“Much Madness Is Divinest Sense”: A Sociological Theory of Insanity Applied to The Yellow Wallpaper and Her Story

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“Much Madness Is Divinest Sense”:
A Sociological Theory of Insanity Applied to
_The Yellow Wall-paper and Her Story_

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requirements for graduation
with honors to the

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Abstract

In this thesis, I applied a sociological theory of insanity to two short stories written by female authors in 19th century American literature. According to social scientists such as Thomas Szasz, insanity is a form of social deviancy from accepted behavioral norms of society. Like other social non-conformists, such as homeless persons or persons accused or convicted of crimes, people labeled “insane” are discriminated against and oppressed because of their perceived differences. According to this model, insanity is a social situation that can only be solved through close scrutiny and institution revision, not a physical ailment that can be “cured” with medication.

I applied this theory to two 19th century American short stories to better understand the insanity from which both protagonists suffer. By studying this approach, I was able to explore the purpose and symbolic meanings of insanity in Charlotte Perkins Gilman’s “The Yellow Wall-paper” and in Harriet Prescott Spofford’s “Her Story.” In both of these short stories the protagonists’ episodes of insanity highlight their struggle against the patriarchal oppression they experience as white, middle class women living in the 19th century. In creating protagonists that resist the patriarchal oppression of their male family members, the authors are purposefully questioning the validity of traditional diagnostic methods of psychology and of traditional gender roles. The reader is continuously forced to reconsider whether the women are actually insane, or whether their madness is just a deviance from accepted societal behavior.
Much Madness is divinest Sense -
   To a discerning Eye -
Much Sense — the starkest Madness —
   'Tis the Majority
In this, as all, prevail
   Assent — and you are sane —
Demur — you’re straightaway dangerous —
   And Handled with a Chain —

—Emily Dickinson
Introduction

Insanity is both an intriguing and frightening subject. On the one hand, insanity can be interesting in that mental illnesses and the people they affect, either directly or indirectly, are considered abnormal, different, or puzzling in our society. On the other hand, many people are fearful of being diagnosed with a mental illness, a disease that by definition is often-believed to be hard or impossible for the afflicted to recognize. Insanity and mental illness also challenge our ideals of normalcy and self-control, and what is perceived as irrational or uncontrollable both fascinates and terrifies us.

This duality of feeling toward mental illness is probably the reason stories such as Charlotte Perkins Gilman’s “The Yellow Wall-paper” (1891) and Harriet Prescott Spofford’s “Her Story” (1872) are so intriguing. “The Yellow Wall-paper” is a late-nineteenth century narrative of a woman who has gone mad. Diagnosed to be suffering from hysteria and nerve disorders, she is shut up in a country mansion with just her diary for companionship, a companion which chronicles her loss of sanity and decaying mental stability. Like “The Yellow Wall-paper,” Spofford’s “Her Story” also recounts the story of a woman driven mad. The narrator in “Her Story” becomes insane after her husband accepts his female ward into their house, creating a jealous competition between the women that eventually ruins the mental health of both.

Though “The Yellow Wall-paper” and “Her Story” approach the subject of female insanity somewhat differently, they are similar in that their main focus is not on the scientific, biological, or psychological aspects of mental illness but instead on the
social. Both Gilman and Spofford use these narratives as a way to explore the social
business of diagnosing, treating, curing, and punishing those we have set apart from
society as “mad.” In this way, these texts anticipate the social theories coming to light in
the 1970’s that try to explain the process of madness. In light of these theories, we can
consider insanity in three ways: the factual, the socially constructed, and the strategic.
The factual, or biological insanity, is a manifestation of a mental disease, a chemical
imbalance in the brain or body that can be reversed by medication. Socially constructed
insanity is used in this paper to define the label placed on perceived social deviants who
act against societal norms. Finally, the strategic madness is the use of factual or
perceived insanity to resist oppression and subjection. Both “The Yellow Wall-paper”
and “Her Story” invite us to explore how all three types of insanity are intertwined and
interwoven.

Factual insanity, or biological insanity, is the most common way of considering
mental illness currently. Unlike socially constructed madness, factual insanity is best
explained by looking at the biological, neurological causes for deviant actions. For
example, we may understand that we are labeling a woman as a post-partum psychotic
due to her social deviancy, but that does not excuse the factual existence of her mental
disease. However, acknowledging the existence of factual insanity is not enough; we
must also consider our interpretations of and reactions to the biological, factual madness.
Szasz explains, “Indeed, the most passionate disputes in both religion and science have
centered not on whether or not particular events were real, but on whether or not the
explanations were true and the actions used to suppress them good” (xxi). Therefore,
insanity can and does exist in a factual way, but in order to truly understand the actual
manifestations of mental illness, we must also consider our social reactions to such actions.

For many social theorists, on the other hand, insanity is not necessarily a biological or chemical malady in the body that can be easily fixed with medication. Instead, it is considered a social situation, an oppression of social deviants that can only be reversed by institutional and societal reform. Some of the most well-known works that contemplate insanity in a social way include Michel Foucault’s *History of Madness*, David J. Rothman’s *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Oscar Grusky’s *Sociology of Mental Illness: Basic Studies*, and Marian Radke Yarrow’s “The Psychological Meaning of Mental Illness in the Family.” Along with these theorists is Thomas Szasz, author of *The Manufacture of Madness* and prominent social scientist. On the theory of madness as a socially constructed function of society, Szasz says that the concept of insanity, like the earlier ideas of witches and witchcraft, is an “imprecise and all-encompassing concept, freely adaptable to whatever uses the priest or physician (or lay ‘diagnosticians’) wishes to put it [sic]” (xix). Insanity is a diagnosis that can be applied to all forms of social deviancy, and is the root cause of many forms of unaccepted social behaviors, whether that is homelessness, criminal activity, substance abuse, or rebelling against conventional gender roles. Instead of addressing the deviancy or the social constraints which cause deviants to be labeled “abnormal,” society instead identifies a person as mentally deficient and attempts to cure him or her of the perceived illness, that is, the nonconformity.

In comparing mental illness to witchcraft, Szasz deliberately indicates that insanity is socially constructed. Anyone who does not fit into normal social standards is
labeled a deviant, i.e., a person purposefully departing from established social practices. Whether or not they have control over these actions is rarely an issue; instead, they are assigned to a role forced on them by authoritarians such as doctors, psychologists, parole officers, police officers, and the like. As Szasz says, “In the past, men created witches; now they create mental patients” (xx). Besides those forced into mental illness, there are also those few who identify themselves as mentally ill. Some of these social deviants feel uncomfortable conforming to conventional standards of social behavior, and they understand themselves to be more closely related to the “abnormal” rather than to the “normal” individual.

The purpose of enforcing the diagnosis and treatment of such insanity is the same as the enforced diagnosis and treatment of other forms of deviancy. That is, conformity to social rules and behaviors is necessary to the survival of a particular society. Part of our acculturization is the acceptance of society’s rules as good, right, or normal. By taking this approach to understanding insanity in our culture, we are able to see that the Western process for diagnosing and treating people with mental illness is a form of oppression of the socially deviant by society’s authoritarians. Szasz contends, “The true believers in mental illness maintain that human problems are caused by madmen and that incarcerating them in mental hospitals is good” (xxii). By forcing people with mental illnesses into treatment, sometimes by confining them against their will to a mental health facility for their entire lives, society is able to repress and restrain those considered unable to function independently or safely within a community.

Diagnosis, then, becomes a way of identifying those who are not subscribing to the behaviors accepted as normal in our society and of controlling or eradicating those
behaviors in an attempt to make all members of society conform. In our own patriarchal society, which rarely changes its views of normalcy, anyone who does not seem to comply with this model is at risk for being identified as a deviant, and possibly even being labeled as insane. For the purposes of this paper, I would like to further consider how women, on the basis of their sex alone, could be considered social delinquents, and why insanity is more easily applied to women than to men. However, it is worthwhile to remember that this applies to any social delinquents, especially the poor or those identifying with a non-white or non-Western culture. Just as a woman may be considered insane for challenging dominant views of gender roles, a person with low materialistic needs or values may be considered mentally ill for choosing a low-income lifestyle.

As a patriarchal society, we tend to consider the male perspective as a standard by which we determine what is the most correct behavior. As such, women are automatically termed “the other”; they become outcasts in the masculine-based society based purely on their sex. As feminists such as Simone de Beauvoir notes in The Second Sex, “A man is in the right in being a man; it is the woman who is in the wrong (2). Later, she expands on this phenomenon, noting that women are often assigned characteristics contradicting society’s accepted norms, placing them in opposition to the Western values of independence, rationality, and emotional and physical strength. For example, accepted as normal and healthy, the characteristics of independence, rational thinking, and intellectualism are often associated with the Western male, while the female nature is described as dependent, emotional, and instinctual. Interestingly, only in abiding by this characterization of the female personality is a woman seen as normal, mentally sound, or socially acceptable.
Not surprisingly, then, a label of insanity can often be attributed to a women who has not assimilated closely enough into the patriarchal culture. A woman who rejects the traditional female personality in preference for the more socially accepted male traits has been considered insane or mentally unsound. Gail Bederman explains how this occurred in the early 19th century:

[T]he implications of neurasthenia (hysteria or depression) differed for men and women, according to medical experts. Whereas men became neurasthenics because the mental labors of advanced civilization drained them of the nervous energy necessary to build a strong, masculine body, women became neurasthenics when they tried to combine their normal function—motherhood—with the masculine, enervating intellectual demands of modern civilization. (130)

At this time, women were considered unable to function in the male-dominated society outside the domestic sphere. Attempting to do so led females to behaviors that were not acceptable by society’s standards, therefore making them vulnerable to diagnoses of insanity or madness. Instead of revising gender roles so that women could adopt the characteristics most valued by society (i.e., the characteristics assigned to males) females demonstrating independence, rational thinking, or intellectualism were instead sometimes classified as mentally unsound, thereby allowing authorities to both excuse and “cure” their deviancy.

1 For an in-depth discussion on diagnosis as an enforcement of patriarchal language and discourse on the deviant female, see Paula A. Treichler’s essay “Escaping the Sentence: Diagnosis and Discourse in ‘The Yellow Wall-paper.’”

2 For more on how society is able to simultaneously excuse and condemn deviancy, see “Techniques of Neutralization: A Theory of Delinquency” by Gresham M. Sykes and David Matza.
By applying this sociological theory of madness, we can understand how the diagnosis and labeling of the insane can be a tool used by the patriarchal, authoritarian powers of our society to oppress the socially deviant. In physical terms, the oppression of people labeled insane has a long and violent history. This is no wonder, considering that insanity, at least in Western culture, was formerly associated with certain physical ailments or with physical punishments meted out by religious authoritarians such as gods, goddesses, and priests for some moral transgression on the part of the victim.\(^3\) Within the last hundred years the treatment of insanity has drastically improved. However, the people labeled as mentally ill are still subject to some forms of oppression. For example, Assisted Outpatient Treatment Initiatives such as Kendra’s Law in New York state uphold a doctor’s recommendation to retain and treat a mentally ill person against their will without the need for a judicial hearing or mandate. In spite of the rulings in court cases such as O’Connor v. Donaldson (1975) which determined it unethical to hold a person suffering from mental illness against his or her will solely because of his or her mental illness, a person may reject treatment physicians, family members, and guardians may force a person into hospitalization if he or she is proven to the courts to be dangerous to him or herself or to others, as was the case in Clark v. Arizona (2000). Additionally, persons acquitted of criminal charges on the basis of insanity are required by law (except in a few states, including Nevada) to be enrolled in a treatment facility or treatment program in lieu of being incarcerated in the traditional prison system.

Despite the obviously negative implications of insanity, madness can also be seen

\(^3\)See Thomas Szasz’s *The Manufacture of Madness* and David J. Rothman’s *The Discovery of the Asylum: Social Order and Disorder in the New Republic* for an in-depth history of the developments in diagnosing and treating mental illness in Western and American culture from Hippocrates to the present day.
as a tool or vehicle used in the strategic resistance against society’s versions of normalcy. By using the disguise of mental illness, one could theoretically be allowed to bend certain rules of society. For example, a person with mental illness may not be expected to follow established laws or societal practices. In this way, madness could be consciously used as an excuse for challenging authority. Factual madness can also be used strategically as an escape from an unbearable situation. A person suffering from insanity may not be mentally present enough to fully understand or experience the emotional and mental stress of a terrible situation. However, if the insanity is perceived as dangerous or uncontrollable, a mentally unstable person may even be physically removed from the circumstances for incarceration or treatment.

Two 19th century short stories, Charlotte Perkins Gilman’s “The Yellow Wall-paper” and Harriet Prescott Spofford’s “Her Story,” explore how women use insanity as a tool against the patriarchal oppression of her time. In both stories, the unnamed narrators must fight against the domination of men who diagnose them as insane because of their deviance from traditional gender roles. Gilman and Spofford recognize the strategic use of insanity and employ it in order to explore the complex social construction of madness. Whereas the narrator in “The Yellow Wall-paper” eventually accepts her diagnosis and succumbs to the physical destruction of her factual insanity, the protagonist of “Her Story” continually questions her diagnosis, strategically using madness as the vehicle for escaping her unbearable situation. Both stories, however, highlight the use of insanity as a tool of resistance against the oppression these women face. By embracing their insanity, the female characters are given an opportunity to exercise agency in spite of a society that demands conformity and control. For a brief moment, the narrators of “The
Yellow Wall-paper” and “Her Story” remind us of both the intrigue and terror of insanity and our own fascination with removing ourselves from the constant supervision and restraint of society.

Part One: “The Yellow Wall-paper”

Considering Charlotte Perkins Gilman’s personal biography, it is no wonder her most popular work of fiction is the narration of a woman who becomes insane as a result of patriarchal oppression. A life-long sufferer of depression and a staunch defender of women’s rights, Gilman’s story “The Yellow Wall-paper” sometimes seems to be more autobiographical than a fictional work of the imagination. Keeping this in mind, I have decided to consider both the sociological theories on insanity described in my introduction and some historical/biographical materials providing a context for this analysis. By doing so, I hope to illuminate the symbolic meaning and purpose of insanity in “The Yellow Wall-paper.”

For the most part, it seems that Gilman refuses to subscribe to society’s common beliefs about women and insanity when she writes the triumph of a mentally ill female over oppression by a patriarchal society. Instead of forcing the narrator to become more subservient and repressed as a result of her mental instability, Gilman creates a character whose factual insanity becomes the tool by which she is able to resist subjection. This same mental disease, however, does not fully liberate the narrator from her physical imprisonment, exposing Gilman’s unconscious acceptance of the very oppression she writes against. By creating a character that is actually insane and willingly accepts her
diagnosis as mentally ill, Gilman illustrates the ineffectiveness of using insanity as a form of resistance to patriarchal oppression.

In “The Yellow Wall-paper,” Gilman creates a female narrator suffering from mental illness, a character who reflects the author’s own experiences as a woman restricted and repressed as a result of her insanity. Biographer Denise D. Knight explains that, though Gilman suffered from bouts of depression at various points during her life, with the acquisition of marriage and children “the depression to which Charlotte was already susceptible became even more pronounced” (13-14). Knight believes that Gilman’s mental illness was brought on by enforced domesticity and motherhood, the “end to the freedom and independence [of being a single woman] she so zealously treasured” (12). According to Knight, “When the emotional pain [of her depression] became almost unbearable, Charlotte and [her husband] decided that she should travel west” (14). It seemed the change in scene greatly encouraged her recovery as “Charlotte almost immediately regained her health and vigor” (Knight 14). Unfortunately, her improvement didn’t last long.

Upon returning home, Knight explains, “[Gilman] was devastated to discover that the melancholia had returned” (14). In an effort to cure her, Gilman’s husband sent her to “the prominent physician and ‘nerve specialist’ S. Weir Mitchell” (Knight 15). Mitchell’s treatment included “enforced domesticity,” prescribing that she “never touch a pen, a paintbrush, or a pencil for the remainder of her life” (Knight 15). This treatment, this complete repression of her personal desires and talents along with total isolation and incarceration within her own house, increased Gilman’s mental suffering. Knight, quoting Gilman’s personal journal, writes, “The mental agony grew so unbearable that
[Gilman] would sit blankly moving [her] head from side to side—to get out from under the pain” (15). Eventually, though, Gilman was able to recover her rationality, divorcing her husband “and immers[ing] herself again in her work” (Knight 15).

Gilman’s personal experiences with mental illness and with the repression associated with being a woman suffering from depression and insanity influenced her work in “The Yellow Wall-paper.” Knight even quotes Gilman as saying that the story was “[b]ased on her own breakdown (but written with ‘embellishments and additions’)” (16). Knight continues, “[H]er objective in writing [‘The Yellow Wall-paper’] was to convince S. Weir Mitchell of ‘the error of his ways’ in treating nervous prostration (16).

Gilman seemed to have accomplished this, as she later discovered Mitchell had “read the story and subsequently changed his treatment of nervous prostration” (Knight 16). Gilman is able to eventually overcome her insanity and build a new life for herself. However, in accepting her diagnosis as a person suffering from mental illness, a diagnosis given to her by a patriarchal society looking to control her, Gilman succumbs to factual madness, eventually recovering only by subscribing to the treatments offered by a society that first labeled her as deviant.

Though Gilman’s “The Yellow Wall-paper” successfully forced Mitchell to re-evaluate and alter his treatment procedures, the story itself is unable to fully free the protagonist from the oppression forced on her by a patriarchal society that constructs and marginalizes socially deviant women as mentally ill. The unnamed narrator strategically resists her oppressors, overcoming the physical symbols of her subjection (i.e. her husband John who has incubated, rather than cured, her insanity and the imprisoning yellow wallpaper with which she becomes obsessed). However, the protagonist’s
inability to escape from the room of her incarceration, the very room in which John forces her to spend the isolating days of her treatment, impresses the reader with her acceptance of the patriarchal diagnosis used to restrain and oppress her. It is this acceptance of her diagnosis that traps the protagonist within factual insanity; her willing compliance with her diagnosis suggests that the narrator, like Gilman, can only be cured if she restores her connection with the very society that diagnosed her. After all, if she were to deny her insanity she would be denying herself the possibility of being cured within the restraints of society.

The story opens with the narrator’s explanation of some events that have already taken place. In an effort to cure the protagonist’s perceived (i.e. socially constructed) mental instability, what John calls a “temporary nervous depression [...] a slight hysterical tendency,” he moves his wife and newborn to the country in search of the peace and stillness of nature (39). In his prescription for restoration of his wife’s mental stability, John opposes the very activities she insists might reverse her condition. The narrator explains that, instead of the distractions of social involvement, social events, and domestic responsibilities, she is forced to follow a strict regimen of approved activities: “[s]o 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” (39).

Secretly, the narrator rebels against her husband’s demands; she stealthily entertains herself with pen and paper though John “hates to have [her] write a word” (41).

From the start, the narrator understands that these confining restrictions are actually hindering her improvement. Though John refuses to consider her ideas of what may sooner heal her depression, the narrator suggests to the reader the activities that
would alleviate her symptoms. “Personally,” she states, “I believe that congenial work with excitement and change would do me good” (39). Timidly, she suggests that “less opposition and more society and stimulus” is the best prescription for her current depression (39). However, John aggressively dominates her schedule and discredits the validity of every proposal she makes. Again, when the narrator suggests a simple change in her treatment, to be placed in a room “that open[s] on the piazza and [has] roses all over the windows, and such pretty old-fashioned chintz hangings,” her husband (and acting physician) denies her request, citing medical reasons why this would not improve her health (40). John forces the narrator, in the name of medicine and recovery, to be completely reliant on him, “hardly let[ting] [her] stir without special direction” (40). Obligated to follow strict gender roles that give no possibility of rebelling against her husband, the narrator enters into a state of childlike dependence. She is forbidden from making even the smallest decisions about her daily routine, allowing John complete control and power over her actions. Even the narrator’s physical movements become a target of control.

Despite his prescriptions, the narrator strategically resists her husband’s instructions. Not only does she continue to write against John’s directions, she also explains that she has not been persuaded to believe in the benefit of his prescriptions. “Personally, I disagree with [his] ideas,” she confides (40). The narrator even goes on to insinuate that her husband’s vigilance in her isolation and regulation of daily schedule may be the cause of her worsening illness: “John is a physician and perhaps,—I wouldn’t say it to a living soul of course, but this is dead paper, and a great relief to my mind, — perhaps that is one reason why I do not get well faster” (39).
At this early stage, the narrator is using a socially perceived form of insanity, a nonconformity to societal norms, as a tool in the strategic resistance to oppression. By silently questioning John’s motivations in treating her, the narrator takes the first step to resisting her husband’s strict, daily management of her life, the oppression he forces on her. The narrator is able to gain another small amount of power over her routine when she conceals her true feelings and state of mind from the scrutiny of her husband. John admonishes her irrational bursts of anger, saying, “if [she] feel[s] so [she] shall neglect proper self-control” (40). Therefore, she continually “take[s] pains to control [herself]—before him at least” (40). By hiding her emotions, the narrator is able to protect herself from a more rigorous and restrictive environment. Later, she also admits to disguising her mental anguish as a way of reserving the small freedoms she is still allowed.

Knowing that John would become more strict and discriminating in his directions for her treatment if he knew the true extent of her illness, the narrator consciously prevents his insight into her mental state. “John doesn’t know how much I really suffer,” she states. “He knows there is no reason to suffer, and that satisfies him” (41). At this point, a case may be made that the narrator is not so much suffering from mental illness as she is unsatisfied and discontent with being treated as a subordinate. In fact, this constant unhappiness with her position leads to her eventual mental breakdown. The continual oppression she experiences wears down her once healthy mentality, exposing her to the damaging effects of factual insanity.

As the narrator’s mental condition worsens, her strength and power increase. First, she begins to ignore her domestic duties, the responsibilities assigned to her and to all women by a patriarchal society which has predetermined what activities normal
women should want to perform. The narrator turns over the care of her newborn to his nanny: “It is fortunate Mary is so good with the baby. Such a dear baby! And yet I can not be with him, it makes me so nervous” (41). By ceasing to care for her child, and by using her insanity as an excuse for not performing this role, the narrator employs her mental illness as a tool to fight back against the prescribed responsibilities forced on her because of her gender. The narrator also hands over her house-work to her sister-in-law, Jennie. Jennie succeeds in every aspect of womanhood (conventional womanhood, at least) in which the narrator fails. The narrator writes, “She is perfect—an enthusiastic—housekeeper, and hopes for no better profession” (43). The narrator allows this woman, who has better assimilated into her position as the subservient angel of the house, to take over the daily duties of cleaning the house, cooking meals, and entertaining guests. The extent of the protagonist’s relinquishing of household duties is apparent in what she writes after a visit by family members during the Fourth of July: “Of course I didn’t do a thing—Jennie sees to everything now” (44).

Eventually, the oppression she experiences is so overwhelming the narrator is forced to consider a more direct form of resistance. Seemingly to inspire her recovery, John warns the narrator that if she doesn’t “pick up faster he shall send [her] to Weir Mitchell in the Fall” (44). Weir Mitchell’s treatments, “which involved total inactivity on the part of the patient,” threaten an ever more strict and oppressive environment if she does not begin to show signs of restoration to her former self (Knight 223). John also encourages the narrator to dismiss her insanity and regain her domestic role: “[John] says no one but myself can help me out of it, that I must use my will and self-control and not let silly fancies run away with me” (45). It is at this moment the narrator decides that she
alone holds the power to escape her confining surroundings; John’s threat of further incarceration forces the narrator to recognize her position as an oppressed woman who must use every tool in her arsenal—including her madness—to overcome the authoritarian force of her husband and society’s oppressive gender roles. The narrator finally accepts her diagnosis, unaware that this consent is the last resistance against factual madness. In embracing her insanity, the narrator allows the biological mental illness to overtake her.

The narrator’s fight for freedom from the oppression of patriarchy is symbolized by her obsession with and final destruction of the yellow wallpaper which decorates her room in the country mansion. The first time the narrator sees it, she writes, “I have never seen a worse paper in my life” (41). At first, it seems the color and pattern are the offending elements. The narrator describes the color as “repellant, almost revolting; a smoldering unclean yellow” (41). The design is just as unattractive with its “sprawling flamboyant patterns, committing every artistic sin […] dull enough to confuse the eye, pronounced enough to constantly irritate” (41). The narrator’s vigilant study of the wallpaper begins to affect her emotions, causing her to “get positively angry” (42); she even explains, the “color is hideous enough, and unreliable enough, and infuriating enough, but the pattern is torturing” (47). As her mental illness progresses, the narrator begins to find the wallpaper’s pattern—which symbolizes her domination by a patriarchal society—to be absolutely unbearable. By the end of the story, the wallpaper has transformed from a hideous color and perplexing pattern to a horrifying mixture of “strangled heads and bulbous eyes and waddling fungus growths […] shriek[ing] with derision” (52).
The more the narrator studies the wallpaper, the more she begins to see a woman trapped behind the imprisoning pattern. At first, the woman appears only as a "dim shape," but almost immediately the narrator recognizes the shape as a "woman stooping down and creeping behind that pattern" (46). The narrator lies awake at night, studying the wallpaper and waiting for the moment when "[t]he faint figure behind [the swirling decoration] seem[s] to shake the pattern" (46). Soon, the protagonist realizes that the woman inside the wallpaper is imprisoned behind the pattern. The spirals and circles of the wall-paper transform "at night, in any kind of light, in twilight, candlelight, lamplight, and worst of all by moonlight [...] [into] bars" (47). The narrator explains that "the woman behind [the pattern] shakes it" as if "she is all the time trying to climb through" (49). The protagonist's factual insanity allows her to project herself into the wallpaper and see her own struggle for freedom from the oppression of her husband and the society in which she lives. As the narrator's insanity encourages her to free the woman imprisoned within the wallpaper, so her mental illness strengthens her resolve that she, too, may escape her unfair incarceration.

The narrator eventually succeeds in overcoming both the physical oppression of her husband's strict rules and the imagined oppression of the wallpaper, the prison from which the woman is desperately trying to escape. By the end of the story, she clarifies the relationship between herself and the woman in the yellow wallpaper, saying, "I suppose I shall have to get back behind the pattern when it comes night, and that is hard! It is so pleasant to be out in this great room and creep around as I please" (52). The protagonist seems to recognize herself as the woman imprisoned by the wallpaper; the
more mentally unstable she becomes, the more she projects her anger toward the oppression she has suffered onto the wallpaper.

Factual insanity and mental instability cause the narrator to merge the two versions of herself, the physical woman who must physically disengage from the oppression of her husband and the imaginary woman she sees trapped behind the imaginary oppression of the yellow wallpaper. The protagonist confuses her actions and experiences with those of the other woman:

I think that woman gets out in the daytime! And I’ll tell you why—privately—I’ve seen her! I can see her out of every one of my windows! It is the same woman, I know, for she is always creeping, and most women do not creep by daylight.

I see her in that long shaded lane, creeping up and down. I see her in those dark grape arbors, creeping all around the garden.

I see her on that long road under the trees, creeping along, and when a carriage comes she hides under the blackberry vines. I don’t blame her a bit. It must be very unpleasant to be caught creeping by daylight! 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. [...] Besides I don’t want anybody to get that woman out at night but me.

I often wonder if I could see her out all the windows at once. But turn as fast as I can I can only see out of one at a time.

And though I always see her she may be able to creep faster than I can turn!
I have watched her sometimes away off in the open country, creeping as fast as a cloud shadow in the high wind. (50)

Of course, the woman the narrator imagines she sees "creeping by daylight" on the road, in the country, and through her windows is actually herself. Creeping, in this section, becomes symbolic of escaping the patriarchal constraints of her society; the woman is able to creep only by daylight, the exact times John is not present to regulate and govern her actions. By no coincidence, the word "creeping" connotes a person stooped, moving unnaturally across the ground, hiding in shadows, trying to stay concealed by bushes and brush. The narrator's association of freedom with an action that looks inhuman and mentally deranged is foreshadowing her eventual failure at truly escaping the oppression of a patriarchal society, even though she destroys its symbols.

As the protagonist realizes her place in society—as one suppressed—and her hatred of such treatment, she recognizes the symbols of the society that have forced her into this position. The yellow wallpaper has trapped a woman inside its pattern, preventing her freedom, just as John has completely imprisoned his wife, forcing on her a strictly managed routine and withholding certain enjoyments supposedly for the encouragement of her health. Finally, the narrator understands that to live freely, without the domination of a patriarch who always seems to think he knows what's best for her, she must destroy these oppressors. She begins by tearing down the wallpaper that has so tormented her, acquiring the strength of the woman trapped within to help her in this action: "I pulled and she shook, I shook and she pulled, and before morning we had peeled off yards of that paper" (51). Understanding the urgency of freeing herself from the symbolic prison of the wallpaper before turning her attention to the physical restraint
of her husband, the narrator states, “I declared I would finish it today” (51). In a frenzied move she “peel[s] off all the paper [she] could reach standing on the floor” (52).

With the demolition of the wallpaper, the woman imprisoned by the pattern is finally free. Now, the narrator is able to turn her attention to the oppressor of her physical body, her husband John. During her attack on the bedroom wallpaper, the protagonist locks herself in the room, “throw[ing] the key down into the front path” (51). She threatens anyone who might try to interfere with her rebellious self-seclusion, saying, “But I am here, and no person touches this paper but me—not alive” (51). In fact, when someone does interrupt her stripping the imprisoning wallpaper, she reacts violently against him. John, “call[ing] and pound[ing]” on the door and “crying for an ax,” returns the narrator to a short moment of lucidity (52). “‘John dear,’ said I in the gentlest voice—‘The key is down by the front steps, under a plantain leaf’” (52). Using a remnant of her strategic insanity, the narrator realizes she must not appear to her husband as the newly freed woman from inside the wallpaper or as a person racked by mental disease; she knows she must entice him with the words of a submissive, gentle, understanding wife. Having lured him into the room, the narrator “[keeps] on creeping just the same, but […] look[s] at him over [her] shoulder” (53). “I’ve got out at last,” she triumphantly shouts, “in spite of you and [Jennie]! And I’ve pulled off most of the paper so you can’t put me back” (53). Finally, she violently attacks her former lover, murdering him and ignoring his lifeless body. “Now why should that man have fainted?” she asks, insinuating that she was somehow involved in his fainting (53); this statement seems absurd, almost comical, considering the circumstances, almost as if the narrator is allowing the reader in on a secret joke, the truth of why John is now lying on the floor.
“But he did [faint],” she continues, “and right across my path by the wall, so that I had to creep over him every time” (53). John’s prolonged unconsciousness and the narrator’s need to “creep over him every time,” confirms that John has not just passed out. Instead, he is now less than a lifeless body to her; he is merely a physical obstacle in her continued creeping circle around the room. Even though the narrator is able to kill off her oppressor, John’s body remains an obstacle to her. Also, she continues her creeping, her inhuman movements of factual insanity, proving her inability to truly escape subjection by using strategic insanity. Though the narrator has strategically used insanity as a form of resistance, though she has overcome her oppressors, she remains irrevocably damaged.

Though the narrator does destroy the symbols of patriarchal control, her factual insanity forces her to reject the freeing effects of her actions. Her strategic of insanity, though fueling her resistance, ultimately fails her in truly liberating herself from oppression. In fact, instead of using her failing mental health to facilitate her escape from the house after John’s death, the narrator’s factual insanity fuels thoughts of suicide. “I am getting angry enough to do something desperate,” she claims. “To jump out the window would be an admirable exercise” (52). However, the narrator is unable to be truly free; after overcoming her physical and imagined oppressors, John and the wallpaper, she cannot release herself from the incarceration of the bedroom in the country mansion: “I don’t want to go outside. I won’t, even if Jennie asks me to […] But I am securely fastened now by my well-hidden rope—you won’t get me out in the road there” (52). This is the room in which John forced her to spend an isolating and demeaning
treatment, and the narrator’s inability to leave this room shows her incapacity to escape from the imprisonment of her husband, even though he is no longer present to enforce it.

Though Gilman’s short story “The Yellow Wall-paper” seems to give an example of enacting resistance through mental illness, in actuality the narrator is unable to use factual insanity to overcome the oppression she experiences by a society which punishes her for her rebellion to accepted gender roles and societal norms. “The Yellow Wall-paper” is a reflection of Gilman’s own experiences as a woman suffering from mental disease in the 19th century, which may explain the narrator’s failure in representing true freedom. Knight explains that Gilman was able to escape from the immediate oppression of her treatment by S. Weir Mitchell, and she became “the authority on the relationship between female sexual oppression and economic dependence on men” (18). Gilman was even able to retain her strong sense of self and independent nature in marriage when she happily wed Houghton Gilman, “[her] companion, confidant, and ardent supporter for thirty-four years” (Knight 20). However, by accepting her diagnosis as a mentally ill person, by publicly acknowledging the insanity attributed to her by a patriarchal society as a result of her social deviance, Gilman reveals her inability to truly extricate herself from the oppression of her diagnosis. Though she seems to reconcile her mental illness with the feminist standards of independence and self-worth, Gilman’s admission that her disobedience to societal norms verifies her diagnosis inadvertently supports the patriarchal oppression she so desperately tries to render invalid in “The Yellow Wall-paper.” Even her biography, her chance to narrate her experience to the world, remains restrained within the constraints of patriarchal diagnosis. The story also remains a
realistic assessment that patriarchal culture does make women insane and that even if factual insanity enable a violent resistance, the women remain permanently damaged.

Like Gilman, the narrator of "The Yellow Wall-paper" also accepts her sentence. Her story is not meant to reach others, to convince them of her innocence and sanity. No, the speaker never denies her diagnosis, but instead repeats it over and over to herself. Also, the narrator is not writing for another but for herself. She writes to "dead paper" because it is "[a] great relief to [her] mind" (39). The protagonist's total acceptance of the male diagnosis is, ultimately, the total acceptance of the male judgment over her own, a judgment forcing her to live under patriarchal domination without possibility of escape.

Part Two: "Her Story"

Harriett Prescott Spofford's short story "Her Story" delivers exactly what it promises in the title. The account of a woman who has presumably been incarcerated in an asylum due to insanity, the unnamed narrator expresses the purpose of her narrative on the first page: "I will just tell you the story of it all exactly as it was, and you shall judge" (148). The focus of the story is indeed on that story telling, and the true triumph of the protagonist is her final ability to recount her personal experiences; she is ultimately able to give a voice to her individual, private self, an opportunity we can assume she was never granted until this moment. In writing the success story of a woman, a "mad woman" nonetheless, voicing her own narrative, Spofford anticipates the breakthrough feminist theory of Sandra Gilbert and Susan Gubar in The Madwoman in the Attic. The
narrator of “Her Story” becomes a symbolic “mad woman,” the alter-ego that is free from
the restraints of silence, allowing her to tell her own story to the world.

Though the narrator of “Her Story” is speaking to a silent auditor, she doesn’t
actually name the listener until the end of her tale, allowing the reader to imagine him or
herself in a personal relationship with the protagonist. The reader, then, is given an
immediate opportunity to sympathize with her situation: “bur[ied] alive” inside an
asylum (148). And, as the reader will later discover, her story is deserving of sympathy.

Lonely and friendless, the narrator seems to find everything she could ever need for
happiness and contentment in her relationship with her minister husband, Spencer. For
years they live quietly together with their two daughters, enjoying their mutual love of
music and of serving others in Spencer’s parish. However, their quaint paradise is
disrupted by the arrival of Spencer’s half-cousin, a woman worldly and sexually
aggressive. Soon, the minister has turned the women against one another, spurring a
jealous competition between them for his affection. Eventually, the protagonist is driven
insane by the constant contention in her house. She is incarcerated in an asylum, forever
questioning the validity of her diagnosis. Eventually, Spencer’s oppression drives even
his cousin to madness, and she too ends up in the asylum.

As the narrator in Gilman’s “The Yellow Wall-paper” is othered with regards to
her gender, the narrator in “Her Story” is set in opposition to another woman, Spencer’s
cousin. Eva Gold and Thomas H. Fick explain this distinction in their article “A
‘Masterpiece’ of the ‘Educated Eye’: Convention, Gaze, and Gender in Spofford’s ‘Her
Story’”:
[U]nlike Gilman's ["The Yellow Wall-paper"], "Her Story" is concerned not so much with the divisions between men and women as with the origins and significance of divisions among women. Specifically, it explores the way the oppositions common to male- and female-authored fictions (blond-passive-chaste; dark-aggressive-sexual) serve to divide women from each other. Further, it interrogates the cultural and psychological grounds of these oppositions, locating them in the desire of patriarchal institutions to divide what is frightening or threatening to them.

The women are specifically pitted against one another by the patriarchy that tries to divide them. Unlike the patriarchy in "The Yellow Wall-paper" which tries to isolate the narrator from all society as a result of her resistance to gender roles, the patriarchal force in "Her Story," Spencer, attempts to separate the women from one another, pitting them against each other so they are less able to fight back against oppression. Gilman’s story is one of extended factual insanity caused by forced domesticity; on the other hand, Spofford’s narrative is about a brief moment of factual madness caused by patriarchal-inspired competition and jealousy. Both narrators’ insanity is an expression of their anger at societal oppression and control. However, whereas Gilman’s protagonist addresses her feelings toward the intolerable yellow wallpaper, the narrator of "Her Story" misdirects her anger toward the other woman in the story.

Along with the differences in how their insanity is inspired, the stories also differ in how they represent madness as a strategic tool for resisting oppression. In this respect where "The Yellow Wall-paper" fails, "Her Story" succeeds. Spofford’s protagonist is
able to achieve the full power against patriarchal oppression that insanity grants her specifically because she harnesses the power of storytelling; the protagonist is able to escape the confines of the asylum, a symbol of patriarchal imprisonment, by telling her story. She is speaking not to herself but to the silent listener, an auditor from outside the confines of the asylum, one who might be able to carry her words far beyond the walls of the prison and into the world. Finally, whereas the narrator in “The Yellow Wall-paper” ultimately accepts her socially constructed diagnosis, the woman in “Her Story” rebels against it, allowing the reader to make up his/her own mind about her factual insanity.

For the protagonist in Spofford’s story, insanity is the powerful tool with which to overcome patriarchal oppression because it gives a voice to the victims of such oppression, a voice which rings far and true.

In The Madwoman in the Attic, Gilbert and Gubar reveal a female character capable of such a voice when they discover the image of the “mad woman” in 19th and 20th century women’s literature. According to these critics, the image of the insane woman, free from the chains of patriarchal gender roles and acting as she pleases without concern for societal norms, is a recurring figure in many of the pieces written throughout the 19th and 20th centuries. This woman becomes a symbol for a “second self,” a self unencumbered by the traditional roles ascribed to women by patriarchal society.

Interestingly, while the insane woman depicted is often silent, “resolutely closing her mouth on silence […] even while she complains of starvation,” the sane woman speaks louder, voicing her story despite herself (58). This sane woman is the narrator of “Her Story,” a woman whose label of insanity by a patriarchal society first silences her, but eventually leads to her regaining her voice, empowering her to overcome such
oppression. Spencer’s misdiagnosis of her reclaimed speech as madness enables her to disregard the patriarchal diagnosis. And, unlike the narrator in “The Yellow Wallpaper,” rejecting his diagnosis enables her to successfully resist subjection.

The narrator of “Her Story” becomes Gilbert and Gubar’s mad woman as a result of the intensely competitive and jealous environment her husband creates when his uncle dies and his cousin becomes his ward. Immediately, he contrasts his wife’s simple virtues to this new woman, whom he describes as “delightful and [having] a rare intellect” (154). Alone and lonely in her new home, the ward turns her attention to her guardian, a man who is supposed to guide her through the difficulties of transitioning to her new life. Enamored by the attention he is receiving from a woman other than his wife, Spencer turns on his mate; abandoning her to commitments to the household and the parish, he spends limitless time with his cousin. Learning that his ward is a talented artist, he declares, “I see you have mastered the whole thing [...] you must instruct me here” (156). Spencer confines himself, and her, to his office for hours on end “criticizing, comparing, making drawings, hunting up authorities, [or walking] away together to the site of the new church that he was building” (156). Recognizing his wife’s jealousy of the cousins’ closeness, Spencer feeds the competition between the women by excluding his wife from discussion of their activities: at “first Spencer would repeat the day’s achievement to me, but the contempt for my ignorance [...] soon put an end to it [...]” (154).

Thriving on his wife’s jealousy, Spencer encourages the women to compete over him. In reply to the narrator’s complaints about the other woman, Spencer defends her, saying, “You are prejudiced [...] She seems to me a wonderful and gifted being” (156).
Soon, the narrator is unable to avoid confrontation. One night, Spencer challenges his cousin to prove herself by aggressively revealing her sexuality. Taunting her, he denies her physical beauty, declaring that “[i]t is not the kind of beauty [he] admire[s]” (157). To prove herself, she must “teach” him her beauty. Willingly, she agrees:

The firelight flashed over her: the color in her cheeks and on her lips sprang ripe and red in it as she held the hair away from them with her rosy finger-tips; her throat curved small and cream-white from the bosom that the lace of her dinner-dress scarcely hid; and the dark eyes glowed with a great light as they lay full on his. (157)

Though his wife begs him to look away, Spencer defies her and continues staring at his cousin’s newly revealed body. Spencer enjoys pushing the women to see who will rise to each challenge. His body language is that of a “lord,” one who has full power and control over his subjects (158).

Spencer encourages his cousin to become more overt in her competition with his wife. While the narrator is expected to attend to her wifely “duties,” Spencer begins to neglect his own commitments to his parish in favor of spending time with his cousin. While the protagonist is “comfort[ing] the dying, [...] touch[ing] the dead,” giving some help and other consolation and “at the least [...] sympathy,” her husband is “busy with greater things” (158). Though the jealousy and resentment continue, Spencer is unsatisfied. He forces his wife to the next level, telling her that “his mind was troubled that his marriage was a mistake” (159). Understandably distraught, the narrator emotionally breaks down, placing their children in his arms and begging him to remain in their marriage. “But that was not enough, I found,” she says (159). Though Spencer
seems to agree with her at the moment, the narrator soon realizes that she can’t end this competition by herself; the power over both women lies in Spencer’s hands.

Soon, the daily antagonism of her household completely destroys the narrator mentally, sending her into factual madness, deep depression and schizophrenia. Though she is given “anodynes,” the protagonist suffers from intolerable insomnia. “My eyes ached, and my brain ached, and my body ached, but it was of no use: I could not sleep,” she notes (160). She begins to have thoughts of suicide, imagining herself hanging from “a bright-headed nail” (161). “I fancied that when I was gone he would love me again,” she remembers, “and at any rate I might be asleep and at rest” (161). She imagines killing Spencer, “put[ting] him out of the world” so he will no longer “sin” by creating rivalry between the women (161). Finally, the protagonist considers ending her life and her children’s, hearing voices whisper, “If only they never waked!” (164). Above all, the narrator yearns for an end to the emotional games she is forced to play with her husband’s cousin.

It is at this point that the narrator explicitly displays signs of factual insanity. First, she becomes silent. The first instance of this is her inability to speak up in objection to Spencer’s cousin taking a flower from her room, a flower he placed there specifically for his wife. Her inability to voice her complaint is significant. Though she wants to discuss the incident with Spencer, she remains silent. Her silence, “even while she complains,” is a characteristic of Gilbert and Gubar’s mad woman. Like other women plagued by insanity, the narrator’s voicelessness becomes associated with oppression, which triggers her mental breakdown. Often treatment for those suffering from mental illness includes some kind of verbal therapy, an opportunity for the mad man
or woman to vocalize his or her sufferings. According to many psychologists, including Szasz, communication "releases tension" and "establishes a connection" between the patient and doctor that reaffirms the patient's humanity (248). By silencing herself, the narrator is drawing deep and deeper inside herself, shutting out the rest of the world. Most importantly, though, by losing her physical voice the protagonist is also losing her ability to tell her own story. She remains helpless to defend herself against the diagnoses of patriarchal society; losing her voice is not just a sign of factual insanity, it is also a result of her oppression facilitated by Spencer's diagnosis.

For the majority of the rest of the story, the narrator becomes voiceless while Spencer's cousin becomes more vocal. Whereas she used to enjoy long discussions with her husband on church matters, he suddenly doesn't need her anymore for "he had [his cousin] to go it over with" (160). The narrator's voice is rarely heard now since "[the cousin's] conversation had been as to leave but little time for it" (160). Also, Spencer's cousin commands the protagonist's voice in the music room, "dictating] to her the time in which [she] should take an Inflammatius and the spirit in which [she] should sing a ballad" (160). Inevitably, the narrator's voice becomes "hoarse and choked with tears" while the other woman's voice grows stronger every day (160).

Despite her sufferings, the narrator remains silent. She cannot tell anyone else of her fears and worries for, "[she] had no one to counsel with" (161). Rather she retreats into herself, a place that is admittedly "wild" and "all distraught" (161). The protagonist cannot even speak to the one person she was closest to, her husband Spencer, and she feels that "[h]e could not tell all [she] was suffering then—all [she] was struggling with" (161).
Eventually, the voice the narrator has lost to the other woman comes back to haunt her. "It was by that time that the voices had begun to talk with me," she confesses, "all night long, all day" (161). Haunted by these mysterious voices, she is unable to salvage the pieces of her former life, for everywhere she goes she is pestered by voices:

If I went down to the seashore, I heard them in the plash of every wave. I heard them in the wind, in the singing of my ears, in the children’s breath as I hung above them [...] If I sat down to play, the things would twist chords into discords; if I sat down to read, they would come between me and the page. (162)

The voices haunt the narrator. The only remedy, it seems, are "long, long walks" that sometimes keep her away from her house for the entire day (162). "[T]hey would never leave me till I was quite tired out," she explains (162).

Eventually, the protagonist is able to see the physical form of the voices, a vision that is a manifestation of her factual irrationality and madness and evidence of the socially constructed diagnosis. They are "creatures [...] with wings like bats" that are somehow connected to the woman competing for her husband’s attention (162). In fact at one point, the narrator says she sees "those bat-like things perched on [Spencer’s cousin’s] ear" and "flying in and out [of her mouth]" (162). Finally, the source and purpose of the voices becomes clear. The bat-like creatures are the physical embodiment of the voice of the seductress, the voice Spencer has created in order to perpetuate his competition. Misunderstanding the situation, the narrator directs her anger wrongfully at Spencer’s cousin. At this point, she is unable to see how her husband, not his ward, has been creating the aggressively competitive tension between the women. Not knowing
this and completely irrational with insanity, she sees the bats coming from Spencer’s cousin’s mouth instead of from the true source, Spencer.

After losing her voice for so long, after silently watching her husband openly encourage another woman into an affair, the narrator finally relearns how to speak. It is this rediscovering of her voice that leads to her diagnosis of insanity by the patriarchy of her house. For even though the protagonist adamantly declares, “But I was not crazy,” it is the “mumbling and nodding to [herself],” that leads Spencer to conclude that she has lost her sanity (163). Upon seeing the narrator speaking so freely to the voices that are haunting her, the voices she thinks were sent by the cousin as a way to drive her from her own home, she notices “[Spencer’s] color changed and he shuddered” (162). But these mumblings and bursts of speech actually reveal her return to sanity; ironically, these improvements lead to her diagnosis as insane and her incarceration in the asylum. As Gilbert and Gubar suggest, it is the mad woman who cannot voice her complaints; she must wait for her second self, her return to sanity to accomplish this for her.

As a prisoner in the asylum, the narrator comes to understand the diagnosis she receives even as she fights against it. Though the asylum doctor already knows of her voices, the narrator omits parts of her experience, giving him less ammunition to use against her in a diagnosis. “I never told him of Spencer,” she confesses, “or of her” (165). By withholding this important information, she retains at least part of the power she has rediscovered in this new version of herself, the mad woman with the ability to voice her story. Eventually, the narrator convinces the doctor that the bat-like creatures haunting her have completely disappeared: “I felt that I was cured of whatever ailed me” (165). Importantly, the narrator never admits her diagnosis. By doing so, she denies the
validity of being labeled by a patriarchal society who only wishes to contain and control her.

The protagonist of “Her Story” accepts her fate as one incarcerated, even while she resists the diagnosis that forces her into the asylum. She discounts her diagnosis, giving reason after reason why she may or may not be insane, including the lack of mental illness in her family history and an allusion to her husband’s sinister motives in “bury[ing] [her] alive [...] in this Retreat” (148). Even as she resists, however, she verifies that the asylum is the best place for her as it is an escape from the situation she left at home: “If it were true [that I am mad], that accounts for my being here. If it were not true, then the best thing they could do with me was to bring me here” (148). She explains that, despite the diagnosis, the treatment would have been the same. “You see,” she says, “just as all roads lead to Rome, all roads led me to this Retreat” (148). In fact, despite her contentions that she is not mad, the narrator urges her visitor to judge her sanity. “I will just tell you the story of it all exactly as it was,” she declares, “and you shall be the judge” (148). Unlike the narrator in “The Yellow Wall-paper,” the narrator of “Her Story” urges the reader to judge for him or herself, allowing the possibility of rejecting her former diagnosis.

As the narrator’s story unfolds, the silent auditor and the sympathizing reader come to understand that she was wrongfully imprisoned. Obviously, Spencer encouraged a competitiveness between herself and his cousin. He enjoyed making the women jealous by paying attention to one or the other. A game for him, Spencer plays at controlling the women until he entirely bores of playing and discards the one he least desires. However, even though the narrator is shut up to live in the confines of an asylum for the rest of her
life, her story is one of triumph. Though her insanity is at this point entirely socially constructed, the narrator discovers safety and rest in her imprisonment.

Nine years after arriving at the asylum, the narrator is joined by another woman. This is "a little woman, swarthy as a Malay," with hair "that grows as rapidly as fungus grows in the night" (166). Immediately, the resemblance to Spencer's cousin's "great, snake-like coils of hair" is obvious (157). With white hair and eyebrows and no front teeth, initially this woman may seem just like any other unfortunate prisoner of the asylum. The narrator repeats that this new woman has "dark dim eyes" and seemed once possessed great "reason and beauty" (166). Though she is considered an idiot by the doctor, she "follows [the narrator] around like a dog [...] [seeming] to want to do something for [her], to propitiate [her]" (166). "All she ever says is to beg me to do no harm," the narrator explains, and it suddenly becomes obvious who this other woman is: Spencer's cousin (166). Spencer has finished using his ward like he did his wife; finished with his game, Spencer has sent his cousin to the asylum to be with his wife.

Interestingly, this situation enables the narrator to finally find peace. Having escaped from the controlling patriarch who drove them to madness, the women are finally able to reconcile. In the asylum, a community of women, the narrator and Spencer's cousin have escaped from the patriarchy forcing them to compete with one another. The asylum symbolizes a haven where women can escape the insanity of a patriarchy that forces them to turn upon themselves and one another, jealously competing for the attention and grace of a man who uses them as objects to satisfy his own vanity.

In addition to discovering the shelter of the asylum, the narrator uses her voice and her story to redress the injustice to which she has been subjected. Though her
husband and her doctor incarcerated her for her seemingly incoherent mumblings and dangerous objections to her husband's affair, she is able to retaliate by telling her story to the silent auditor. Someday, she daydreams, Spencer will repent and come to release her from her prison. "Or if he will not dare trust himself at first, I picture to myself how he will send another," she confides to her audience (both her visitor and the reader) (166). She imagines it will be "some friend [...] who will see me and judge, and carry back the report that I am all I used to be—some friend who will open the gates of heaven to me, or close the gate of hell upon me—who will hold my life and my fate" (166). The protagonist willingly submits her case to her listeners, imploring them to decide whether or not she truly suffers from insanity, ending with "If—oh if it should be you [who will rescue me]!" (166). The narrator specifically engages the reader at this moment, the last sentence of her story, as a way of verifying that her story will be carried out of the prison. The reader is charged with the task of rescuing the narrator by voicing her tale to the world.

Harriet Prescott Spofford’s "Her Story" is the tale of a woman who defies the patriarchal oppression she faces by discovering the mad woman within herself who is able to speak out and voice the troubles she has endured. Like the madwoman from Gilbert and Gubar’s theory, insanity in this case is a strategy that allows the narrator to reclaim independence from patriarchal control; though she remains incarcerated physically, she gains the power to spread her voice and her story outside the walls of her prison. Her madness employed to justify her commitment to the asylum, is also the tool by which she startegically names her oppression and rejects her subjection.
Conclusion

Though Gilman’s and Spofford’s short stories mainly focus on the socially constructed and strategic forms of insanity, current discussions of women’s mental illness in America tend to be directed more blatantly at factual, biological insanity. Rarely would we now hear on the news stories of new mothers who have killed their partners, their children, or themselves without some mention of postpartum depression or postpartum psychosis. Also as infrequently do we hear the case that a person suffering from mental disease may actually be the victim of socially constructed oppression as a result of social deviancy from societal norms. Interestingly, stories about the strategic use of insanity are popular, especially when considering the validity of a person entering a plea of not guilty by reason of insanity in a criminal court case. Despite the cases that highlight a person strategically employing mental illness in order to escape punishment, our current discussions of mental illness are typically centered on the factual insanity. Today mental illness is most typically assumed to arise from a chemical imbalance in the brain, an imperfection medication is sure to fix.

The real issues concerning insanity and deviancy are how we determine the causes of the deviancy and how we treat it. If insanity is perceived to be caused by biological and neurological chemical imbalances, then medication is prescribed to rehabilitate deviants back into socially acceptable ranges of feelings and actions. If the cause of madness is perceived to be a label placed on people who refuse to comply with oppressive social norms, treatment may not be focused on the afflicted; instead, attention may be given to reforming the restrictive norms and roles which cause a person to resist authority. However, if insanity is understood to be a strategic response to oppression,
again the remedy would have to focus on the source of the oppression, instead of the patient. As “The Yellow Wall-paper” and “Her Story” demonstrate, all three forms of insanity are deeply and irreversibly intertwined. Therefore, to truly address the issue of mental illness we should and must consider internal as well as external causes and treatment options. In this way, the prescription addresses the real causes of mental illness and does not simply punish or medicate the nonconformists and oppressed into compliance with a social system that is oppressive and destructive.

The story of Andrea Yates is similar in many ways to those of the narrators in “The Yellow Wall-paper” and “Her Story.” On June 20, 2001, Andrea Yates, a stay at home mother and housewife, drowned her five children and laid them out on her bed, covering their wet bodies with a sheet. Though Yates had a long history of mental illness and belonged to a religion that was oppressive to women, giving her cause to claim both biological and socially constructed roots for her madness, she was convicted on three counts of infanticide on March 12, 2002. Yates’s story is a clear example of the ramifications of ignoring the social and strategic insanities in favor of focusing entirely on the factual.

According to Katherine Ramsland, author “Andrea Yates: Ill or Evil?,” Yates had a long history of mental illness. After suffering from depression and bulimia in her high school years, Yates was first diagnosed with a mental disorder after the birth of her first child, Noah. Soon after his birth, she began “having violent visions: she saw someone being stabbed” (Ramsland). Besides these images, Yates also suffered from hearing voices, sometimes she even “heard Satan speak to her” (Ramsland). Though Yates experienced similar episodes of postpartum depression and psychosis with the births of
her next two children, it wasn’t until after the birth of her fourth child that she was finally diagnosed and medicated for her factual, biological mental illness. Over the next few years, Yates was prescribed several medications and hospitalized on more than one occasion for her continuing psychotic symptoms, using her insanity strategically to resist the oppression she was experiencing. Ramsland explains, “She told her psychiatrist that she was hearing voices and seeing visions again about getting a knife. She began to scratch at herself, leaving sores on her legs. Then Rusty found her in the bathroom one day pressing a knife to her throat.” After this suicide attempt, Yates’s condition was finally taken seriously by her family; her husband, Rusty, hospitalized and medicated her against her will. Against doctors’ recommendations, however, Yates refused to take her medication and became pregnant for the fifth time in 2000. As Ramsland reveals, Yates was discharged from the hospital after the birth of Mary with hopes that, with the support of daily medication, she could function normally: “Rusty believed he would spot the onset of depression and get help if needed. He was sure any bad effects could be controlled with medication.”

Unfortunately, that was not the case, and Yates’s condition continued to worsen. Part of the reason Yates did not heal was because of the oppressive environment in which she lived. Extremely devout, Andrea and Rusty strongly adhered to the religious teachings of Michael Woroniecki, “a sharp-witted, sharp-tongued, self-proclaimed ‘prophet’ who preached a simple message about following Jesus, but who was so belligerent in public about sinners going to hell (which included most people) that he was often in trouble” (Ramsland). Woroniecki taught that women were inherently evil and must learn to be entirely submissive to men. Though Woroniecki traveled around the
country with his wife and children most of the time, the Yateses communicated to him via letters and phone calls. According to one reporter, the message in Woroneicki's letters most often reprimanded Andrea for her natural tendency toward evil and demanded complete submission in order that she might redeem her life and the lives of her children:

"From the letters I have that Rachel Woroniecki wrote to Andrea," says Suzy Spencer on Mugshots, "it was, 'You are evil. You are wicked. You are a daughter of Eve, who is a wicked witch. The window of opportunity for us to minister to you is closing. You have to repent now.'" (Ramsland)

Besides the demands made on Andrea as a woman, she was also condemned for her actions as a mother. Woroniecki also told Yates that her sinful nature was responsible for the sinfulness of her children; she was held singularly accountable for their eventual acceptance into Heaven or Hell. As Ramsland explains, "In other words, if the mother was going to Hell for some reason, so would the children."

Living in such an oppressive environment, it is no surprise that Yates was not healed by medication alone. In fact, her illness continued to worsen; by the time of the murders, Dr. Lucy Puryear, psychiatrist from the Baylor College of Medicine proclaimed her "the sickest person I had ever seen in my life" (Ramsland). At the time of her pre-trial interviews, Yates proved the psychological effect of her years of oppressive treatment, citing the reason for killing her children to be because she wanted to punish herself. Ramsland recalls this confession in a particular interview between Andrea and a police officer several hours after the murders: "'Who killed your children?' the officer
asked. 'I killed my children.' Her eyes were blank. 'Why did you kill your children?'

'Because I'm a bad mother.'

Because the social construction of her madness (that is, the religion that subjected her to a life of complete submission, convincing her that her inherent evil would cause her children to suffer eternally in Hell) and her strategic usage of insanity as a resistance to oppression (manifested in the murders of her children) was ignored, Yates's factual mental illness daily worsened, with tragic results. As Andrea Yates's story, along with the narratives in Charlotte Perkins Gilman's "The Yellow Wall-paper" and Harriet Prescott Spofford's "Her Story" proves, insanity cannot just be treated as a factual, biological illness. By neglecting to recognize the social factors that compounded her factual insanity and the oppressive religious environment which labeled her as deviant for her actions, Andrea's mental illness was left misunderstood and ultimately untreated. If there is any lesson to be learned from the stories of such women as Andrea Yates and the narrators of "The Yellow Wall-paper" and "Her Story," it is that in order to treat the disease we must first understand its true causes, and that medication must be used hand-in-hand with social reform in order to create true results. As these stories of persecuted women using their oppression as a resistance against their oppressors remind us, the issue of insanity is continually complicated by the inextricable intertwining of factual, socially constructed, and strategic madness.
Works Cited


