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The Animal Unleashed - An Examination of Hysteria and its Aftermath: A Muse and its Makers

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THE ANIMAL UNLEASHED-
AN EXAMINATION OF HYSTERIA AND ITS AFTERMATH:
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2000

ELIZABETH BAGAN
the artistic - and proves that the two perspectives are deeply imbedded and interwoven in a present understanding of the disease, so much so that they are almost inseparable.

Notably, a wide body of writings exists which explores feminist interpretations of hysteria. A feminist re-awakening surrounding the medical and social disease, perhaps incited by works by feminist authors like Perkins Gilman and Virginia Woolf, has sparked a new interest in the topic from various fields of study. Feminists perceive hysteria’s conception as a backlash against women and cite Freud’s work and doctors’ demonization of emotional women as proof of patriarchal suppression. Hysteria maintains this common anti-feminist connotation in the mainstream even today. Many feminist literary scholars use the case study of Dora as their trump card to say ‘Aha!’ to the psychological establishment that, from scholastic interpretations of Freud’s work, would not listen to a young woman bartered by her father in exchange for a wife and summer home. At feminists urging, much of Freud’s work and the medical and social history surrounding the development of hysteria is being re-visited by scholars and theorists in varying academic fields. Plus, new interest in male hysteria, and Freud’s role in the cultivation of it through use of his personal experiences as data, has changed the way hysteria is being perceived. Freud’s willingness to write in a self-reflective and analytic way has provided lasting insight into the phenomena of male hysteria and how it has forced feminists to re-evaluate some of their claims. Still, the connectedness of an interdisciplinary approach to examining the disease has allowed for the bridge between science and art for feminists and other scholars. Before launching an evaluation of the merging of two areas, it is important to understand the beginnings of the disease in medical discourses.

The history of the medical development of hysteria has its roots in ancient times. The word ‘hysteria’ derives from the Greek ‘hystera’ which means uterus; the Greek word has its origin from the Sanskrit word for stomach. It has been called the ‘wandering
womb' disease with the assumption that women's erratic behavior was a result of a dislocated uterus. Such assumptions, and its association with reproductive organs, lead medical experts to conclude that hysteria was somehow linked to sexuality gone awry. Many physicians determined that they had to massage various parts of the body to coax the womb back into place and relieve the hysterical woman of her symptoms. The earliest historical account of hysteria dates to around 1900 B.C. where an Egyptian medical papyrus records a series of curious behaviors in adult women. The Greeks adopted most of the treatments and assumptions about hysteria offered by the Egyptians and continued the tradition of the wandering uterus and dysfunctional sexuality. Even the Romans accepted the premise of women's outbursts as linked to the diseases of the womb. The Roman Empire most frequently identified cases of hysteria in virgins, widows, and unmarried women, strengthening the conviction that hysteria was born from a lack of sexual stimulus or fulfillment. This lead to the sexual-stimuli-as-treatment and eventual resurrection of hysteria as a product of sexually confused women, discussed later in the paper. Following the Roman era, Christianity and its mores of all suffering and actions being directly linked God's will and evil-begetting-evil framed hysteria as the devil's work and hysteric sufferers as the devil's handmaidens. These women were eventually named witches.

In the seventeenth century, a neurological model of hysteria emerged and shifted some of the focus from women's reproductive systems to women's minds. This trend continued into the eighteenth century. Finally, the nineteenth century began what can best be described as the revolution of modern-day concepts of hysteria, with new studies and new theories developed by many medical and psychology practitioners in Europe and

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Hysterical diagnosis began to cover a broad range of symptoms including fainting, edema or hyperemia, nervousness, insomnia, sensations of heaviness in the abdomen, muscle spasms, shortness of breath, loss of appetite for food or for sex with the approved male partner. It frequently included in its list of symptoms the “tendency to cause trouble for others, particularly members of the patient’s immediate family.” In short, almost all women at one time or another in the nineteenth century had a symptom of hysteria as described above and therefore it was one of the most frequently diagnosed diseases until removed from the canon of modern disease paradigms by the APA in 1952.

Because women were frequently diagnosed with hysteria, many unusual treatments emerged in response to the ailments. It is a supply and demand theory: the more hysterical women, the more outrageous treatments, many of which were aimed at curing sexual dissatisfaction. As early as the medical scientist Galen’s time period — 129-200 A.D. — hysteria was described as a uterine disease caused by sexual deprivation, to which passionate women were particularly susceptible. Galen described in great detail a genital massage therapy resulting in contraction of the vaginal muscles and a release of fluid. More simply stated, Galen advocated for the female orgasm as a cure for hysterical tendency. In fact, Rachel Maines offers convincing evidence indicating how frequently manual massage of the vulva was used as a form of treatment for hysteria or “suffocation.

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2 Rachel P. Maines, The Technology of Orgasm: “Hysteria, the Vibrator, and Women’s Sexual Satisfaction” (Baltimore: Johns Hopkins University Press, 1999) 23

3 American Psychiatric Association, Mental Disorders Diagnostic and Statistical Manual (Washington, D.C.: APA, 1952)

4 Rachel P. Maines, The Technology of Orgasm: “Hysteria, the Vibrator, and Women’s Sexual Satisfaction” (Baltimore: Johns Hopkins University Press, 1999) 24
of the mother" in Western Medicine from "antiquity through the Middle Ages, Renaissance and Reformation, and into the modern period." 

Given the acceptance of the hypothesis that hysterical women were under-sexed or sexually dissatisfied women, many physicians began experimenting with massage therapies, as Maines explores in her The Technology of Orgasm and especially in a cheeky-titled chapter "The Job Nobody Wanted." Sex escaped from the bedroom into clinics and physicians' offices. During the Renaissance, intercourse within the context of marriage was thought to be the best cure for the ailment. If no husband were present, a midwife was permitted to "annoint her fingers with oleum nardinum or moschetalinum...and rub or tickle the top of the neck of the wombe which toucheteth the inner orifice." Perhaps the most humorous remedy for hysteria is that of Bernard Mandeville's (1670-1733) where, in his 1711 Treatise of the Hypochondriac and Hysteric Passions, he prescribed horseback riding for hysterical young girls combined with a regimen of massage for up to three hours daily. "Nineteenth century physicians noted that their hysterical and neurasthenic women patients experienced traditional androcentric intercourse mainly as a disappointment. Richard von Krafft-Ebing, who thought that 'women...if physically and mentally normal, and properly educated, has but little sensual desire,' nevertheless considered the failure of his female patients to enjoy sex a pathological condition." A.F.A. King, an obstetrician in 1891, proposed a thesis

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5 Rachel P. Maines. The Technology of Orgasm: "Hysteria, the Vibrator, and Women's Sexual Satisfaction" (Baltimore: Johns Hopkins University Press, 1999) 12

6 Pare. Workes, 945


8 Rachel P. Maines. The Technology of Orgasm: "Hysteria, the Vibrator, and Women's Sexual Satisfaction" (Baltimore: Johns Hopkins University Press, 1999) 39
where he insists women fall into hysterical fits in order to attract the advances of men and to overcome their supposed natural reticence. But, as Rachel Maines rightly notes in her presentation of the histories of sexuality and 'medical massage’ in hysteria, the voices of these hysteric women are rarely audible.9

It is in this absence of first-person account wherein lies the core of the problem diagnosing and dissecting the medical treatment of hysteria and provides the fuel for feminist’s anger. Until Freud’s time, most accounts of hysterical women are solved through women’s sexual climax. Doctors proposed different reasons for the muscle contractions and female reaction to the ‘expulsion of the internal fluid’ but the heart of the diagnosis remained the same -- women were sexually unsatisfied. Such an assertion certainly indicted men who were not completely fulfilling their wives’ sexual expectations. Because the sexual act normally included men, men were suddenly at fault and implicitly linked to hysteria. Rather than accept responsibility for women’s dissatisfaction, the mostly male medical profession cast ‘hysteria’ as an abnormal disease that occurred in abnormal women. This forced women to shoulder the blame, and guilt, for their physical needs. Doctors quickly diagnosed the disease and fixed it with massage and orders of regular copulation. Because sexual acts remained a private matter, little research and public knowledge of treatments occurred during much of this time period. Cloaked in mystery, the disease began to take on mythic proportions within society as hypothesis were formed and extreme images of crazy women locked in attics and sensitive women fainting at everything took on comic proportions. Hysteria was everywhere.

Hysteria has two histories: a medical and popular culture one. Since the beginning of studies on hysteria, it has been a blend of the psyche and soma, perhaps adding to its

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9  Ibid, 10
enigmatic status. Thus, countless historians, sociologists, and medical professions find
difficulty in diagnosing and understanding its impact. The current popular meaning of
the word “hysterical,” applied to a person, means ‘upset to the point of irrationality;’
applied to a situation it means ‘very funny.’ The medical terminology once associated
with the disease and its symptoms has given way to an overall implication that hysteria is
synonymous with frivolous emotions. One renowned psychiatrist, Philip R. Slavney,
mused in 1990 that “hysteria,” “hysteric” and “hysterical” are on the verge of becoming
anachronisms. 10 From a scientist’s perspective, his forecasts may have been accurate
since the medical field reports a striking decline in the incidence of hysteria in the
twentieth century. Those rarely reported cases are subject to a fragmented diagnosis as
medical expertise broadens along with more symptom-specific vocabulary in treatment. It
is unlikely that anyone will be diagnosed with ‘hysteria’ again. In fact, in its most
frequent association, “hysteria” means being overemotional, irresponsible, and feminine
and for this reason enrages some feminists because it is used to belittle women’s medical
and political complaints. 11 As Rachel Maines points out after discussing the origin of the
word “hysteria” as that which comes from the uterus, “hysterical combines in its
connotations the pejorative elements of femininity and of the irrational.” 12 While hysteria
as a disease has evolved almost into extinction with its changing physicians and patients,
its focus has essentially remained on the ‘intrinsic pathology of the feminine.’ Although

10 Philip R. Slavney, Perspectives on “Hysteria” (Baltimore: Johns Hopkins
University Press, 1990), 190.

11 Elaine Showalter, Hystories: Hysterical Epidemics and Modern Media (New
York: Columbia University Press, 1997) 8

12 Rachel P. Maines, The Technology of Orgasm: “Hysteria, the Vibrator, and
Women’s Sexual Satisfaction” (Baltimore: Johns Hopkins University Press. 1999) 10
hysterical diagnosis seemed to reach its peak in the middle and late nineteenth century, which Showalter insists is a result of fin de siècle anxiety, it cannot be considered a Victorian invention. Ilsa Veith says in the essential 1965 work _Hysteria: The History of the Disease_ that “hysteria...has adapted its symptoms to the ideas and mores current in each society; yet, its pre-dispositions and its basic features have remained more or less unchanged” (22).

Medical experts assert that hysteria diagnosis has lessened and essentially disappeared because of the advancement of medical technology. Today, many of the typical hysterical symptoms can be explained physiologically. In fact, many of the Victorian complaints associated with the disease can be categorized as normal female sexuality. While some experts contend that hysteria was a disease born in medical ignorance, Elaine Showalter refutes the assumption that hysteria has its base in a pre-Victorian world and instead contends that according to her examination, hysteria appears to be a largely Victorian disorder. She claims that it eventually disappeared through the discourse of feminism and rejection of repressed sexuality. According to her, while physicians and psychiatrists have long been writing obituaries for hysteria, scholars in the humanities and social sciences have given it new life.¹³

Although Showalter’s hypothesis about hysteria’s creation in the Victorian era is easily refuted with evidence from Hippocrates and Galen dating back hundreds of years, she notes a key coincidence in hysteria’s disappearance: the rise of the so-labeled ‘women’s movement.’ The twentieth century has ushered in a revolution of scientific research with medical progress unfathomable a century ago, which can potentially explain the decrease in hysterical diagnosis. Doctors now understand the physiology of

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why a woman faints or experiences periodic blindness. It is no longer necessary to lump these feminine ailments into an easily, and mysteriously, classified hysterical symptom. So, potentially, the rising visibility of feminism had little to do with the disappearance of hysteria. But, it is still a striking coincidence and one that demands further exploration. Certainly, the largest volume of writing on non-medical elements of hysteria has centered on studies in feminism. Hysteria, in a feminist examination, may be read as metaphor for women’s position in a patriarchal society and their lack of inclusion in medical discourse. The feminist movement has contributed to the interest of other disciplines in hysteria since feminist studies itself has become diversified and specialized. Feminist angles in anthropology, science, history, literature, and psychology have created arguments accusing prior scholastic pursuits in these fields as unknowingly masculine. The feminist voice was never included as relevant. Using a feminist approach when studying hysteria attempts to draw attention to the historically masculine methods previously used to draw scientific conclusions. Feminism, it seems, challenges the formerly undisputed way one approaches science and art, and, in turn, hysteria. In his unique way, (and perhaps unwitting way) Freud contributes to this feminist pursuit by revealing an unheard voice in the hysteric struggle: the male sufferer.

A flurry of interest has emerged in the history of hysteria in the last twenty-five years and at a frenzied pace in the last decade. As Micale notes, “this new scholarship originates from many locations in Europe and North America and from a variety of fields of inquiry whose practitioners are not generally familiar with one another’s work. These fields include, within the health sciences, neurology, psychiatry, clinical psychology, and psychoanalysis, and within the humanities, intellectual history, medical and science

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history, legal history, women’s studies, psychoanalytic studies, art history, and literary history and criticism. The diversity of interest and approaches to studying hysteria is astounding and Mark Micale attempts in his *Approaching Hysteria* to create an interdisciplinary study of hysteria rather than allow the aforementioned fields to remain fragmented. His un-possessive work permits a purer synthesis of the creation and evolution of hysteria from its conception to present. Micale’s writings serve as an essential advocate for the intellectual betterment a cross-disciplinary approach offers, embracing all points of view surrounding hysteria including those of science and art.

The study of hysterical impact cuts across historical periods and national boundaries, examines gender and culture, and provides insight into language, narrative, and representation. Showalter labels those studying such associations as the New Hysterians, a coy send-up of the New Historians who changed the critical approach to literature in a post-modern period. Members of this Hysterians group ask questions about self, sexual and gender identity, cultural meaning, and political behavior. Mark Micale notes that the final quarter on the twentieth century has ushered in a further fragmentation of the disease and historical interest in hysteria is building to potentially match the great medical preoccupation with the disease of a century ago. The New Hysterians have removed the medical history from their ‘hystery’ and left a controversial understanding of the origins and impact of hysteria in their wake. But, it was Freud who transformed the image of hysteria before the New Hysterians approached either its medical or cultural history because of his preoccupations with the disease, women, and sexuality. Together, these have the makings for a great factual or fictional tale, as he potentially flirts with both.

15 Ibid. 5
Carroll Smith-Rosenberg has called psychoanalysis "the child of the hysterical woman." Others may be tempted to call it "the child of the sexual psyche-centric man." The lines of sexuality and the female role in it are skewed at the turn of the century in Vienna. In his works outlining the subconscious and the invention of psychoanalytical criticism, Sigmund Freud makes several dangerous "scientific discoveries" about the nature and sexual desires of women. Hysteria was a common diagnosis for all that ailed women during the time period. Hysterectomy and clitorectomy were primary treatments to cure women of sexuality that caused impractical and dangerous sexual reactions. By 1896, Freud was convinced that repressed childhood or even infantile sexual abuse caused hysteria; he called this early model of hysteria the "seduction theory." In a paper read to the Viennese Society for Psychiatry and Neurology in April 1896 based on his experiences with eighteen hysterical patients, Freud announced his views on hysteria. "At the bottom of every case there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest years of childhood but which can be reproduced through the work of psycho-analysis in spite of the intervening decades." Freud's article, "The Aetiology of Hysteria" took the position that hysterics suffered not from sexual deprivation but from "lesions in consciousness" caused by childhood trauma. But soon Freud gave up on his seduction theory, determining that "instead of remembering real incidents of incestuous abuse, hysterical patients were expressing fantasies based on their unconscious Oedipal desires." Thus, women fantasize about intercourse with their father from a young age and are identified as highly sexual.

Ibid. 5

creatures with ulterior motives when they are first conscious of gender (read: genitalia) differences.

Yet, as early as the year before, Freud, when treating twenty-seven year old Emma Eckstein for vague complaints, including stomach aches and menstrual irregularities, initially concluded that her hysteria was caused by masturbation and the cure was to operate on her nose.\(^{18}\) Freud’s conclusion that Emma Eckstein needed a nose operation occurs at the height of his relationship with Wilhelm Fleiss, who was an ear, nose, and throat specialist and experimented with nose therapies. This friendship has a strong impact on Freud’s hysterical theories. And, as Micale observes, “he confided the most private details of his self-analysis to Fleiss, in an intense and idealized friendship that contained a self-avowedly homoerotic component.”\(^{19}\) If such speculation is true, the impact of Freud’s latent homosexual desires is strongly evidenced in his psychoanalysis and its emphasis on same-sex attraction and fixation. His conclusions regarding Dora’s homosexuality in his case study proves especially ideal for such an assertion. Still, it will forever remain speculation.

The premise for Freud’s scientific breakdown of hysteria coincided with his newly developed theories on psychoanalysis. He explained that “the conversion symptom of hysteria is a particular form of symbolic somatization; it represents a transfer of libido to a bodily organ that expresses a forbidden wish and its feared consequences.” Freudians view paralysis in a leg, without organic cause, as a hysteria symptom, both an erection and a castration, while hysterical blindness is both a wish to look at something

\(^{18}\) Sigmund Freud. 89
forbidden and the punishment for such a transgression. In fact, as Elisabeth Bronsen points out, Freud was so intent to prove hysteria's psychoanalytic sexual origin that he refused to connect death to hysteria despite its obvious correlation in his patients. "His three main patients, Anna O., Emmy von N., and Elisabeth von R., quite markedly involve death -- either nursing a dying parent or the death of various family members forced these women to confront mortality and the disintegration of the family bond." Freud never mentions this in his case studies except as background to why these women were sexually defunct and paralyzed in a stage of sexual development. Not to be outdone by the new sexual discovery on women's psyches, French structuralist, Lacan asserted his beliefs that hysteria, women, femininity, and gender were knotted together; the hysterical was most likely a woman struggling with her sexual identity. Freud's explosive theories spread across western Europe, the British Isles, into America and forever changed the scope of hysteria studies.

Freud presumes that the hysterical condition has no basis in the physical but is rather a mental condition, a premise responsible for redirecting the approach to women and the diagnoses of the disease. Women's sexual dissatisfaction becomes irrelevant since it was no longer a physical condition but rather a traumatic experience and latent understanding of sexual instinct. A woman's not reaching orgasm was, entirely, her fault. "If hysteria has its origins in juvenile exposures to sexuality, whether real or imagined, the husbands and male lovers of adult women were entirely exculpated. They need not exert themselves to provide the cure in the marriage bed...since only a professional like


Freud could "talk out" the disease." 22 Freud’s clinical training in hysteria occurred at the Salpetriere under Jean-Martin Charcot, whose influence is evident in many of Freud’s hypotheses. Freud paraphrases Charcot when he says "I do not think I am exaggerating when I assert that the great majority of severe neuroses in women have their origin in the marriage bed." 23 Freud, for the first time, along with Viennese physician Josef Breuer, suggests a psychological rather than a physiological basis for hysteria in the 1895 publication Studies in Hysteria.

The work proves to be one of the cornerstones of Freud’s beginning research of the nature of hysteria and his own grappling with the disease’s characterizations and traits. "The twitches, phobias, and paralysis that characterize the cases in Breuer and Freud’s Studies on Hysteria are not simply emblematic of psychological structures but are complex bodily metaphors cast by the patient’s unconscious into subjective, symbolic forms. Even in the Szaszian view, hysteria is not a disease; rather, it is an alternative physical, verbal, and gestural language, an iconic social communication." 24 He also began to question the likelihood that such a disease could be gender-specific when its symptoms were not explicitly linked to the feminine. Men had phobias and experienced inorganic paralysis as well as fainting spells and blindness. These cases were less public than women’s but existed nonetheless. In fact, at several points in his personal correspondence with Wilhelm Fleiss, Freud calls himself a ‘victim of hysteria’ at least three times. Throughout these letters, Freud makes reference to his "neurosis,"

22 Rachel Maines. The Technology of Orgasm: "Hysteria, the Vibrator, and Women’s Sexual Satisfaction" (Baltimore: Johns Hopkins University Press) 45

23 Freud. Letters. 44

"neurasthenia," and "hypochondria" all words he later uses to describe his hysterical female patients. Most of the male hysterical studies are missing from the historical and medical texts on hysteria. One can speculate that their exclusion is primarily a result of male hysteria's existence proving a fallacy in the previous scientific and social hypothesis surrounding the causes of the disease, namely female sexuality gone awry.

If adult men as well as women could be hysterics, then the disease was theoretically not sex-dependent. From the perspective of the disorder as a centuries-old male-authored commentary of the female, the implications of the idea of hysteria in the male are at least two-fold: first, it implies a masculinization of women, that is, a realization that the pathologies of hyperfemininity ascribed medically to women in the past represented gross gender caricatures; and second, it implies an exploration of the "feminine" (i.e. the vulnerable and emotional) component in the male psyche. This is a potentially shattering concept for a patriarchal society. There has been resistance from social and psychological schools of thought to blurring the lines of gender differences (see Micale, 239). When Freud discusses his bad humor and discontent with Fleiss in their letters concluding in 1889 that, "the secret of this restlessness is hysteria" he diagnoses himself a hysterical and creates one of the most well documented cases of male hysteria. He plays a vital role in the transition which occurs at the turn of the nineteenth from a purely scientific view of hysteria to one which includes psychology and later art and literature.

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25 Complete Letters of Sigmund Freud to Wilhelm Fliess, 261 as presented in Micale, 256


27 (Complete Letters, 272)
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Micale makes a bold statement when he suggests that the character of Freud himself is the core representation of the marriage of the two traditional approaches to hysteria – the artistic and scientific – through his personal correspondence with Wilhelm Fliess and the development of his scientific hypotheses.

Freud’s early years as a psychology student were spent learning the classic theories which, until that point, defined the science. Around 1890 he began to expand his personal theories and broke away from more traditional psychological practice en route to the creation of his psychoanalytic theories. His break with the traditional establishment reduced his ability to earn respect and authority as a scientist and, also, prevented him from earning a much-coveted position at the University of Vienna. This same time period marked a difficult time in the history of Austria during the Hapsburg empire when anti-Semitic ideology was emerging prior to World Wars I and II. Freud turned to again studying the classics and devoted much time to his personal letters. Freud, it seemed, was escaping a bit into his writing. He comments about his case study of Dora lacking ‘the serious stamp of science’ and then defends his presentation with the explanation that the ‘nature of the subject is evidently responsible for this’ and that a detailed description of mental processes - like those found in works by imaginative writers - permits insight into the psyche using ‘psychological formulas.’ In this, Freud suggests that when studying psychology, and especially hysteria, a novelist’s approach may be more beneficial and correct.28 It is precisely this approach which some argue he uses to analyze his most prized hysterical case study: Dora.

Freud’s version of Dora’s story is written in a cautious voice, never clear of what happened and what Dora accepts having happened. It is this inconsistency, and Freud’s presumed liberty in his retelling of her life story, that has created ‘Dora the hysterical.

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martyr." As the premiere hysterical subject of Freud's notable case study, she is feminism's poster child for mis-diagnosed hysteria based on adverse reaction to cultural expectations for women. Dora, it seems, went through a period of rebellion and was brought to Freud for diagnosis and treatment at the height of this rebellion. Freud describes her in the following terms: she was dissatisfied with her self and family; she resented her mother for trying to make her do housework and other domestic duties; she preferred to attend lectures for women on female subjects. Her parents found a suicide note in or along her writing desk (it is unclear) which her father did not consider serious. It is these details of Dora's life and upbringing upon which feminist scholars draw in their crucifixion of Freud and his scientific inquiry into hysteria. Feminists insist that Freud and Dora’s father conspired to belittle Dora’s ‘fantasy’ about Herr K’s advances so they could each continue their agreed upon affairs. Dora was being quieted and convinced of her inappropriate feelings and unconscious desires with the help of Vienna’s most renowned expert on sexuality. This feminist interpretation is not necessarily an accurate reading but has re-constructed the way the a reader and scientist must approach the case study.

From a feminist perspective, Dora was a women trapped by circumstance and era who longed for an education and the end of the cycle of female servitude. She dared to criticize her father’s infidelity and refused to be pawned for the compliance of a lecherous husband. This interpretation seems a bit extreme, especially when confronting the limited information known about Dora, and because Freud acknowledges in the story that the father wanted Dora to simply accept that she exaggerated her encounters with Herr K because of confusion. The truth perhaps lies somewhere between Freud’s and feminism’s interpretation of Dora and her motives.

An important question raised within Dora is how the story of Dora can actually be told. First, Dora processes and analyzes events in her life that she shares with Freud, who processes and interprets them and then tells the reader. The reader must accept the
interpretation of second hand knowledge and read cautiously, fully cognizant that much of the information is presented through the schism and slanted judgment of both Freud and Dora. First, Freud insists that Dora was in various states of denial through rejecting her attraction to her father, her dislike of her mother, her love for Herr K, her jealousy of her governess, and her homosexual desire for Frau K. Secondly, Freud was using Dora as a vehicle to prove his new theories about stunted sexual development and the subconscious. Both these factors make a tangled web for the reader, a psychologist, or literary scholar.

‘Dora’ was the pseudonym created by Freud for Ida Bauer, an eighteen-year-old girl from Vienna. Freud says that the father’s ‘circumstances’ provide the ‘framework’ i.e. ‘the cause’ for Dora’s unusual childhood and illness. From the work’s onset, the reader is given a mixed opinion of Dora’s father from the narrator, Freud. At different times he seems either dismissive or sympathetic to the man he presents. Freud is guilty of presenting things in a male-centric way. He describes meeting Dora’s aunt, but in language designed to emphasis her status as Dora’s father’s sister, not her relationship to Dora – all this despite making reference to Dora’s emulation of her aunt’s qualities and their common traits. The aunt, according to Freud, has no ‘characteristically hysterical symptoms’ although never defining what characteristically hysterical symptoms are exactly; he describes and defines the aunt against nothing. Later, Freud notes some of Dora’s physical symptoms of hysteria as ‘loss of voice, attack of muscles, nervosa’ and the reader presumes these are the ‘characteristic symptoms.’ Freud discusses the aunt’s unhappy marriage and death, insisting that Dora must take after her aunt in predisposition to ‘illness’ even though Dora did not experience an unhappy marriage or untimely death. Since Freud is certain that Dora must take after a female role model, he chooses the batty aunt over the lifeless mother.
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Freud classifies Dora's mother as 'uncultivated and foolish' who concentrated on domestic affairs (which, at the turn of the century, was the primary profession and most socially accepted role for women...Freud is contradictory here). He chastises her ability (or lack of ability) to understand her children then discloses that he never actually meets her. Freud then goes on to say that Dora's relationship with her Mother is 'unfriendly' but feels confident enough about Dora's opinion of her to include it as fact in his case study. This conforms to the psychological tendency towards confirmation bias where a person seeks data to prove a theory and thus presents this data collection as objective when, in fact, it has been selected for inclusion because it correlates the purported theory and confirms the accuracy of the presenter. In Freud's defense, however, although he may be biased in his presentation, a case study, by its very design, is meant to offer interpretive data not experimental, empirical data. Therefore, Freud selected the proper scientific means to do his somewhat slanted research. Freud continues proving his hypothesis through his interpretation and manipulation of the context in which Dora relays her feelings and stories: "She felt and acted more like a jealous wife – in a way which would have been comprehensible in her mother. By her ultimatum to her father – 'either her or me' – by the scenes she used to make, by the suicidal intentions she allowed to transpire – by all this she was clearly putting herself in her mother's place. She was therefore identifying herself with the woman her father once loved and with the woman he loved now. The inference is obvious that her affection for her father was a much stronger one than she knew or than she would have cared to admit, in fact, that she was in love with him" (1684).

In continuing his summation of Dora's family, Freud mentions her elder brother and his need to defend his mother in domestic disputes; Freud feels this is support for his hypothesis that 'sexual attraction' had drawn together 'father and daughter' on one side and 'mother and son' on the other. He uses Dora's words to support his thesis: "I know
my brother says we children have no right to criticize this behavior of father's. He declares that we ought not to trouble ourselves about it, and ought even to be glad, perhaps, that he has found a woman he can love, since mother understands him so little. I can quite see that, and I should like to think the same as my brother, but I can't. I can't forgive him for it'' (1683). Freud analyzes this quote to imply the brother's content with the situation and pleasure at his mother's freedom to love him instead of his father, and builds evidence of the classic Oedipal issue that is fundamental in his psychoanalytic theory.

Freud never interviews the brother nor mother and is unsympathetic to their viewpoint. This is especially naïve and scathing considering Freud's asserted belief of the father's manipulation and fully acknowledged affair with Frau K. Freud's language in defining the mother implies his blaming her rather than seeing her as the victim. In his discussion of the father-daughter relationship, Freud notes that the father's loyalty is to Frau K over his daughter and does not want to cause Frau K. pain. That becomes more important than his daughter's emotions -- he suggests that Dora’s tale about Herr K. is fantasy, allows for its possible truth, and then makes clear that his priority is Frau K (1675). The father casts Dora as full of hatred for the K's and her grandiose stories as a product of this hatred. In contrast, according to Dora, Herr K. was manipulative of his time with her and arranged for Frau K to be absent. She presents her relationship with Herr K as forced upon her. Despite her professed revulsion at his advances, Dora continued to see the K's regularly, which spurs Freud's theory that Dora loved Frau K rather than her father or Herr K and was suppressing lesbian emotions.

The K's act as the catalyst for Dora's various conditions and play a pivotal role in the unfolding of Dora the character. Freud raises the possibility that Frau K was a hysterick by mentioning that she was treated in a sanatorium for nervous disorders (her physical symptom was paralysis) but was now healthy (1677). Freud mentions that Dora
copies other's symptoms and therefore insinuates that Dora is not sick at all and only reacting to others – namely, her aunt, Frau K. and possibly a cousin and former governess. A key difference, Freud explains, is that Frau K resisted sexual relations with her husband through feigning illness. Freud suggests that Dora becomes 'sick' in response to Herr K's absence as a means to prove her longing and love for him, and her stronger commitment to him than his wife's. Freud also allows for the interpretation that women used 'hysteria' as an escape from their husbands or that it was simply fashionable to take treatment in a sanatorium. In this, he casts women into two categories: either passive, like Dora's mother or sexual and hysterical, like Dora and Frau K.

Freud uses the details of Dora's life and makes them, rather loosely, conform to his theory of latent, repressed sexuality. He contradicts himself in his case study numerous times. First Dora is in love with her father. Then she is in love with Herr K. Then she is jealous of her mother and Frau K and governess. Finally, Dora is a lesbian sexually attracted to all the women whose lovers she previously coveted. Freud refuses to acknowledge the holes in his logic and lack of evidence solely because his theory is based on the subject's denial -- this denial proves his virtue. Oxymoronic science is no science at all, it is deconstructionalism and should remain in literature, not science. The premise of his theory is its inability to be accepted by those diagnosed. Only if his theory is refuted and self-destructive is it embraced as truth, as evidenced by Freud's account of Dora's rejection if his theory: "My expectations were by no means disappointed when this explanation of mine was met by Dora with a most emphatic negative. The "No" uttered by a patient after a repressed thought has been presented to his conscious perception for the first time does no more than register the existence of a repression and its severity: it acts as it were, as a gauge of the repression's strength. If this 'No' instead of being regarded as the expression of an impartial judgment (of which, the patient is incapable...) is ignored, and if the work is continued, the first evidence soon begins to
appear that in such a case "no" signified the desired "Yes." Freud successfully created theories to account for possible fallacies in his deductions. In this case, the Freudian notion of reaction formation, wherein one strongly supports the opposite of what one believes, explains such loud protest from Dora. Denial, too, is a classic Freudian mechanism. Thus, Freud views his theories as infallible since the patient is not capable of either protest or negation, making the doctor's judgement correct under all circumstances.

Freud uses the above quote to create the transition to his final blow: the diagnosis of Dora as a lesbian. "She possessed a concealed feeling of jealousy which can only be based on an affection on Dora's part for one of her own sex." "When, in a hysterical woman or girl, the sexual libido which is directed towards men has been energetically suppressed, it will regularly be found that the libido which is directed towards women has become vicariously reinforced and even to some extent conscious." Thus, according to Freud's diagnosis, homosexuality is simply an unnatural mutation of the libido. In a single paragraph, he dismisses women and homosexuals with what he proclaims is the backing of scientific evidence.

He offers further proof of Dora as a closet lesbian by presenting her 'subconscious feelings and jealousy' of her cousin, governess, & Frau K. He discusses Dora's language when describing Frau K's "adorable white body" and deems them admiring glances of a 'lover' rather than a 'defeated rival.' Freud maintains at the end of the case study that Dora's behavior and ailment is a result of Frau K "sacrificing her without a moment's hesitation so that her relations with Dora's father might not be

29 Sigmund Freud, Dora: A Hysterical Case Study, 1985-6
30 Ibid. 1686
Freud ultimately concludes that Dora was not only suppressing her love for Herr K but had to conceal her greater love for Frau K, which triggered the rest of the emotions. “The jealous emotions of a woman were linked in the unconscious with a jealousy such as might have been felt by a man – masculine or gynaecophilic currents are typical of the unconscious erotic life of a hysterical girl.”

Although Freud’s indictment of women and homosexuals through his classifications of hysteria appear prejudices, misogynistic, and almost malicious, before ordering the stake or firing squad, it is important to factor the social and scientific context in which Freud developed these ideas. The prudish Victorian society refused to openly discuss sex as a matter of public decency while simultaneously permitting the bohemian underlife to run rampant prostitution circles. In public and private circles, messages regarding sexuality where at cross currents. Freud himself was a Darwinist and his apparent anti-homosexual stance results mostly from this training. The purpose of life was advancement and reproduction and explains why men are animalistic and aggressive. If, suddenly, sex is acceptable as a form of a pleasure, its primary function as a means to continue the species is viewed as secondary and thereby conflicts with the core of science as Freud and other Darwinists know it. It seems Freud presents his ideas on Dora in defense of many larger issues he later develops more thoroughly.

Interestingly, the German psychological tradition in which Freud was trained is rich with the power of storytelling and myth. In fact, the narrative tradition is powerful in the history of psychology as many psychologist believe that it is the power of the story which motivates all people as it provides a common context of understanding. Perhaps Freud was influenced by this element of his training more than even he realized. It is

Ibid. 1688
curious to note that his case study on Dora is anthologized not in a medical collection but rather in collections of great literature of the Western world.

The introduction to *Dora: A Hysterical Case Study* contained in the Norton Anthology of Literature of the Western World discusses how Freud develops psychoanalysis exploring unknown territories of the psyche and deep-rooted instincts steeped in the sexuality of the mind. Hysteria, defined by Freud, was a 'neurotic condition characterized by violent emotional outbursts, depression, and various impairments of sensory and motor functions.' Freud notes, 'It strikes me myself as strange that the case histories I write should read like short stories.' Some social scientists contend that the chief interest of *Dora* is not medical or therapeutic but narrative. Marcus explains that Dora is a creative narrative that includes its own analysis and interpretation. Perhaps this is not unlike Charlotte Perkins Gilman's *The Yellow Wallpaper* that reveals a protagonist quite conscious of the cause of her distress who expresses it in writing – the only voice, she argues, a hysteric woman has.

Jean-Martin Charcot made an important hypothesis during observations in his hysteria sanatorium: women were writing more often and more fluidly after diagnosed as hysterics. His examination of the cause of this improved writing ability gave scientific inquiry into what sociologists and literary scholars, especially feminists, called the 'freedom of thought' linked with writing. On paper in private journals, women could voice any opinion or intellectualize any fear without the repercussions of being 'a woman with a mind.' Charlotte Perkins Gilman uses this

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32 Ibid, 1688
medium to create the setting for her highly anthologized and analyzed, *The Yellow Wallpaper*.

Freud observes, while at Charcot’s clinic (1681), those experiencing hysterical mutism and notes that writing was used in the place of speech. He thinks that when a hysterical is in a state of lost speech, writing comes more naturally: “I remember that long before, while I was working at Charcot’s clinic, I had seen and heard how in cases of hysterical mutism writing operated vicariously in the place of speech.” Such patients were able to write more fluently, quicker, and better than others did or than they themselves had done previously. The same thing happened to Dora. In the first days of her attacks of aphonia ‘writing had always come especially easy to her’... Freud then interprets it for its symbolic representation: when the person she loved was away she gave up speaking; speech had lost its value since she could not speak to him. On the other hand, writing gained in importance, as being the only means of communication with the absent person.” Freud’s insistence that Dora’s laryngitis was linked to Herr K is full of assumptions and fallacies but the core of Freud’s hypothesis -- that writing functions as an essential form of communication when one otherwise cannot be heard -- is pivotal to understanding hysteria’s development from this time period onward. Perkins Gilman would

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perhaps argue that writing became a clearer form of communication that could not
be quieted or refuted by a medical profession who would not listen to speech.

The inherent drama of hysterical cases has made it ideal for adaptation to
literary works. Art has never imitated life as well as in some of the creative
explorations of hysterical women. Charlotte Perkins Gilman was perhaps more a
philosopher than a writer, although some critics contend that she was neither. Her
most notable work, *The Yellow Wallpaper,* is largely autobiographical, which fuels
criticism that the thing she understood best, and could write most fluidly about, was
her own illness and discontent. While it is a highly anthologized story of a trapped
woman's mental disintegration, it is nonetheless a remarkable work embraced by
feminist, literary, sociological, and, more recently, psychological scholars for its
form, style, and unorthodox perspective of madness and hysteria. Her works were
shaped by her experience as a woman and the limitations she felt society placed on
her gender. Perkins Gilman was a leading thinker in the women's movement, a
socialist, and strong labor movement supporter. Independent thinking was fostered in
her family from an early age, as was activism and scholarship. She came of age from
the 1890's to the early 1900's during a time period where thought was forever altered
by the works of Marx, Darwin, and Freud.

Personal diaries and letters suggest that Perkins Gilman read much of Freud's
works and appears to have resented Freud's theory that her postpartum and even
adolescent depression was linked to sexual conflict. She felt consciously responsible
for her depression (and rejection of motherhood) and refused to attribute it to a
troubled mind or confused sexuality. Still, some of Perkins Gilman's life makes for a
potentially interesting, albeit classic, study in Freudian analysis. Her father left her
mother and the two children when they were a young family. Perkins Gilman speaks
of resenting her father in her autobiography *The Living of Charlotte Perkins Gilman*
but maintained communication with him, especially regarding school matters. There
is some evidence that Perkins Gilman whimsically admired her father's escape from
a traditional family life and undertones of her dislike of tradition and convention
appear widely in her writings.

Perkins Gilman's youth was full of free thought and independent decision
making but once she obtained financial independence, oddly, she married Walter
Stetson (in 1882) and plunged into a domestic life she formerly revolted against.
Perkins Gilman's life would continue to have a similar pattern of inconsistencies
where she would express her ideals and philosophies in her writings and then act in
discord with these expressed thoughts. Her rejection of motherhood yet discussion of
the sanctity of birth in *Herland* and her rejection of the institution of marriage and its
economic limitations for women yet her willingness to be married, twice, add to an
enigmatic status. Such fluxes in action and beliefs fuel a theory developed by
feminists that writing, for women from this and previous time periods, offered the
first real glimpse into women's thought and feelings since it provided a limitless,
ambiguous medium in which to express oneself.

Perkins Gilman's first marriage would prove a bad match. In 1885, as was
typical of many young wives, Perkins Gilman became pregnant and gave birth to her
first and only child: a daughter named Katharine. Katharine's birth triggered a deep
depression for Perkins Gilman. She did not enjoy motherhood and felt none of the
prolific maternal instinct women were presumably endowed with after giving birth.
The responsibility of a child and title as a mother overwhelmed Perkins Gilman.
Doctors, most notably Silas Weir Mitchell, recommended a rest cure until she
regained 'normalcy' once again and prepared herself properly for motherhood. She
vacationed alone for a brief time and was happiest traveling and visiting old friends without her husband or child. But, the duty and guilt plagued her. She did everything to escape, only to return to her responsibility more forlorn and frustrated than before. Finally, Perkins Gilman renounced her status as a mother, left Walter, and gave him and his new wife, Grace Channing, full custody of Katharine. It was this defining action which earned Perkins Gilman the title and legacy of being an ‘unnatural woman and mother’ during her lifetime.

Still, Perkins Gilman presents a positive image of motherhood in *Herland*, her feminist utopia novel which depicts motherhood as a joyous event for the community and a celebration of femininity. Based on this presentation, it appears doubtful that Perkins Gilman dismissed the role of motherhood altogether or disapproved of women having children; rather, she seems to reject the limitations and expectations being a mother planted on her as a woman. Many of the themes raised in *Herland* add to the confusion scholars confront when attempting to determine Perkins Gilman’s true opinions and beliefs. She is essentially at polar ends in her presentation of motherhood and her practice of motherhood. Perhaps the polarity is a function of motherhood in its natural state as part of a traditional family unit and of motherhood as it might be represented in a society made up of, and by, women as in *Herland*.

Before beginning a discussion of *The Yellow Wallpaper* and its function as a protest piece against medical treatment and pacification of women, hearing the author’s reason for writing the work offers insight regarding her goal and inspiration: *Excerpt from Perkins Gilman’s "Why I wrote The Yellow Wallpaper" from The Forerunner: October 1913:*

> For many years I suffered from a severe and continuous nervous
breakdown tending to melancholia and beyond. During about the third year of this trouble I went, in devout faith and some faint stir of hope, to a noted specialist in nervous diseases, the best known in the country. This wise man put me to bed and applied the rest-cure, to which a still-good physique responded so promptly that he concluded there was nothing much the matter with me. and sent me home with solemn advice to "live as domestic a life as far as possible." to "have but two hours intellectual life a day," and "never to tough pen, brush, or pencil again" as long as I lived. This was in 1887. I went home and obeyed those directions for some three months, and came so near the borderline of utter mental ruin that I could see over. Then, using the remnants of intelligence that remained, and helped by a wise friend, I cast the noted specialist's advice to the winds and went to work again -- work, the normal life of every human being's work, in which is joy and growth and service, without which one is a pauper and a parasite -- ultimately recovering some measure of power. Being naturally moved to rejoicing by this narrow escape, I wrote "The Yellow Wallpaper," with its embellishments and additions, to carry out the ideal (I never had hallucinations or objections to my mural decorations) and sent a copy to the physician who so nearly drove me mad. He never acknowledged it. The little book is valued by alienists and as a good specimen of one kind of literature. It has, to my knowledge, saved one woman from a similar fate so terrifying her family that they let her out into normal activity and she recovered. But the best result is this. Many years later I was told that the great specialist had admitted to friends that he had altered his treatment of neurasthenia since reading "The Yellow Wallpaper." It was not intended to drive people crazy, but to save people from being driven crazy, and it worked.

[The great specialist was Dr. Silas Weir Mitchell and openly held the view that women often collapsed under the strain that higher education imposed. Any girl who used her brain even moderately would endanger her health and her future would be "the shawl and sofa"]

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Perkins Gilman draws upon her disappointment at society's scorn and her anger at the overtures made by the medical profession to force her to enjoy her experience of motherhood, or feel guilty and plagued for her unwomanly response, in *The Yellow Wallpaper*. As Lynn Sharon Schwartz observes in her introduction to *The Collected Works of Charlotte Perkins Gilman*, *The Yellow Wallpaper* draws on the crucial themes of her life: autonomy, marriage, work, the struggle of enlightenment against restriction converged in the masterpiece of sanity. Gilman cured herself in its composition.

Charlotte Perkins Gilman wanted her living to be more remarkable, and memorable, than her death. But, despite last wishes, her death proved as equally controversial as her life. The decision to commit suicide in 1935 was linked to her diagnosis with breast cancer. Personal journals dictate that she determined to end her life when "her usefulness had ended." Faced with a painful struggle with cancer, she judged her life complete and final act one of advocacy: "The time is approaching when we shall consider it abhorrent to our civilization to allow a human being to die in prolonged agony. Believing this open choice to be of social service in promoting wiser views on this question, I have preferred chloroform to cancer."35 Her suicide also connects her with other infamous female writers who reportedly flirted with madness and depression. The most notable similarity is to Virginia Woolf.

While this paper is not an exploration of the shared traits and philosophies of feminist writers who commit suicide, Woolf and Perkins Gilman had similar ideologies and similar fates as writers and women. Some thought must be given as to whether these traits are linked to good feminist writing. Many artists appear to have

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35 Charlotte Perkins Gilman, *Diaries and Letters*, 333
a cathartic event in their lives which prompts artistic inspiration and the freedom to express themselves through an artistic medium. Perkins Gilman credits her rejection of motherhood and ‘unnatural’ woman status, following her bouts with postpartum depression, as having shaped her future as an author. For Woolf, it was a conscious rejection of motherhood and keen awareness of identity as a privileged, upper-class white woman that provided her artistic freedom after battles with depression and anxiety. Both these women’s bouts with depression were considered hysterical reactions, making them ideal observers of the artistic influence a medically hysterical diagnosis has on artists. It equally permits further exploration of the cross-medium approach to studying hysteria advocated earlier in the essay. Like Freud, Perkins Gilman and Woolf were products of medical and artistic influence evidenced in their lasting life’s works.

Perhaps once both Woolf and Perkins Gilman rejected tradition, they finally had the liberty to write without regards for orthodoxy and therefore were simply saying what other women felt and thought. Both women ultimately married their cousins; Virginia Duckworth married Leonard Woolf and Charlotte Perkins married G. Houton Gilman. Although neither woman held entirely favorable views of the institution of marriage, both formed a satisfying, fulfilling relationship with their respective husbands. The marriages were seen as unions of equals and friends, not necessarily lovers. Leonard Woolf and G. Houton Gilman played vital roles in preserving their wives legacies as authors after their suicides. The unorthodox marriages of the women lead to speculation about their homosexuality. Gilman’s publication of Herland added to the rumors, as did many of Woolf’s writings, but most notoriously her tribute to longtime friend Vita Sackville West in Orlando. Gilman publicly maintained that the sexual instinct was overdeveloped, with
romantic love occupying far too prominent a place in private fantasies and social arrangements' (xvi). In her writings, especially the non-fiction, Perkins Gilman tends to emphasize economics over sex and gender issues, as did Woolf in her analysis of academia in *A Room of One's Own* and her critique of fascism in *Three Guineas*. Although canonized as strong feminist writers and scholars, neither wore that title willingly or self-selected. Societal reaction to these women, assuming they are lesbians or criticizing their masculine interests in academia or economics, is consistent with the notion of their "unnaturalness" and in opposition to a normal woman's instincts.

The term "unnatural" continues the trend of biological determinism explored by Freud in his diagnosis of Dora as a lesbian. Unnatural implies against biology. As a woman's primary function is to seek protection in a male and then bear and raise young, any action which counters these results is in opposition to natural biological instincts. To be among the foremothers of feminist thinking, these women had to reject families, religious expectations, and biological science. To place oneself in opposition to orthodoxy, tradition, and comfort is absolute madness. But, it is also a great privilege to future thinkers and scholars to have the benefit of their rebellion. Charlotte Perkins Gilman and Virginia Woolf's manner of writing, as some say 'on the fringes of madness and depression,' serves as a focal point in this critique and proof of the fruit of these labors.

It is from cataloged bouts of depression that some of their greatest pieces of literature emerge. While told to rest and heal their mental strain, these women continued to compose and create in silence until exhausted again. Perkins Gilman preserves the impact such rest treatments have on a woman's creative instinct, and sanity, in *The Yellow Wallpaper*. It is a scathing indictment of the medical
establishment and medical professionals who would suppress women's ability to write and think while ill. *The Yellow Wallpaper* begs the question of whether or not these treatments caused an illness, or perpetuated the possibility of illness, which may not have previously existed, if it existed at all. This theory corresponds to some critics' interpretation of Freud's impact on hysteria and what his constant diagnosis of the disease did to women's psyches. The continuation of hysteria was in Freud's best interest as a professional and scientist – if it remained in vogue, his waiting room would continue to be full of tired fathers and husbands wanting to calm their "unnatural" daughters and wives. At the same time, Perkins Gilman's presentation of hysteria from the artist perspective is slanted to pit creativity against science.

In *The Yellow Wallpaper*³⁶, Perkins Gilman creates the protagonist's husband, 'John,' as a figure remnant of Freud. He, too, is a physician who appears well-meaning and claims to fully understand her ailment and its treatment while simultaneously making her a prisoner and ultimately destroying her. The protagonist hints that she is aware of John's role in her illness: "John is a physician, and perhaps - (I would not say it to a living soul but this is dead paper and a great relief to my mind) - perhaps that is one reason why I do not get well faster (2). Her confidant is a journal where she can express her fears and record her building suspicion regarding what is happening to her and why she is trapped in an attic that used to be a playroom/nursery. As the narrator explains, "You see, he does not 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?" (2)
She has no refuge since her family complies with her husband’s opinions. In fact, her own brother is a physician and “he says the same thing” (2). Such associations implicate not only the medical profession but the male populace. All the men in the narrator’s life appear to be conspiring against her. Dora, too, would have felt this sentiment as both her father and physician appeared to be plotting to convince Dora of her illness and sexual problems. Freud is an iconic representation of both these worlds – the father and physician figure. In Perkins Gilman’s depiction, even the other women in the house, Mary, the housekeeper, and Jennie, John’s sister, are unsympathetic figures and function as traditional women whose purpose is to care for the baby and tend to the domestic duties since the protagonist is presently an unfit mother and wife. The narrator notes of Jennie, “She is a perfect and enthusiastic housekeeper, and hopes for no better profession. I verily believe she thinks it is the writing which made me sick!” (7). Similarly, Dora felt no kinship to the women in her life since she dismissed her mother for pacifying her father’s affairs and felt betrayed by Frau K. for being a pawn in her father’s and Herr K’s plans. Both Dora and the narrator of *The Yellow Wallpaper* felt alone and conspired against.

The narrator in *The Yellow Wallpaper* begins to feel guilty about her growing hostility towards John. “I get unreasonably angry with John sometimes. I’m sure I never used to be so sensitive. I think it is due to this nervous condition” (3). John’s skill lie is his ability to assert loving authority over the narrator and constantly remind her that he knows best, refusing to let her make any decisions for fear of straining her mind. His tone is dismissive and decisive at once. The narrator initially

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36 Charlotte Perkins Gilman. *The Yellow Wallpaper and Other Writings* (New
brushes aside his insults, noting that “John laughs at me, of course, but one expects
that in marriage (1). He coddles the narrator, begging her to ignore her illness and be
a good mother, as is her duty as a woman. He refuses to listen to her explanation of
not liking the baby and repeatedly calls her a ‘blessed little goose’ (5) and ‘little
girl’ (7) in an attempt to undermine her opinions and authority regarding her
condition. He does little things for her “own good,” like shutting the window when
she is looking outside (3) and telling her it is bad for her to strain her mind through
writing (2). He refuses to give her the room she wants that opens on the piazza and
instead insists upon the one with the yellow wallpaper (3). The choice of the room
with the yellow wallpaper at the very top of the rented house is symbolic because it
was used as a nursery and then playroom. John may presume that because his wife is
not acting like an adult and accepting her responsibilities as a woman, a child’s room
best suits her. Or, he may infer that if she is surrounded by child-like decorations and
dreary paper, “as if a boys’ school had used it” (4) she will be inspired to return to
her own child and be a mother. John even refuses to change the wallpaper at the
protagonist’s request, defending himself by explaining that she was “letting it get the
better of her” and that there was “nothing worse for a nervous patient than to give
way to such fancies” (5). For her own good, he decided she should suffer with the
wallpaper.

In response to John’s decorating decisions, the narrator’s initial repulsion at
the sight of the wallpaper grows into an acceptance and eventually into a fondness
and finally into a companionship. She finds comfort in the animation of the ‘eyes’ in
the wallpaper and begins to imagine it as hiding something from her. The lack of
mental stimulation and elimination of writing decreed by her husband causes a

York: Bantam Books, 1892) 1-20 (all references are from the 1989 edition)
dissent into the pattern of the wallpaper and its change “is why I watch it always” (13). It is the only thing in her life that changes. It offers her comfort, and then frustration (“On a pattern like this, by daylight, there is a lack of sequence, a defiance of law, that is a constant irritant to a normal mind. The color is hideous enough. and unreliable enough, and infuriating enough, but the pattern is torturing” 12) and then distraction (“Life is very much more exciting now than it used to be. You see I have something more to expect, to look forward to, to watch” 14). Finally, it causes her madness as she confesses her discovery of the pattern: “Through watching so much at night, when it changes so, I have finally found out. The pattern does move—and no wonder! The woman behind shakes it!” (15). This woman is trapped behind the wallpaper by the pattern of yellow bars which strangle her during in attempts to escape at night (she can get out in the day). She is what the protagonist has been searching for – an ally— and devotes the rest of her limited time in the room to helping get the woman out by tearing off all the yellow wallpaper and bars which trap her. Her actions are finally active rather than passive— like the duration of her stay in the room -- and gives her a goal and hope for escape from the monotony and lack of external stimulation. Her “hysterical” diagnosis and treatment has caused her hysterical need to tear down the wallpaper and cure herself of lifelessness and entrapment. It is her first step towards her own liberty from John and all that he represents.

When the narrator breeches the topic of her health possibly not improving, John immediately calls upon his authority as a doctor in diagnosing her to refute her opinion again:

_Really dear, you are better!” “Better in body perhaps-” I began and stopped short, for he sat up straight and looked at me with such a stern, reproachful look that I could not say._
another word. "My darling," said he, "I beg of you, for my sake and for our child's sake, as well as for your own (notice the rank – his needs are first, then the child's, then hers), that you will never for one instant let that idea enter your mind! There is nothing so dangerous, so fascinating, to a temperament like yours. It is a false and foolish fancy. Can you not trust me as a physician when I tell you so? (12)

Perkins Gilman creates a husband/father/physician character who is doting, belittling, manipulative, and authoritative by virtue of his credentials granted by the male medical establishment. These combined traits reflect a personification of Freud mostly revealed in his writings and case study about Dora.

Some feminist writers contend that physicians treating hysteria and dosing out treatment were hypocrites anxious to quiet and calm intellectual women who were in opposition. By the time Dora is brought Freud's couch, she has endured countless hours of other medical treatments in an attempt to calm her. As Freud notes in his observations, "Dora grew accustomed to laughing at the efforts of doctors and to renounce their help entirely," 37 as did Perkins Gilman's main character. Dora's father's authority and tight control over his daughter is what induced her to undergo treatment from Freud, much like "John," the husband/father/doctor character forces the rest cure upon the protagonist in The Yellow Wallpaper. Dora was actually taken to Freud during a 'spell of unconsciousness' so her ability to protest and have any input on the decision was taken away. Metaphorically, the heroine in Perkins Gilman's work is silenced in the attic and not permitted to leave or be in public until healed and willing to embrace and care for the baby. Her ability to be active in decision making is equally limited.

37 Sigmund Freud, Dora: A Hysterical Case Study. 1673
Dora wrote a suicide note discovered by her parents and dismissed by her father. The note was found either in or along (it is unclear) Dora’s writing desk and continues the theme of clear and independent thinking expressed through private letters and in journals at writing desks. This note could easily be interpreted as Dora’s plea for attention and may have been placed obviously for discovery. Some literary critics contend that Perkins Gilman’s character commits suicide at the end of the story. “I’ve got a rope up here that even Jennie did not find. If that woman does get out and tries to escape. I can tie her” (18). The Other woman may potentially be a second personality, the creative, mad, hysteric alter ego who longs to escape the confinement of the walled room. Her dissent into a mad state furthers her into a trapped animalistic frenzy. The imagery is strong to support this theory: after trying to push the bed, she gets angry and bites at the corner of it and then makes illusions to the barred windows which prevent her fleeing (19). She then snaps into her socially conscious woman persona who ‘wouldn’t do it because it is improper and might be misconstrued’ (19). Then, a convincing argument for those who support the suicide theory is the narrator’s confession of being “securely fastened now by my well-hidden rope - you don’t get me out in the road there (with the other creeping women, who creep so fast) (19). Though she does not explicitly say where the rope is fastened, a reader can speculate that it is tied around her neck, which supports both the image of her as a trapped, caged animal or the image of a noose, making her a sacrifice or a suicide candidate.

Either way, her final statement. “I’ve got out at last, in spite of you and Jane. And I’ve pulled off most of the paper, so you can’t put me back!” is an expression of triumph and escape from the oppressive male force in her life and the doctrine of womanhood forced upon her by both her husband and his sister (a representation of
orthodox women). It is also a symbol of her unification with her metaphoric ally in the wall. She and her alter ego have merged and she is reclaiming the authority to assert herself over her husband. When the narrator asks, “Now why should that man have fainted?” a reader notices a reversal in roles evidenced by John’s faint. Fainting is typically associated with weak, emotionally overwhelmed women in need of rest and protection from what causes the fainting spell. John is emasculated, and becomes effeminate through his fainting, giving the narrator license to express power over him and take a more masculine and assertive role. This is expressed in her ‘creeping over him every time’ (20) since he blocked her path. She was no longer going to allow him to metaphorically or physically prevent her desired actions. In this, the protagonist dives into a state of triumphant madness which the medical establishment forced upon her.

In his self analysis and diagnosis of his own hysteria, Freud too is using his writing correspondence with Fleiss as a cathartic means to explore the causes of his troubled and distressed mind. There is a presumed cultural acceptance that Freud was writing as a productive means to sort through diagnoses while Perkins Gilman’s character was destined to a dissent into madness. These are typical, gender-specific responses based on the medium. In literature, female characters ranging from Ophelia to Bertha Rochester eventually lose their sanity as a result of an emotional crises of some form. The literary tradition which has risen around the subject of hysteria typically fits into two categories: either the male author negatively depicting an eccentric female hysterical character or largely autobiographical writings from women who experienced what was diagnosed as hysteria and the emotional turmoil implicit therein. What has failed to be noticed, and more thoroughly explored, is the male tradition of hysteria. It is unfair when examining hysterical impact on a society
to exclude half of those society’s members. A significant portion of those labeled hysterical, especially in literary history have been male. “From Shakespeare’s Lear to Cervantes’ Don Quixote, from the nervous degenerates filling the novels of the Second Empire to the psychologically maimed soldiers of interwar British fiction, male hysterics have appeared prominently in Western literature.”

In literature and science, female hysteria is pathologized while male hysteria is considered a rare entity brought about through extreme circumstances of human duress, such as war. Male hysteria was worthy of a defense because it seemed to push the limits of human ability to withstand trauma and female hysteria was linked to sexuality and emotions, far less exotic facets of human life. Freud began an unprecedented exploration of the connectedness of hysteria to the mind through psychological study and the connectedness of hysteria to both genders, but continued to define hysteria as a primarily female ailment through his case study of Dora. Perkins Gilman experiments with the gender distinction and power structure of both the medical and marriage establishments through displaying how a male who personifies the physician, caregiver, and husband contributes to the hysteria and destruction of a healthy, active woman. Through examining Freud and Perkins Gilman’s work, a clearer view of hysteria’s cultural and medical history emerges.

Surrealist writer Andre Breton praised hysteria for being the greatest poetic discovery of the nineteenth century while many physicians have since viewed it as the “wastebasket of medicine, a psychosomatic state that defies attempts at definition and cure that can be easily mistaken for other pathological conditions.” Hence, the battle versus the arts and sciences rages onward. Caught in its trappings is hysteria, a

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38 Mark S. Micale. *Approaching Hysteria: Disease and Its Interpretations*
phenomena which, over centuries, has taken attributes from both noble pursuits.

Never before in hysteria's history have the lines between its artistic and scientific merits been so perfectly blurred. Muses such as Freud and medical experimenters such as Perkins Gilman only add to the rich interwoven texture developing around the social and scientific studies and implications of the former disease. The animal, as would appear, has been completely unleashed and continues to run wild in the minds of scientists and artists alike.