

## **From Nerves to Neurosis: The Irony of Rest Cure Treatment as Depicted in The Yellow Wallpaper**

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**Article Received:** 19/05/2023

**Article Revised:** 27/06/2023

**Article Accepted:** 29/06/2023

**Published Online:** 30/06/2023

**DOI:**10.47311/IJOES.2023.5.06.196

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### **Abstract**

This paper attempts to bring out the irony of rest cure treatment as depicted in *The Yellow Wallpaper*, written by Charlotte Perkins Gilman. It depicts the feelings of a young mother and wife who falls into postpartum depression who is prescribed the rest cure, which generally treated melancholy by recommending specific diets and regimes of rest and relaxation. The treatment consisted of weeks of forced feedings and bed rest with no mental stimulation. The author built the story following the conventions of the psychological horror tale to criticize the wrong approach to mental diseases made by medicine. As part of the treatment, she is completely isolated from the world outside and her dear ones. As her isolation continues, the yellow colour and the pattern of the wallpaper devours her thoughts. She does not like the wallpaper a bit, but as she is chained in the room all day, she involuntarily looks at it and she is obsessed with the wallpaper of the room. She develops an unnatural fondness towards the wallpaper and the pattern, though, she hates it at first. The obsession later leads to hallucinations, in which she sees women and later a woman descending from the paper. She develops an empathy towards the woman. She imagines her to be trapped in the wallpaper and attempts to set her free. Thus, she partially loses the contact with the reality and becomes neurotic. Thus, the narrator who is isolated in a nursery room, at the outset seemed to be nursing the petty mental illness but, later due to isolation and no mental activity, turns neurotic. Her descent to neurosis could be attributed to the treatment, which does not treat her depression, but instead, has a reverse effect on her mental health.

**Keywords:** rest cure, treatment, mental, illness, isolation, yellow wallpaper, medicine neurosis, depression, woman, obsessed, reality, pattern.

## Introduction

Madness in the society of 19th century is seen as threat and must be kept under control by isolating mad people in asylums but without interpreting the disease as a consequence of the community's organization. It was believed that, woman more than others must be kept under control in order to minimize any risk of rebellion and destruction of the established order. What we term at present as depression was, in the Victorian era, popularly known as melancholia or melancholy. The term 'melancholia' comes from the old medical belief in the four humours. Early medicine believed that every disease or ailment was caused by an imbalance in one or more of the four basic bodily liquids, or humours. According to Hippocrates and subsequent tradition, melancholy was caused by an excess of black bile, hence the name, which means 'black bile' in Greek. A person whose constitution tended to have a preponderance of black bile had a melancholic disposition. Melancholy, like depression, ranged in seriousness from mild and temporary bouts of sadness to longer, more extreme episodes, characterized by insomnia, lack of appetite, and suicidal thoughts. Symptoms of melancholy were easy to recognize, although medical opinions often differed on what caused the condition. For Victorian doctors and their patients, there were no antidepressant drugs available in the nineteenth century. Instead, doctors generally treated melancholy by recommending specialized diets and regimens of rest and relaxation via the rest cure, a treatment created by Silas Weir Mitchell, which consisted of weeks of forced feedings and bed rest with no mental stimulation. They went further with their treatments, advising their melancholy patients to drink alcohol, to take morphine, or even, in the case of women (if they were single) to get married and start a family. Doctors also recommended a diet which featured alcohol at almost every meal, followed by a dose of chloral or morphia, intense sedatives, at night to help the melancholic patient sleep. The short fiction *The Yellow Wallpaper* by Charlotte Perkins Gilman, published in 1892, is a first-person narrative in the form of a series of journal entries by an unnamed woman protagonist. The story points out the feelings of a young mother and wife who falls into postpartum depression and who is prescribed the 'rest cure'. The author, built the story following the conventions of the psychological horror tale to criticize the wrong approach to mental diseases made by medicine. The female narrator goes through a temporary nervous depression due to childbearing; in an attempt to help, her husband prescribes for her rest cure treatment where she is kept isolated to an old room, probably a nursery, with yellow wallpaper for three months. There, she can only speak to her husband and sister-in-law. Instead of curing her from the mental illness, the treatment has various negative consequences on her.

Charlotte Perkins Gilman was one of the key figures of the First-Wave Feminism in the late nineteenth and early twentieth centuries. Her works influenced generations of feminist thinkers. Gilman's philosophy explored the issues of women, suffrage she also analysed the economic aspects and implications of gender inequality. A prolific novelist, philosopher, and activist, Gilman dissected the oppression of women through the lens of her own experiences. Gilman's first book was *Art Gems for the Home and Fireside* which she

wrote in 1888. Her first volume of poetry, *In This Our World* (1893), a collection of satirical poems, that brought her fame and recognition. During the next two decades she gained much of her fame with lectures on women's issues, ethics, labour, human rights, and social reform. In April 1897, Gilman began to think more deeply about sexual relationships and economics in American life, eventually completing the first draft of *Women and Economics* (1898). This book discussed the role of women in the home, arguing for changes in the practices of child-raising and housekeeping to alleviate pressures from women and potentially allow them to expand their work to the public sphere. In 1903, she addressed the International Congress of Women in Berlin. In 1903 she wrote one of her most critically acclaimed books, *The Home: Its Work and Influence*, proposing that women are oppressed in their home and that the environment in which they live needs to be modified in order to be healthy for their mental states. So, one can see that she was a person who had the burden for the exploitations of women and made an extensive use of the pen to create awareness about these issues. Her biography reveals how she was prone to depression, and after giving birth, she suffered from severe postpartum depression and after a year or so she was suffering from melancholia, which eventuated in complete nervous disorder. Perhaps, this experience of hers had a profound impact on the short story *The Yellow Wallpaper*.

One of the principal purposes of the story, as the author will admit in an article entitled *Why I Wrote the Yellow Wallpaper that appeared in her magazine The Forerunner* in the October 1913, was to underline the failure of that type of cure and the importance of “work, the normal life of every human being” (57). Thus, story brims with, dramatic irony and symbols, Gilman's real-life doctor, Dr. Mitchell, for whom the story was directed, will admit the failure of his 'rest cure'. The narrator goes through many psychological issues before entering into a state of insanity. *The Yellow Wallpaper* epitomizes the ways that forced change can lead to ruin and destroy, certainly due the treatment prescribed to her. Her memories of the actual rest cure itself, though ironic, reveal none of the psychic torment so vividly depicted in her fictional account (Blakie 73).

In the work, *Context, intention, and purpose in "The Yellow Wall-paper: A Tale in the Poe and the Romantic tradition*. George Monteiro comments that, “It was intended as a cautionary tale regarding the dire consequences of applying the so-called rest cure to treat “nervous” women, it cannot be over-emphasized that it is, after all, a tale, and therefore does not follow the “objective” rules or intentions of what one might call a case history” (42). He further says,

“In the form of a horror tale enabled by “realistic” first-person narration, she dramatizes the story by the use of the diary kept (increasingly less consciously) by a young wife and mother shut up by herself in a large room taking up the top floor of a strange house rented for the summer. As part of her cure, she is forbidden by her doctor to engage in any activity, such as writing, that might unduly exercise her intellect. Her true condition worsens steadily over the summer, coming to a terrifying conclusion when her delusions about both herself and the

woman imprisoned behind the hideous yellow wallpaper plunge her into a dark and perhaps final madness” (42).

The short story commences with a wife whose name and physical condition are not mentioned. She speaks of herself and her husband John as “ordinary people who seldom secure ancestral halls for the summer” (Gilman 1). In describing this hereditary estate, she reveals a highly suspicious nature, she further insists that there is something queer about the colonial mansion, else why should it be let so cheaply and stand so long untenanted? (1). Though, it can be interpreted as a symptom of an abnormality of the nervous system, one cannot conclude that she has some serious issue with her mental state. The doubts that she carries about the mansion is that of a normal person. She describes her husband as a practical sort. “He has no patience with faith, an intense horror of superstition, and scoffs openly at any talk of things not to be felt and seen and put down in figures” (1). Both her husband and brother are physicians of high standing. They confide the friends and relatives that there is nothing the matter with her but a temporary nervous depression – a slight hysterical tendency (2). So, at first, she is docile and follows all their orders though she disagrees with them inwardly. She personally, believed that congenial work (2) with enthusiasm and good spirit would do her good, but she was powerless to oppose they say about her mental condition. She was a writer and did write for a while, but gave it up since it tired her a good deal. Thus, in the beginning, we get a picture of the narrator as woman who ‘nerves’ her petty ailments that she has, as a new mother, so called post-partum depression. But that is not an important matter in the story. “What is important is that she is perceived as suffering from a nervous disorder that, in the wisdom of her doctor (who is also her husband), calls for the rest cure, and that she accepts the diagnosis of her reasonable and practiced doctor” (Monterio 43). “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” (Gilman 3). Thus, she ends up forcing herself to believe, what her husband and brother said, that she has nervous condition.

In the ensuing lines we are told how her husband makes sure to follow all the prescriptions of the rest cure treatment given to her by the doctor. “I have a schedule prescription for each hour in the day” (6). Apart from that, she takes phosphates or phosphite—whichever it is, and tonics, and journeys, and air, and exercise, she is absolutely forbidden to “work” until well again (2). She is thus given the nursery at the top of the house even though, her personal choice was the one in downstairs that opened on the piazza and had roses all over the window, with pretty old-fashioned chintz hangings. Thus, she is locked in an old nursery room with a sickly yellow wallpaper, there she is left to fend herself in isolation.

“Placed in a room that takes up the whole of the house’s top floor, a room with windows on all four sides and into which has been placed a bed fastened to the floor (metonymically it stands for the Weir Mitchell sort of bed-rest regimen in which, by symbolic displacement, the chains hold down the bed not the patient, even as, in the bed rest, the bed itself “enchains” the patient” (Monterio 44).

She says, lie here on this great immovable bed—it is nailed down (Gilman 8). The narrator thus becomes increasingly cautious of the outside world. In the beginning, she craves for company because she is alone. When she asks her husband John to meet her cousin Henry and Julia down for a long visit, he says they would as soon put the fireworks in [her] pillowcase as to let those stimulating people around (6). John thus, believed that by keeping his wife away from family and friends, as prescribed, her condition would be improved. The only source of consolation is her writing that she loves the most, which, she does stealthily as, writing too is forbidden as the part of the rest cure treatment she is prescribed to. The isolation is further deepening “for John is away all day, and even some nights when his cases are serious” (4). She ironically says “I am glad my case is not serious” (4). At this point of time the “nervous troubles are dreadfully depressing” (4). In an ironical tone she again says “John does not know how much I really suffer. He knows there is no *reason* to suffer, and that satisfies him” (4). Being a new mother, she longs to be with her little one but the treatment forbids her to be with it too, that undoubtedly adds to the nervousness and anxiety. Her anguish is depicted in the words “It is fortunate Mary is so good with the baby. Such a dear baby! And yet I *cannot* be with him, it makes me so nervous” (4). She is thus isolated from her dear baby too. As her isolation continues, the yellow colour and the pattern of the wallpaper consumes her thoughts. When she first enters the room, she immediately notices the repellent, almost revolting; a smouldering, unclean yellow wallpaper (4). She does not like the wallpaper one bit, but as she is chained in the room all day, she is forced to look at it. She states: it dwells on my mind so! (8). While in the room, the narrator notices patterns in the wallpaper that only she can see (10). In many other instances, she repeatedly mentions the yellow wallpaper in her diary entries, thus illustrating her preoccupation with the wallpaper. Her fixation is clearly evident when she writes: The only thing I can think about it is the colour (14). She also believes that she can smell the colour, which has a smell (14). The dictates of the rest cure treatment develop neurosis in the narrator, one of a variety of mental disorders characterized by significant anxiety or other distressing emotional symptoms, such as persistent and irrational fears, obsessive thoughts, compulsive acts, dissociative states, and somatic and depressive reactions. “The movement of the story, however, although the husband-doctor’s view of that movement is almost exactly reversed, is from a beginning, somewhat tentative, instability to a snowballing development into some aggravated form of psychosis” (Monterio 44). I’m really getting quite fond of the big room, all but that horrid paper, (Gilman 4) point towards the fact that she is obsessed with the wallpaper. I see people walking in these numerous paths and arbours (4) seems that she lost the touch with the reality another symptom of the neuroses disorder. The narrator’s confinement is what ultimately drives her neurotic. After staring at the print for such long hours, she comes to believe that there is a woman lurking within the wallpaper, a formless sort of figure (5), says she. By the end of the story, she peels the wallpaper off to let the captive woman out: I got up and ran to help her, I pulled and she shook, I shook and she pulled, and before morning we had peeled off yards of that paper. Then I peeled off all the paper I could reach standing on the floor (17).

It seems that she was trying to set, the women in the wallpaper free, the women in the wallpaper who is trapped represents herself who is chained the room. The narrator is so focused and determined to help the women in the paper that she locks the door and throws the key into the front part. When John finds the door locked, she does not open it for him instead she says that, the key is down front steps under the plantain leaf (19). In the end, the narrator becomes the woman in the wallpaper. She creeps around the room and continues to do so even when her husband, at the sight of her, faints: I've got out at last now why should that man have fainted? But he did, and right across my path by the wall, so that I have to creep over (19), she says. "And she looks at the wallpaper, which, through steady watching and close study, she is able to penetrate into its realities of enclosure, incarceration, and entrapment—all of which is first figured in the woman within the wallpaper and finally into the narrator who "becomes" the woman behind the wallpaper" (Monteiro 44).

The fact that she continues to creep around the room, and over her husband's body, further proves that she is totally disconnected with the reality. She descended to the deplorable condition due to the treatment, which, ironically, does not treat her for depression, but instead, has a reverse effect on her mental health. While she is in a that state of madness, she states to her husband: I've pulled off most of the paper, so you can't put me back (Gilman 20). It is possible to imply from this that she believes she is the woman in the wallpaper and that she feels as though her husband was keeping her as a sort of prisoner. She has to put up an act for her husband, as the woman he wants her to be. The narrator is finally able to tell her husband what she feels only when she enters the state of psychosis (Reynold 67). Indeed, although at a late stage she has seen the freed woman multiplied into many women who walk the paths outside, as she sees from her windowed-room, she has now seen the woman behind the wallpaper and the woman in the room (who is herself) melded into one woman who circles the room, having to crawl as she repeats her rounds around the room, over the prostrate body of her husband—the insane victory of the madwoman over the man of reason, the advocate of the total rest cure (Monteiro 44-45). Thus, we may undoubtedly conclude that she is driven to neurosis. If "The Yellow Wall-paper" is to be swooped up into a category, along with the many earlier narratives focused on the syndrome of theme and incident, of the catch-all—"the madwoman in the attic"—it belongs to the subset of the "madwomen" who were squirreled away in the attic before they were mad. Their stay there was certain to drive them mad. This is the case in "The Yellow Wall-paper." The quest for sanity leads to neurosis and insanity (48).

### **Conclusion**

The yellow wallpaper has multiple messages. It edifies the reader on women's health, motherhood, mental breakdown and its treatment, as well as feminism and gender relations in late 19th-century America. But it particularly reveals the writer's strained relationship with Dr Silas Weir Mitchell— who carved a reputation for treating nervous exhaustion following his experiences as a Civil War doctor – and who was brought in to treat her in 1886. In Gilman's own words, he drove her to 'mental agony' before she rejected his

treatment and began her normal life. It encapsulates the perils and exhaustions of rest cure. Thus, the semi-autobiographical fiction clearly depicts the irony of the rest cure treatment. The narrator shows her nerves to face the challenges which she has been going through as a new mother but, the rest cure treatment which prescribes the isolation doesn't cure the ailment but aggravated loneliness, despair and madness. The story undoubtedly shows undesirable results the treatment could provoke.

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