing male figure who happens to know the answers to all the nervous diseases and happens to know exactly what is wrong with your wife or the female protagonist but at the same time there is no connect at all at an empathic level or a human level, there is a discursive bit and of course the experientiality is experienced that the protagonist suffers or goes through in her condition of looking at *The Yellow Wallpaper* as some kind of a gory, monstrous, grotesque figure and she seems to give more and more human quality to *The Yellow Wallpaper* which seems to affect her to a large extent.

And of course *The Yellow Wallpaper* is very symbolic as we find towards the end of the story and how the *Yellow Wallpaper* becomes an allegory of a confinement that she is essentially stuck to a wallpaper and only when she manages to get rid of the wallpaper and take the figure, the symbolic figure out of the wallpaper only then is she able to symbolically emancipate herself or liberate herself.

And that act of liberation in the end, or that act of if not liberation the subversion in the end it decimates the husband or decimates the authority of the husband who feigns at the end of the story. So it passes out as it were the very phallogocentric patriarchal all-knowing, all controlling husband passes out when the protagonist managers who price of the wallpaper from the wall and take away, and take off the characters, the figures from the wallpaper because essentially she is the wallpaper.

So her looking at the wallpaper as an act of so perverse narcissism and something which is which begins to affect her adversity because she sees herself as contain and confined and imprisoned in the wallpaper and only when she is able to move out of it is she able to enact any degree of subversion. So, all these issues are very important medical containment, medical methods of cure and this whole conflict or tension between the medical narrative and the existential narrative which are loggerheads with each other, there is no empathy, there is no connect, there is no understanding between the medical voice and the human voice and that is something *The Yellow Wallpaper* does very, very well.

And of course this binary is very gendered and the gendered qualities mapped onto the binary very, very conveniently, so the medical voices the medical authoritative voices are all male but the suffering voices are all female that is something which goes on throughout the story. So that is the brief background, the textual critical biographical background which we need to keep in mind and then you move on now and dive into the text *The Yellow Wallpaper* by Charlotte Perkins Gilman.

So, if we begin with the text we find at the very outset, the voice as it carries a sense of immediacy, it carries a sense of urgency, it seems to speak to you as a reader and that is something which goes on throughout this text. And as I mentioned already there seems to be occasions where the time of reading and the time of telling seemed to converge, time of writing and the time reading seemed to converge in many occasions in this particular text.

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WALLPAPER

IT IS very seldom that mere

ordinary people like John
and myself secure ancestral
halls for the summer.



So at the very outset what the protagonist tells us is this and I start reading the book now.

It is very seldom that mere ordinary people like John and myself secure ancestral halls for the summer.

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IT IS very seldom that mere

ordinary people like John
and myself secure ancestral
halls for the summer.

A colonial mansion, a
hereditary estate, I would
say a haunted house, and
reach the height of romantic
felicity—but that would be
asking too much of fate!



A colonial mansion, a hereditary estate, I would say a haunted house, and reached the height of romantic felicity but that would be asking too much of fate!

So, at the very outset, we have this idea of space, it is a colonial mansion, so you know the whole idea of colonial mansion is symbolic in quality because what that automatically and immediately means is that this is a mansion which is built out of spoils of colonialism, out of the spoils of the Empire. So it is brought in, it has got things with Empire and then it is a mansion now. So, it obviously comes at a cost of something. It is a hereditary estate, something which is handed down as a legacy and also she says immediately it seems to be a haunted house, it seems to be a house which is so spectral in quality, right?

So, as I mentioned this book is in a way is a subversion, a retaliation or a critique of certain kind of medical practices which are very male in quality, the rest cure method which was advocated by Silas Weir Michelle and interestingly Silas Weir Michelle was sent a copy of this book so a Gilman after she published this particular story sent a copy to Silas Weir Michelle but finally never heard back from him and surprisingly.

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ordinary people like John
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halls for the summer.

A colonial mansion, a
hereditary estate, I would
say a haunted house, and
reach the height of romantic
felicity—but that would be
asking too much of fate!

Still I will proudly declare
that there is something queer
about it.



Okay so and then she goes on to say the voice the female protagonist goes on to say, “Still I would proudly declare that there is something queer about it. So the word queer keeps coming up through all the story in a sense of being strange and uncanny and un-homely, something which is outside the home, so uncanny is I am using the word uncanny in a Freudian sense, unheimlich which means outside of home, something which does not stay in the home, and we saw that play of uncanny and this dramatization of uncanny even in the Goblin market. when we read Rossetti’s poem.

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A colonial mansion, a hereditary estate, I would say a haunted house, and reach the height of romantic felicity—but that would be asking too much of fate!

Still I will proudly declare that there is something queer about it.

Else, why should it be let so cheaply? And why have stood so long untenanted?

John laughs at me, of



Okay. So still I would proudly declare that there's something queer about him. Else, why should it be let so cheaply? And why have stood so long untenanted? So you know it is a bit bizarre how very cheaply they have managed to get this massive mansion which is a colonial home, a colonial palace in a way and why is it that you know it is been so long untenanted, so something must have been wrong in it in a sense.

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Still I will proudly declare that there is something queer about it.

Else, why should it be let so cheaply? And why have stood so long untenanted?

John laughs at me, of course, but one expects that in marriage.

John is practical in the extreme. He has no patience with faith or intense human



John laughs at me of course but one expects that in marriage.

So, we can see immediately how this feminist voice of discontent, of being derided at is emerging in this particular passage where she says that John laughs at me when I say these things because he thinks these are silly because he is an all-knowing male, he is a rational all-knowing old knowledgeable male and of course that is something one expects that marriage, the husband laughing and the ignorance of the wife, the husband laughing at the silliness of the wife. So that binary is very clearly set out at the very beginning of this story.

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so cheaply? And why have
stood so long untenanted?

John laughs at me, of
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John is practical in the
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with faith, an intense horror
of superstition, and he scoffs
openly at any talk of things
not to be felt and seen and
put down in figures.



John is practical in the extreme. He has no patience with faith, an intense horror of superstition and he scoffs openly at any talk of things not to be felt and seen and put down in figures. So it is a very empirical kind of imagination that has been described over here. The John essentially will not believe in anything which cannot put down into figures and that again is that kind of mindset is exactly what informed imperialism, what informed colonialism the ability to imperialized everything, the ability to mathematize everything, to put everything down into facts and figures and he would not accept anything outside the parameters of facts and figures.

He scoffs openly at any talk about things not to be felt and seen and put down in figures, so unless he can put it down in figures, unless he can palpably feel it as a logical material presence he will not believe in it at all. So there is no room in his mind for what he thinks are superstitions and belief systems. So we have again a very neat binary emerging but in the rational male mind and what is supposedly an irrational female mind or irrational female imagination which is very conveniently historicized by the male medical perspective.

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not to be felt and seen and
put down in figures.

John is a physician, and
perhaps—(I would not say it
to a living soul, of course,
but this is dead paper and a
great relief to my mind—)
per-hasps that is one reason
I do not get well faster.

You see, he does not
believe I am sick!

And what can one do?



And now we are told immediately that John is a physician, and perhaps I would not say to a living soul but, of course, but this is a dead paper and a great relief to my mind perhaps that is one reason I do not get well faster. So we get his critic tone coming in immediately, that John is a physician and perhaps that is the reason why I am not getting well as quickly as I would have because he tries to pin me down with his physician's logic, he tried to contain and confine me with his physician's logic of rest cure and perhaps it is one of the reasons why I am not getting cured in proper sense of the term but also notice how...

There is a degree of confession about his writing, it is almost like a diary writing that she is writing in a piece of paper, it is a bit of a cathartic, therapeutic impact on a minor imagination and she says immediately the female protagonist, "I would not say it to a living soul, of course, but this is dead paper this is a dead piece of paper and I can just pour out my mind, pour out my sensibility to it, as a great relief to my mind. So, I can still let it absorb what I'm saying."

And then the confession is because John is a physician there is less chance of her recovery as quickly as she would have if he was not a physician and more of a human person.

You see he does not believe I am sick!

And that is something which I talked about at the beginning that hysteria was a very convenient classification by the male medical vocabulary to confer on the female symptom which they thought was essentially a pseudo disease, it is not really a disease according to the

male medical vocabulary, an old thought was you know you can just put a woman in mansion, let her rest, force her to rest, force her to certain kind of diet, take away any act of expression whether it is writing or whatever and make her sort of calm down essentially. So, this whole idea of calming her down is a very, very phallogocentric patriarchal kind of imposition, calming the woman down is almost as implying the woman hysteric by default and all we need to do as doctors is calm her down, et cetera.

So it is not really a disease in a proper sense of the word according to this kind of male medical imagination that is why she says you see he does not really believe that I am sick, so he thinks I am malingering or I am suffering from some kind of a pseudo symptom, it is not really a disease. Okay.

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believe I am sick!

And what can one do?

If 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—a slight hysterical tendency—what is one to do?

My brother is also a



And what can one do? If 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 – a slight hysterical tendency – what is one to do?

So, what is my voice against his and he is supposed to be at qualified physician, at very high standing, very high social standing a lot of prestige as well, professional prestige and if he tells everyone all their friends and relatives there was something really wrong with the female protagonist and she is just suffering from some kind of a temporary nervous depression which carries a slight hysterical tendency, what is one supposed to do then, which is accepted.

So the question of agency begins to emerge already. So who seems to have more agency, the sufferer or the curers, supposedly the curer, the practitioner the medical practitioner so the voice of the medical practitioner the very male voice it seems to dominate the voice of the sufferer, the person actually suffering the symptom the condition.

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standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do?

My brother is also a physician, and also of high standing, and he says the same thing.

So I take phosphates or



My brother is also a physician and also of high standing and he says the same thing. So we have series of male figures over here who all seem to sort of collude and say the same thing that and it is not really a problem with the sufferer over here, she seems to suffer from some kind of pseudo symptom, so all she needs to do is rest and have a some kind of diet and not imagine things and there are certain occasions in the story where the husband will tell the protagonist you should not let your mind wander off into producing stories, you should not let your mind ramble off and just produce all these narratives imagination, imaginative narratives because that is bad for you.

So, imagination is supposedly bad for the soul, bad for the sufferer over here and what we have instead is a rational mind, so rationality versus imagination again it is a very conveniently and crudely mapped gendered binary, there on the male being rational the female being imaginative and irrational to a certain extent and that is something which the medical vocabulary subscribes to quite heavily.

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one to do:

My brother is also a physician, and also of high standing, and he says the same thing.

So I take phosphates or phosphites—whichever it is, and tonics, and journeys,

and air, and exercise, and am absolutely forbidden to “work” until I am well again.



So, I take phosphates or phosphites whichever it is and tonics and journeys and air and exercise and I am absolutely forbidden to work until I am well again. So, work over here is writing so you know you find on several occasions in the story how she hears footsteps coming in and then she said I am going to stop writing I can hear someone is coming in and I know this is the essentially the cure method that I talked about and she is confined to a particular house.

She has given she is forced fed with phosphates or phosphites and she is given tonics and she is made to journey and made to take air and exercise and strictly absolutely forbidden to work, that is any kind of work any kind of work related activity including acts of imagination and acts of storytelling it's forbidden to her at this point of time and who forbids it, it's a male medical practice which forbids it. So again very, very masculinist kind of dictum that is being conferred on her.

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same thing.

So I take phosphates or phosphites—whichever it is, and tonics, and journeys,

and air, and exercise, and am absolutely forbidden to “work” until I am well again.

Personally, I disagree with their ideas.

Personally, I believe that congenial work with



Personally I disagree with her ideas.

So maybe she says so clearly that I disagree with absolutely everything to say because I seem to suffer it and I seem to have more agency more ownership on my body but I do not and again we find that how this can be very interestingly and complexly connected to what we saw in Sylvia Plath's Tulips, because even in Tulips you find there is a complete act of or complete experience of agency less-ness or an exhaustion of agency or liquidation of agency, a shutdown of agency as it were which is suffered by the female protagonist and the male space and the medical space and Tulips was very, very male and quality and we have a similar kind of situation over here that she seems to disagree with everything that the doctors are saying but then she doesn't have a voice or an agency because she is not pretty qualified to command medically.

So we have this conflict between the actual experience, the sentient experience of suffering and the medical voice of classification and diagnosis which are completely loggerheads with each other, there is no dialogue, there is no empathy at all between those two voices, so what does she believe in what does she think will work for her what is denied to her.

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and air, and exercise, and am absolutely forbidden to “work” until I am well again.

Personally, I disagree with their ideas.

Personally, I believe that congenial work, with excitement and change, would do me good.

But what is one to do?



Personally, I believe that congenial work with excitement and change would do me good. So, I personally feel that congenial work, conducive work, friendly work, supportive work, along with excitement and change will do me good but of course, what is one to do. So, what is one to do against a very male voice of authority of you know some kind hegemony so the sense of hegemony is very, very clear and palpable the way, there is medical hegemony one may push it and say it is medical fascism to a certain extent because it is trying to sort of contain and confine and impose laws and rules on the sufferer without really taking into account anything which is said by the sufferer herself.

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But what is one to do?

I did write for a while in spite of them; but it *does* exhaust me a good deal—having to be so sly about it, or else meet with heavy opposition.

I sometimes fancy that in my condition if I had less opposition and more societv



Okay. I did write for a while in spite of them.

So, I know this writing that I am doing is a bit of a clandestine activity, a secret activity they are not supposed to know that I am writing because you know they would not like it. But it does exhaust me a good deal having to be so sly about it or else meet with heavy opposition. So the full fact that I have to be so secretive about it is exhausting to me because you know that has always obviously very, very stressful not really wanted to be found out because if they find out I am writing they will obviously be mad and it will be met with very, very heavy opposition.

So opposition comes obviously from the medical practice, from the medical voice, from the medical institution. So on the one hand we have this very institutional hegemony of medicine which is prescribing certain kind of cure which was obviously not working at an existential level for sufferer.

But the sufferer, the protagonists, the female protagonist she wants to enact her agency, she wants to assert her agency a voice to the act of writing that is going an opposition to what has been prescribed to her. So this whole act of writing becomes a clandestine activity, a secretive activity as it were. Okay.

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or else meet with heavy
opposition.

I sometimes fancy that in
my condition if I had less
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the very worst thing I can do
is to think about my
condition, and I confess it
always makes me feel bad.

So I will let it alone and
talk about the house.



I sometimes fancy that in my condition if I had less opposition and more society and stimulus but John says the very worst things I can do is to think about my condition and I confess it always makes me feel bad

So she is even forbidden to think of her conditions. So the male protagonist, the male authoritative husband forbids her from thinking about the condition and says that is the worst that you can do to yourself, so you are not allowed to think about yourself, not allowed to think about your condition because that might aggravate it. So think of other things and I find it very interestingly if you read something like Virginia Woolf's Mrs Dalloway which is interesting because it talks about the male hysteric, it talks about a shell-shocked male soldier because you know at the time of First World War the entire idea of hysteria changes it has a paradigm shift as it were.

As we had male protagonists, we had male soldiers that would come back from the war shivering, they were called shivers, some of them were called malingerers, because they were supposedly pretending to be sick but the fact is hysteria became very much a male condition, trauma became very much a male condition, but interestingly in that story, that novel Mrs Dalloway Septimus Smith, who is the protagonist as male protagonist, the male veteran comes back to London after the First World War he is treated by the two doctors called Holmes and Bradshaw and the characters was from doctor John from Virginia Woolf's own experiences with someone called George Savage who was a doctor who treated her unfortunate name.

But the fact is it was same kind of treatment that we see over here confinement, you know not allow to think about yourself because that would lead onto narcissism and sense of self-absorption which might which will aggravate the conditions according to the doctors and also to be fed on a certain kind of diet just to recuperate at a metabolic level.

So it is all very mathematical and rational, there is no sense of empathy and you're forbidden to think about yourself, you are forbidden to be subjective and quality, so all we are supposed to do, we should be outward looking look at objects around you, look at materials around you, look at logic around you and not think of yourself at all at an existential phenomenal level because that might make things worse according to these doctors.

And that is exactly what John the husband doctor tells her, "The very worst thing I can do is to think about my condition and I confess it always makes me feel bad," because you know I am not allowed to think about myself and that as obviously a complete negation of agency, you are not even allowed to think about yourself as a human subject that is also forbidden to you and that is something which is obviously taking away the agency to a great extent.

So we have the question of agency coming in immediately, we had a question of specialty coming in as an ancestral mansion, a colonial mansion which does not seem to be liked so much and, of course, the whole idea of experientiality and discursivity are loggerheads with each other already.

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or else meet with heavy
opposition.

I sometimes fancy that in
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So I will let it alone and
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So I will let it alone and talk about the house.

So she says I am going to follow his advice, I am not going to talk about myself but I will talk about the house and we find how the house becomes an instance of extended embodiment because she feels that the house around her seems to sort of own her to a certain extent at a very embodied level. She does not feel really at home with the house and that home is a bit of an uncanny home for her. So she is obviously suffering from sense of uncanny as being outside the home, outside of familiar space so everything is de-familiarized around her, and that experience of de-familiarization it aggravates their condition to a large extent.

So she says over here that, “I will let it alone and talk about the house.”

So I will stop at this point today I will continue with this text in our next lecture. Thank you for your attention.