

Psychodrama and Mental Illness as Resistance in Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892)

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Abstract

The Yellow Wallpaper (1892) deals with Charlotte Perkins Gilman's battle with psychiatric disorder, which seems to accompany her since childhood. It sheds light on the social and historical context when mental disorders were used to resist oppression. The novelette explores the effect of external factors on the progression of mental disorder. The narrator gives the readers important clues about the origins and progression of her mental illness. The novelette belongs to psychodrama—Morenean therapeutic method used to treat psychiatric disorders—as it deals with the narrator's experience with mental illness. The writer makes use of Morenean techniques throughout the novel such as spontaneity, surplus reality and catharsis. Spontaneity is an important technique, which is put into focus through the narrator's use of unconventional structure and characters' surprising reactions to the unexpected situations that take place throughout the story. The narrator's illusions represent the surplus reality she aspires to experience. Catharsis is experienced by the characters and the audience at the end of the play, when the narrator creeps over the body of her husband who fainted when he sees his wife's descent into madness. The novelette suggests that abiding by subjugating gender roles could lead the oppressed into madness.

Key Words:

Gilman, Psychodrama, mental illness, surplus reality, catharsis.

الدراما النفسية والمرض العقلي كمقاومة فى "ورق الحائط الأصفر" (١٨٩٢)

لشارلوت بيركنز جيلمان

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ملخص البحث باللغة العربية:

تتناول رواية "ورق الحائط الأصفر" كفاح الكاتبة شارلوت بيركنز جيلمان ضد الاضطراب النفسي، والذي يبدو أنه كان يرافقها منذ الطفولة. تلقي الرواية الضوء على السياق الاجتماعي والتاريخي عندما استخدمت الاضطرابات النفسية لمقاومة الاضطهاد. تستكشف الرواية تأثير العوامل الخارجية على تطور الاضطراب العقلي، كما تقدم الرواية أدلة مهمة للقراء حول أصول وتطور مرضها العقلي. تنتمي الرواية إلى الدراما النفسية - وهى طريقة علاجية استخدمها مورينو لعلاج الاضطرابات النفسية - والتي تتناول تجربة الرواية مع المرض العقلي. تستخدم الكاتبة أساليب مورينو خلال الرواية مثل العفوية والواقع الإضافي والتنفيس. تعتبر العفوية من التقنيات المهمة التي يتم التركيز عليها من خلال استخدام الرواية للبنية غير التقليدية وردود الفعل المفاجئة للشخصيات على المواقف غير المتوقعة التي تحدث خلال الرواية. تمثل أوهام الرواية الواقع الإضافي الذي تطمح إلى اختباره. تمر الشخصيات والجمهور بمرحلة التنفيس في نهاية الرواية، عندما تزحف الرواية على جسد زوجها الذي أصابه الإغماء حين لاحظ إصابة زوجته بالجنون. تشير الرواية إلى أن الالتزام بالأدوار الاجتماعية المتحيزة لنوع أو جنس قد تؤدي إلى إصابة المضطهدين بالجنون.

كلمات مفتاحية:

جيلمان، الدراما النفسية، المرض العقلي، الواقع الإضافي، التنفيس.

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Introduction:

The Yellow Wallpaper deals with Charlotte Perkins Gilman's battle with psychiatric disorder, which seems to accompany her since childhood. It sheds light on the social and historical context when mental disorders were seen as a reaction to oppression. The novelette explores the effect of external factors on the progression of mental disorder. The narrator gives the readers important clues about the origins and progression of her mental illness. She is forced to rest cure against her will, which signifies inherent gender biases at that time. The novelette represents a story which is "informed by our culture, and conveys our conformity to the culture we are in, or the pain of our nonconformity" (Haug 14). Mental illness is used to resist culture oppression. The novelette suggests that abiding by subjugating gender roles could lead the oppressed into madness.

The narrator's husband diagnosed her case as hysteria. However, according to the signs and symptoms of her case, she may suffer from schizophrenia, a psychotic disorder. It involves psychosis that usually affects the person for the first time in the late teen years or early adulthood. This paper explores an understanding of schizophrenia as a persistent mental illness. There are different symptoms from which schizophrenia is diagnosed such as delusions, hallucinations, misperceptions, and irregular thinking, behavior and emotions (American Psychiatric Association). Hallucinations, delusions, social withdrawal or uneasiness around people are the most indicative of the illness. Schizophrenic individual usually withdraws from the world and cannot distinguish between reality and hallucinations. This is accompanied by physical symptoms such as sleep disturbance. Mental illness could be triggered by feelings of loss. It could be a

response to male aggression as described by Susan Nolen-Hoeksema. She argues:

First, women experience certain stressors more frequently than do men because of women's social roles and status relative to men's roles and sociocultural status, and these stressors contribute to greater rates of depression in women. Second, women may be more prone than men to react to stressors with a depressive outcome as opposed to other forms of psychopathology, because of both biological and socialization-related differences between women and men. Third, more frequent stressors and greater stress reactivity may operate cumulatively to increase rates of depression in women compared with men. (qtd. in Haug 15)

Because of social oppressive roles and biological differences, women suffer from depression, as they lack the needed omnipotent power to face external stressors that increase internal feelings of insufficiency instilled by the society. The novelette puts into focus the relationship between oppressive gender roles and psychotic disorders. In the Victorian Era, women were not allowed a great space to exercise their freedom. Mental illness was used to keep them under patriarchal power to denounce their ability to live independently. Women's call to freedom is used against their will as an indicator of deep mental disorder. Ascribing mental disorders to women threatens their agency over their life choices, life styles, preferences, and even the activities they choose to join in. Insanity is used to resist male domination and encourage women to pronounce their right to be free. As insane human beings, women should not be restricted to laws or subjugating gender roles, as they lose the main reason to be assigned these roles; sanity. Gilman criticizes treatment methods that neglect mentally disturbed individuals' right to express their desire to participate in choosing suitable techniques in the treatment process. The novelette suggests that the approach to psychotherapy should depend on the environment, family education, and social respect of mentally ill individuals.

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The Yellow Wallpaper has received critical attention from different scholars. Published studies include some two MA theses and two research papers. Maria R. Alfadel's MA thesis, *Woman's Image in Charlotte Perkins Gilman's, "The Yellow Wallpaper" and Fadia Faqir's, "Pillars of Salt": A Feminist Approach* (2010), presents critical studies of *The Yellow Wallpaper* and *Pillars of Salt*, applying a feminist approach. Bronwyn Beatty's MA thesis, *I Write Therefore I Am Rewriting the Subject in "The Yellow Wallpaper" and The Singing Detective* (2001), considers the role of medicine in encouraging patient's subjectivity, paying special attention to Freud, Szasz, Foucault and Butler theories. Meghna Kantharia's article, "Psychoanalytic approach of Mental illness in Perkin's 'The Yellow Wallpaper'" (2020), analyzes the novelette using Lacan's psychoanalytical theory, drawing special attention to mental illness and isolation in the 19th. Azra Ghandeharion and Milad Mazari's article, "Women Entrapment and Flight in Gilman's 'The Yellow Wallpaper'" (2016), puts into focus male and female gender roles, drawing on Lacan's conceptions of language, Cixous' ideas about *écriture féminine*, and Freud's misconception about women's conditions.

The manner of characters' development in *The Yellow Wallpaper* suggests that the story is a psychodrama, a subgenre of modern drama which begins in the twentieth century. There are two distinctive features of psychodrama that emerge from reading of the novelette: patient's personal story (point of view), surplus reality, catharsis, and social point of view (represented by the husband). These features provide the basis for an approach to analyzing this novelette. By precisely defining psychodrama, and by examining in detail its characteristics in *The Yellow Wallpaper*, this paper offers a reading of the novelette that the main character is intended to be a dramatization of the story of the human psyche of the same woman, the writer.

In psychodrama, a work of art could be used for therapeutic aims. It could focus on social or mental issues that are related to people's private life. Writing about these issues or presenting them

on stage are based on a framework that was used by Jacob Levi Moreno, a therapist. This study draws on his therapeutic theory and practice to connect therapy, narration and drama, which reveals that art is a part of the healing process of human psyche. Moreno uses the protagonist's personal story to produce a stage performance that is improvised during therapeutic sessions. This performance is done in front of an audience of other patients or therapists who attend the session. Spontaneous drama is produced by an efficient director whose success depends on his ability to run the performance and gain the protagonist's confidence and is able to deal with his/her emotional outbursts. In Clark Michael Baim's study on "the theatre of personal stories," he explores a framework that legitimatizes performing personal stories in front of an audience. He maintains:

These stories are often portrayed in autobiographical fashion by the person themselves. The themes that are addressed in these personal stories include people sharing their experiences of trauma, addiction, violence, crime, illness, pain, torture, abuse, prejudice, oppression and many other difficult, painful, horrific or life-threatening experiences. (Baim 11)

As psychodrama portrays painful experiences on stage, it has a therapeutic role to the protagonist. It encourages the audience to engage in these life experiences and get acquainted to new perceptions of oppressive or traumatic stories. The current paper addresses a central question: how can psychodrama-whether theater performances or novels-help protagonists share or enact a personal story in a way that can give relief of unresolved issues? The central argument of this paper is that psychodrama could also include written novels, which is considered a source of emotional release.

Moreno is the founder of psychodrama that was used in group psychotherapy (Nolte 1). He invented this new method to help the protagonists tell or act their problems on stage before other psychologists. Although this was considered a violation of modern

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standards, it achieved great success as it gave great relief to the protagonists. Moreno's wife, Zerka T. Moreno argues:

Everybody who has ever participated in a psychodrama is both fascinated and stunned by the impact of spontaneous play. This form of theatre starts out on an empty stage with no script, no professional actors and no rehearsals. There is only the protagonist with his or her story which through the unique psychodramatic techniques expands into a full play, be it tragedy, satire, or comedy. The psychodrama has a strong psychological impact on the protagonist, the co-actors, and the group present. (qtd. in Nolte 179)

Psychodrama is a spontaneous form of creating drama on stage, using certain techniques to expand it into a full play. Nolte argues that Moreno "thought of psychodrama as a method for normal, well-functioning people to better understand themselves and their relationships with others, an activity that is sometimes referred to as personal growth and development" (179). In addition to self-understanding and personal growth, psychodrama helps protagonists achieve catharsis through emotional arousal. Describing certain life experiences or events and reenacting these events can stimulate intense feelings related to these events and get rid of suppressed emotions. The protagonist could discuss issues related to his/her life such as marriage problems, work issues, feelings of despair, frustration and anger. Normally, the protagonist identifies a certain situation/ content and the director employs the needed techniques that enable the protagonist and other group members to present the story on stage. During this process, previous unsatisfactory experiences are revived, which produce undesirable emotions. The protagonist experiences catharsis that frees him/her from these restricting feelings and helps him/her solve the current problem. Spontaneous drama, also, affects the audience, as it is based on real experiences. The aim of psychodrama is to reflect on individual's mental health and social problems that affect his/her social life.

During the 1930s and the 1940s, Moreno's psychodramatic treatment was widely known. His approach is based on the assumption that the protagonist, normally, could not express psychotic experiences in real life. Through psychodrama, the protagonist is able to portray these feelings on stage with the help of an auxiliary ego. This experience gives satisfactory expression of emotional traumas that affect his/her life. Nolte argues:

the psychotic experiences of the patient couldn't find adequate or satisfactory expression in the real world. They remain locked in a vague and confused subjectivity. Through the imaginary reality offered by psychodrama, the psychotic productions of these patients can be experienced on the psychodrama stage. Many such patients welcome an opportunity for expression in a setting that relaxes the bonds of the reality principle that have so restricted them heretofore. Auxiliary egos help patients to realize roles that they have not previously been capable of realizing. (181)

Thus, psychodrama is the patient's means to objectivize his psychotic experiences. This type of treatment keeps the patient engaged and interested as long as it progresses. Therefore, he/she depends on his/her imaginary world to continue this experience. For the patient, "the world of reality and of socialized action has become so unstable-so 'unreal'-that a new and imaginary world is a necessity as an anchor for him if his experiences are not to be permanently reduced to the level of false signals and symbols" (181). Creating the imaginary world of the patient, which includes his/her delusions, thoughts and feelings, gives the patient the satisfaction that he/she lacks in real world. The first stage of treatment occurs on the stage; however, the patient does not live permanently in an imaginary world of psychodrama. The protagonist is only engaged in temporary psychodrama sessions that help him/her live in the real world after satisfying his imaginary world (182). In *The Yellow Wallpaper*, the narrator's case is different, as her husband denied her psychotic fantasies completely. He refuses her trials to talk about her journey from sanity to insanity. Thus, her mental status deteriorates because of

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an act of denial of her agency as a human being who has a saying in the treatment strategies used in her case. What the narrator really needs is an appreciation of her opinion, a discussion of her needs, how she likes to spend her time, and whom she likes to accompany in leisure times. The narrator resorts to act out and experience her psychotic fantasies in order to gain satisfaction from the imaginary world in which the woman behind the bars, who represents her rebellious self, breaks free from prison.

Moreno used five instruments of psychodrama; the stage, the protagonist, the director, auxiliary ego, and the audience. The stage is the first instrument. It could be any place or area in which the drama will occur. It gives the protagonist the opportunity to act out their delusions in order to reach a satisfying experience which is not achieved by psychiatrist's argument with the protagonist. Nolte argues, "Dreams, ghosts, and even God can be given three-dimensional, physical embodiment on the psychodrama stage, allowing the protagonist to engage, encounter, and even physically struggle with them" (185). The protagonist is the patient himself/herself who acts his/her experience on the stage. Some techniques are used in the warming up to stir the protagonist's feelings. These techniques include, but are not restricted to the following: self-presentation, soliloquy, role reversal, and the mirror. The director's role is to put the protagonist's feelings, thoughts, and memories into action. He/she is responsible for the relationship between the protagonist and the audience, and making sure that psychodrama will not re-traumatize the protagonist. The main aim is to encourage the protagonist to be spontaneous, which is the result of a great amount of trust between the protagonist and the director in order to reach the stage of full expression of suppressed feelings. The director also conducts a sharing session in which he/she invites the group members to tell their personal experiences that are related to the protagonist's psychodrama. In this process the group members identify with the protagonist and give the feeling that he/she is not alone in this experience of life. The fourth instrument is the auxiliary ego who assists the

protagonist in dramatizing his life. In psychotic cases, trained auxiliaries are employed to act hallucinatory voices or delusional roles. They can act as therapeutic guides who make a connection between the imaginary world and the world of reality. The auxiliary can interpret the significant other or other characters to the protagonist and he/she can add to the role. Here, the protagonist exercises role reversal as he/she judges the authenticity of this addition to the role of the significant other. The fifth instrument is the audience who represent the social world and witness the story that represents life experiences and pains (185-188).

Some instruments of psychodrama are used by the Gilman. Instead of acting her personal experience on stage, the protagonist resorts to writing her story in a journal in order to share her personal thoughts with the audience. The audience here are the readers who are engaged with the protagonist throughout the writing process. Furthermore, Gilman manipulates the wallpaper, instead of an auxiliary ego, to highlight her delusions during her journey into insanity. The novelette employs some warming up techniques such as self-representations, when the narrator reveals how she feels toward her husband and other people. Soliloquy is used to shed light on the narrator's inner struggle during her journey to insanity. She also experiences role reversal when she tries to present her husband's attitude toward mental activities that could influence her mental status at that stage of mental illness.

As a psychodramatic experience, the novelette goes through three phases, which constitute psychodrama sessions. The phases include warming up, action, and sharing. The narrator begins by telling the readers (her audience) the background of her story. Later on, she starts to act out her feelings of rebellion against the society. She refuses to sleep regardless of her husband's orders to follow strict rest cure. When she fails to achieve relief, she creates the woman behind the bars who represents her inner feelings of imprisonment. The only way to break free from the assigned roles is to defy all the reasonable actions that are accepted by the society. In psychodrama, the sharing phase provides "group members an opportunity to release some of the emotional tension

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that they experienced during the drama. It is like letting the wave die down so that the emotional waters are calmer” (Nolte 196). In the novelette, sharing is achieved through publishing the story in a journal entry. At the end of the story, the narrator reaches the sharing stage by claiming that there are other women who managed to be free. Here, she suggests that there are other women who are entrapped in the same circumstances; they are her readers.

In *The Yellow Wallpaper*, the protagonist's emotional reaction could be excessive. However, this could be justified, as the narrator experiences emotional abuse in the form of neglect of her desires, loss of love, and threats to be put into a mental hospital. These experiences affect the protagonist's perception of herself as not worthy. Therefore, she resists her husband's strict orders to be treated with the rest cure by staying awake all night, and writing all day in order to escape current situation which suppresses her emotions. Psychodrama could influence the audience more than conventional drama, as it marks the difference “between a spectator watching a motion picture of a volcano erupting and a person who watches the eruption in real life. The psychodrama does for every person what the conventional drama had done for Hamlet, Macbeth, or Oedipus-it makes one a hero” (Nolte 195). In this respect, the narrator makes a work of art of her agony that is elevated to a level of dignity, as she fights against oppression.

When the narrator fails to gain support for her emotional crisis, she invents the woman behind the bars and identifies with her. This woman, usually, shakes the bars of the prison which could be a mirror of her inner feelings of refusal and rebellion against marital oppression. The aim of inventing the woman is to suggest that she is not alone in imprisonment. In the end, the narrator locks the room and takes control over who is allowed to enter her room, her life or territory. Later, the narrator and the imaginary woman rejoice their freedom by creeping all over the place, which indicates triumph and control of their surroundings/territories. Actually, the narrator is stimulated by the yellow wallpaper, the paintings, and an inner feeling of oppression. In addition to the

psychological status of the narrator, the story deals with other social problems such as husband and wife oppressive relationship in the Victorian Era. Here, psychodrama is used as a method of social therapy/reform.

Moreno refers to psychodrama as “the science which explores the ‘truth’ by dramatic methods” (qtd. in Nolte 209). Truth here means the subjective truth as observed by the protagonist. The truth represents the moment, the present or the individual’s current recollection of it, which affect individual’s actions. Moreno renders neurotic diseases to individual’s inability to respond to unexpected events or truth in life. Usually, individual’s equilibrium depends on his/her spontaneity to meet the change in his/her relationships. His/her failure to respond to surprising events or inadequate personal relationships lead to a state of disequilibrium. It is safe to suggest that the narrator’s personal life and relationships with others are a trigger of mental illness. Her opinion is neglected. Her thoughts are trivialized. Even the therapeutic plan represents her husband’s oppressive power on her life. Therefore, the narrator’s imaginary world becomes more real than the world of reality. Failing to conform to these oppressive circumstances, the narrator experiences disequilibrium.

According to Freud, all individuals have neurosis but they have not been psychoanalyzed yet. For Moreno, treatment of neurosis is based on spontaneity rather than treatment of mental disorders. Psychotherapy depends on learning from individual’s failure to respond to unexpected events, inadequate actions or misinterpretations to previous situations. Moreno uses psychodrama as a means of “reinterpreting the learned meaning of previous experience as well as increasing one’s spontaneity” (Nolte 212). Moreno’s theory is based on his observations to normal people which makes his theory of psychodrama suitable for application as a psychotherapeutic method and more. Nolte states, “The human being is an actor, Moreno asserted, and an inter-actor.... Moreno puts his protagonists on their feet and into action on a psychodrama stage. He engaged the entire person, mind, and body in the psychotherapeutic endeavor” (212). According to

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Moreno, enacting previous events helps the narrator see a fuller picture of past situations which include setting the scene, reserving roles, and using auxiliary egos to reenact events. Psychodrama could also reveal or stimulate the unconscious through soliloquy. Moreno believes, "The more the [protagonist] becomes involved, the less conscious he is of his actions; it is like seeing the acting out of the unconscious itself" (qtd. in Nolte 213). Psychodrama helps the individual to express his/her desires in order to avoid expressing them in real life. Nolte adds:

The act hunger that we experience is always looking for opportunities to be expressed. This includes destructive and self-destructive desires. Acting out one's urges in psychodrama under the direction of a skilled therapist director can reduce the need to express them in real life. (213)

In *The Yellow Wallpaper*, the narrator's hunger to satisfy her needs to express emotions is a major source of anxiety which unsettles her personal relationships. Therefore, in psychodrama patients are allowed to experience their imaginary world and let out hidden emotions which affect social relationships when one partner does not live up to the expectations of the other partner.

Through psychodrama, the protagonist experiences three realities, which include 'consensual reality,' 'social reality,' and 'surplus reality,' that overlap in the protagonist's universe. According to the Morenean scheme, "Each of us lives in a unique world composed of a combination of these realities, a universe that is unlike, in its entirety, the world of any other individual who lives or who has ever lived. Luckily, there is a significant part of all these individual universes that overlaps" (216). First, 'consensual reality' or objective reality refers to the physical reality the protagonist experiences in real world. It explores science, and scientific discoveries. This reality harbors the overlap of other realities. Second, 'social reality' is the reality of interpersonal interaction, 'sociometry.' However, there is no comprehensible social rules that guarantee individual's opportunities. Third, 'surplus reality' or subjective reality is the world of dreams,

illusions, delusions, and hallucinations brought into concrete world on the psychodrama stage. ‘Surplus reality’ or invisible reality is very real to the protagonist. It enables the protagonist to experience different roles that he/she are denied to experience by life. In *The Yellow Wallpaper*, the narrator experiences the role of the rebellious woman behind the bars who fights for freedom. Psychodrama permits the protagonist to experience ‘surplus reality’ “which in part justifies the sacrifice he made by working through a psychodramatic production” (216).

In psychodrama, the protagonist experiences a surplus reality in which he/she can switch roles. For example, “a man can play the role of a woman; an adult can play the role of a child or of a person who has died. An empty chair can serve as an auxiliary ego and the protagonist can reverse roles with a picture on the wall or a sofa in the living room” (218). Thus, the protagonist’s inner reality is the source of surplus reality, which helps him/her understand human behavior. It could be a part of the real world. The artist Marc Chagall maintains, “Our whole inner world is reality, perhaps even more real than the apparent world. To call everything that seems to be illogical a fantasy or fairy tale is to admit that one does not understand nature” (qtd. in Nolte 218). The protagonist experiences the inner world as much as the real world. Some people could be immersed in a subjective world in a way that surpass their ability to distinguish between reality and fantasy/imagination as in *The Yellow Wallpaper*. The narrator reaches a stage where she cannot differentiate between inner subjective reality which is suppressed by her husband as a representative of patriarchal society, and social reality which degrades her from her sanity. The protagonist uses the wallpaper as an auxiliary ego to express her inner rebellion against oppressive marriage.

The concept of emotional catharsis is a therapeutic element in psychodrama. It has significant importance as Moreno

ascribed the salubrious effects of psychodrama to catharsis. He also expanded the notion of catharsis as it is used by contemporary psychotherapies as well as from its original

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Aristotelian description. In this way, Moreno created continuity between the aesthetic and therapeutic catharsis. (218)

Catharsis is based on the idea that people's suppressed emotions are stored and can affect them later in life. Moreno's concept of catharsis is based on Aristotle's catharsis in his *Poetica*, which justifies people's desire to watch tragedies of Greek drama in order to purge themselves of fear and pity. The powerful effect of catharsis depends on the novelty of experiencing conflicts for the first time. Repeated viewing of this experience diminishes spectator's catharsis. Additionally, spectators' identification with the hero and other actors affect the amount of catharsis.

The major difference between Moreno and Aristotle's catharsis is that Moreno concentrates on the cathartic impact on the actors who embody the roles rather than the audience, as psychodrama depicts actors' personal life. Moreno called this process "active catharsis and said that it is inspired by the religions of the East and Near East that held that 'in order to become a savior . . . [one] had to make an effort; he had, first, to save himself" (221). Moreover, spontaneity is another element that differentiates psychodrama from conventional drama, as the actors act their roles for the first time, while actors in conventional drama do different rehearsals to present the performance. However, spectators, in this case the readers, benefit from participating and attending/reading other patients' psychodramas, which have therapeutic effects that affirm the concept of spectator/reader catharsis.

As reenacting previous experiences on the stage satisfies patient's needs, writing provided the narrator a kind of satisfaction which motivates her to express her inner feelings of rebellion against the patriarchal society. At the first stages of her mental illness, she lives in two worlds, the world of reality and the imaginary reality or surplus reality. Later, she becomes more connected to the imaginary world than to the world of real people, which signifies her inability to cope with the outer world or change it. She presents interpretations of real world and imaginary world. She provides an account of her descent into madness.

As an autobiography of Gilman's experience of mental illness, *The Yellow Wallpaper* puts into focus Victorian women's experience of insanity/ hysteria. Specialists in nervous illness used to prescribe the rest cure. During rest cure period, women were tamed and forced to conform to the doctor's instructions. The patient was only allowed to experience two hours of intellectual life a day. There was a belief that "therapeutic authority depended on domination over the patient's voice, which, to some extent, is true" (Haug 25). Patients are prevented from interrupting the speaker, and are condemned to silence. Forcing women to rest cure encourages "the patient to succumb to even further fantasizing, and would not be a cure on its own" (26). As an active woman who is used to writing stories, reading literature and philosophy, and learning languages, Gilman finds herself trapped in the role of the housewife (Eshghi 172-173). The novelette tells the story of Gilman and other women who suffer from mental illness and how they were treated at the Victorian era.

Gilman testifies 20 years later that the reasons behind writing the story is to "save people from being driven crazy" (Weatherford 60). Throughout the story, Gilman gives a documentation of the psychological struggle of women, not only against mental illness, but also against patriarchal society control of social traditions and medical conventions that prescribe inappropriate treatment regimens such as rest cure. The story was perceived as a horror story, as it tells the story of a woman who is driven to madness. It reveals that writing could be a means to resist distressful situations. It is an outlet of depressed emotions, and a means to reflect on inner feelings that are suppressed by women in patriarchal society.

During her childhood, Gilman's mother made restrictions on her imaginative expression. This is represented in the story, as the narrator is also prevented from expressing her imagination and inner feelings. Gilman's inability to express her feelings in language is put into focus through the protagonist's fear and inability to express her mental instability. Weatherford argues:

Gilman suffered a linguistic crisis in her worst periods of depression and found language persistently inadequate for

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talking to others about her inner life. She said that only those who had *seen* her in long periods of despondency could grasp the depth of her despair. (63)

Thus, the writer's personal experience provides the context of the writing process of the novelette. Therefore, the novelette was an attempt to express this painful experience and to validate her own perspective in the treatment of mental illness.

In Victorian times, women were perceived as gentle creatures whose main role is to raise the children and take good care of their husbands. They were usually seen as passive creatures who are unable to support themselves or do any intellectual work. Displaying any trait that is contradictory to this image is considered improper or a sign of madness. A woman was considered mad if she showed opposition or frustration of social conventions, and "men had the power to deem her insane.... Men had the power of definition" (Haug 23). Thus, women were shut out of the outer world. There was a stress on women's emotional and nervous instability. Hysteria was a common female mental illness at that time. The term was used to refer to female inappropriate emotions. It was also believed that hysteria is the result of unfulfilled sexual or maternal drives. Stressing social conventions and male domination were excluded as major causes of female angry or hysterical outbursts.

The novelette is an attempt to find suitable diagnosis of the narrator's case. It takes a new turn when the narrator writes about her illusions and obsession by the wallpaper. Later, she affirms that she and other women managed to escape from the painting. Thus, the narrator moves from sanity at the beginning of the story to insanity at the end of it, which changes the main aim for writing to the journal. Weather suggests:

Gilman provides no justification for how the story can continue to be told if the narrator can no longer write. As the narrative voice becomes disconnected from the original journal fiction, the form of the story itself becomes an 'unheard of

contradiction,' like the tantalizing patterns the narrator sees in the wallpaper. (66)

This point of view is supported by the narrator's descent into madness, gnawing bedstead, creeping around the room and considering hanging herself, which question her ability to write to the journal. Like the irregular pattern of the wallpaper, the story line/structure follows unconventional/ deconstructive structure. However, the writer adopts unconventional story-telling technique that suits revealing abnormal dark emotions of human beings.

In writing about this unconventional story, Gilman chooses a new form to describe a woman's struggle for freedom, using an image, as an auxiliary ego, to express what could not be described through language because of her status as a patient. Weather argues, "she ingeniously creates a picture of her dilemma in the wallpaper. She hallucinates- visualizes- that which she cannot express verbally" (71). Throughout the play, Gilman explores women's inner experiences through the hallucinations of a mad woman in order to avoid patriarchal resistance, as sanity necessitates to conform to male-made rules. The novelette presents how women are supposed to feel or behave. It reveals that there are other women who suffer from oppressive gender roles, and they should cooperate to resist the current subjugating circumstances. Yet, her story underpins the effect of human communication and the importance of being understood by others.

Gilman's self-doubt is manifested by the narrator's discretion to express her opinion before her husband, for example her use of the expression "personally": "Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good. But what is one to do" (30). The narrator uses the pronoun "I" to refer to her rebellious ideas; however, she refers to the neuter pronoun "one" to refer to social common sense or traditional thinking compared to her rebellious thinking. The narrator describes her helplessness. Although she rejects patriarchal ideas, she does not have the power to impose her point of view. Using short paragraphs shows her inability to formulate her thoughts into convenient forms of discourse.

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Moreover, she usually withdraws her point of view in front of her husband: "I sometimes fancy that \in my condition, if I had less opposition and more society and stimulus-but John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad. So I will let it alone and talk about the house" (30). It is apparent that females' personal experiences and inner feelings are restricted by males' definitions, rules, and conceptual systems.

There is a kind of ambiguity regarding the protagonist/narrator stance in the story. This ambiguity applies to storytelling, commentary on events, and characters' description. The reader does not know if this description indicates the protagonist's or narrator's point of view. There is a poor distinction between the nameless protagonist, whose point of view is muddled by her mental illness, and the narrator. The narrator appropriates madness as a refuge from male rules. She considers the room/ prison or asylum a personal zone. The deteriorating status of the narrator is the result of male appropriation of medical authority and conjugal authority. Jonathan Crewe states:

The woman's predicament consists, then, in finding her subjectivity-and subjective revolt-always forestalled by a superior competent authority, whether professional or social. Barred from acquiring such competence herself, the woman as wife-patient cannot know what is best for her, and her subjective protest is preempted by an endless symptomatology of women's ailments. (277)

The protagonist puts male sanity into question when she discusses her husband's decision to separate her from the society, family, and friends. His sanity is put into focus when he ends up "crying for axe" to open the door, which symbolizes his exaggerated emotional response to his wife's deteriorating case. The narrator criticizes male's pathologization of women's minds. However, male and female contest in the story is not fair, as the husband is supported by social status quo while the wife's opinion is perceived as insane. Crewe argues, "If, then, Gilman as author is reinforcing the blandly

normalizing medico-aesthetic discourse of neurasthenia, she is also, in effect, reversing its intent by making it the revelatory medium of the culturally perverse, extravagant, surreal, and vital” (286).

Normally, the protagonist spends most of her time in the room alone, because her husband is always away on medical cases. Disturbed by the wallpaper, she asks for another room or for different paper; her husband urges her not to give way to her “fancies.” Further, he claims that any change would lead to more change: “after the wall-paper was changed it would be the heavy bedstead, and then the barred windows, and then that gate at the head of the stairs, and so on” (14). So no changes are made, and the narrator is left alone with her “imaginative power and habit of story-making” (15). In this stimulus-deprived environment, the “pattern” of the wallpaper becomes increasingly compelling. The narrator gradually becomes intimate with its “principle of design” and unconventional connections. The figure of a woman begins to take shape behind the superficial pattern of the paper. The more the wallpaper comes alive, the less inclined is the narrator to write in her journal, “dead paper.” The wallpaper represents the patient’s surplus reality. It symbolizes the reality she aspires to live in. She would like to fight for her freedom like the women behind the bars, implicitly admitting that she is imprisoned in this room.

Now with three weeks left of the summer and her relationship with the wallpaper more and more intense, the protagonist asks once more to be allowed to leave. Her husband says, “I cannot possibly leave town just now.... you really are better, dear, whether you can see it or not. I am a doctor, dear, and I know” (23). The protagonist expresses the fear that she is not getting well. The husband responds, “Bless her little heart!” (24). At the beginning, it is believed that the protagonist’s husband accompanies her in a therapeutic vacation; however, it is apparent that he is in town for work. When she hesitantly voices the belief that she may be losing her mind, he reproaches her so vehemently. He considers her an immature child who is not permitted to argue or express herself. In the final weeks of the summer, she gives

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herself up to the wallpaper. She declares, "Life is very much more exciting now than it used to be." She tells her journal, "You see I have something more to expect, to look forward to, to watch" (27). She gets better when she lets her imagination roam free, breaking free from the oppressive rest cure enforced by her husband.

Sometimes, the protagonist tells secret information about the creeping woman on the wall. In other times, she hesitates. She says, "I think that woman gets out in the daytime! And I'll tell you why privately—I've seen her!" (14). Previously, she declares, "I have found out another funny thing, but I shan't tell it this time! It does not do to trust people too much" (15). The narrator's uncertainty makes it difficult for the reader to trust her judgement and estimation of the situation. Shlomith Rimmon-Kenan argues, "Many texts make it difficult to decide whether the narrator is reliable or unreliable, and if unreliable—to what extent. Some texts—which may be called ambiguous narratives—make such a decision impossible, putting the reader in a position of constant oscillation between mutually exclusive alternatives" (103). The narrator uses the word "you" in the narrative, "you see he does not believe I am sick! (2). She imagines that she tells her story to an "other" or the reader whom she trusts with her secrets. Later, she abstains from telling the same reader other secrets that she would like to keep to herself for privacy issues or for suspense issues/mechanism.

Because the protagonist has communication problems, she hardly speaks to her husband or his sister except in some rare situations. Therefore, writing becomes the main source of relief. Since the narrator cannot communicate through speaking, she chooses to express her feelings through written words that she considers the ultimate source of relief. Christopher Norris maintains:

In speaking one is able to experience (supposedly) an intimate link between sound and sense, an inward and immediate realization of meaning which yields itself up without reserve to

perfect, transparent understanding. Writing, on the contrary, destroys this ideal of pure self-presence. (28)

However, in this story, writing becomes the best reliable way to represent the narrator's emotions and meaning. To Derrida, "writing is in fact the *precondition* of language and must be conceived as prior to speech" (28).

The narrator's uncertainty is perceived through her attitude toward her husband. Earlier, she asserts, "He is very careful and loving" (4). Later, she argues, "I'm getting a little afraid of John" (12). She doubts her ability to write or put her thoughts into words, "I don't know why I should write this," "I don't want to." She goes on, "And I know John would think it absurd. But I must say what I feel and think in some way—it is such a relief!" (9). In this context, she uses the word "say" rather than "write." Here, writing is an efficient way to express the inexpressible through verbal communication. Interestingly, she judges her ability according to her husband's point of view. Her uncertainty regarding personal abilities reflects mental disorders that are caused by patriarchal degrading authority over women. She probably feels that her opinion is not really authoritative, as she follows that by her husband's opposite opinion. Her fantasies appear to be representations of hidden feelings of imprisonment and aspirations to be free. Later, she also adopts an omnipotent stance, as she says, "nobody knows but me" (9). If the narrator's self-doubt is taken into consideration, these claims are deemed deceitful and at best mere hallucinations. The husband's refusal to relate to her thoughts pushes her to search for an outlet of suppressed feelings. This outlet is the wallpaper which embodies or mirrors her inner feelings. She describes how her trials to express herself is faced with a stern look and enduring silence that are enough methods to stifle the words in her throat. It is safe to assume that the wallpaper shares some features with the narrator's thoughts; they are both asymmetry and chaotic.

Throughout the novelette, the narrator presents two contradictory versions of herself; she is the knowing narrator and the imprisoned wife who cannot even express her opinion. Using

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this surplus reality, she succeeds to reinvent herself on the paper in addition to inventing the woman behind the bars. The woman in the wallpaper represents a surplus reality where she can achieve freedom. However, her real self is revealed after a short discussion with her husband, suppressed and helpless. Thus, the story represents the narrator's contradictory being as a repressed wife and an invisible free woman on the wallpaper. The two dichotomies give the reader a real account of her agonizing experience and embody the psychological crisis of the protagonist, which are represented cleverly through her fragmented thoughts.

Taking into account Gilman's rejection of Victorian repressive gender roles, this story is a resistance against patriarchal society. Haug argues, "The implied author's ideology as a feminist is embedded throughout the text, and to some extent that ideology is also shared by the narrator" (26). Madness and sanity are used as a counter methodology against male domination. The story concentrates not only on the social relationships between males and females as husband and wife but also sheds light on male doctors and female patients.

Resistance is represented through the protagonist's rebellion against her husband's treatment plan. She puts into focus the nature of the married life in the Victorian era. She maintains, "John laughs at me, of course, but one expects that in a marriage" (9). This reveals that women's beliefs are looked down upon or scorned by men at that era. Thus, the wife is nothing more than "a blessed little goose" (5). Later, this attitude is assured by the narrator's uncertainty while delivering her opinion of her husband. She reveals, "John is a physician, and *perhaps* – (I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind)—*perhaps* that is one reason I do not get well faster" (2). The narrator's fear to pronounce her opinion in her own treatment plan bears testament to her inferior status in the marriage institution.

In relation to this paper's understanding of mental illness, it is interesting to point out that mental illness is used here to resist patriarchal oppression. It appears that the only way to achieve

freedom for the narrator is to be insane. This case is defined by Thomas Szasz as “slave psychology” (Haug 27). Earlier, slaves tend to work for long hours. Their masters could only spare them if they show signs of fatigue. The narrator insists to write despite her husband’s refusal in order to maintain a sense of control over her life and to rebel against woman/patient subservient role in society. Her feelings of identification with the woman behind the bars rather than her real self is described in literature as “the sense of being ‘split’” (28). In this case the character is torn between her desire to express herself freely and her role as a subjugated wife. The only way to achieve this bargain is to be indulged in two worlds; the imaginary world, which represents the surplus reality, and the real world at the same time.

The most important symbol in the play is the wallpaper. It is described as “One of those sprawling flamboyant patterns committing every artistic sin,” and the color is a “smouldering unclean yellow” (4). The narrator is attracted by the design of the wallpaper that is incomprehensible and unlimited, which could be a reflection of female psyche and emotions, that are somewhat misunderstood by men. Later, she identifies with the woman behind the pattern. At the end of the story, the identification becomes complete as the narrator reveals that she is the woman on the wall. She suspects if other women are able to gain freedom, “I wonder if they all come out of the wall-paper as I did?” (17). At this stage, she is quite convinced that she achieves freedom despite her husband’s trials to restrict her choices and dictate her actions. Therefore, she declares that the room is her secure zone, and locks her husband out of it. She maintains, “But I am securely fastened now by my well-hidden rope—you don’t get me out in the road there!” (17). Now, the narrator changes positions with her husband. She manages to reach a state of calmness while he cries hysterically, “Now he’s crying for an axe” (17). As he loses his senses and loses control of the situation, he faints. At this point, the narrator recovers sanity as she ponders, “Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time!” (18). Previously, she slips

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into madness. Now, she recovers sanity when she realizes that she is able to control her life, her choices, her body, and her own place.

The narrator is motivated to tell her story while withdrawing gradually into a world of fantasy. Through this narration, the writer gets rid of stressful emotions and find a way to healing. Finally, the narrator rejoices, "Hurrah! This is the last day, but it is enough." She tells Jennie that she would like to rest alone, while declaring later, "That was clever, for really I wasn't alone a bit!" (16). Now, she is accompanied by the woman in the wallpaper, who represents her suppressed other self. For the first time, the narrator seems decided, "I would finish it today!" She succeeds in stripping off most of the remaining paper in order to free the woman who is trapped inside. She states, "I pulled and she shook, I shook and she pulled, and before morning we had peeled off yards of that paper" (16). The narrator declares that she unites with the woman on the wall by using the pronoun "we." Committing suicide is an option to be free, but she rejects it. She uses "he said," and "she said," to indicate that her life is dictated by outer force or patriarchal society ideals. She asserts this opinion as she declares later, "It is so hard to talk with John about my case, because he is so wise, and because he loves me so" (9). As a representative of patriarchal society, John describes himself repeatedly, "I'm a doctor," "I know," giving himself the ultimate authority as a doctor and as a knowing personnel.

As the narrator peels off the paper, she maintains, "the pattern just enjoys it" (17). Even when she enjoys what she does, the narrator ascribes it to the woman in the wallpaper. She is not capable of admitting that she is responsible for this deed. She states, "I've got out at last.... And I've pulled off most of the paper, so you can't put me back" (18). In this case, she frees herself and the woman in the wallpaper, which is a suitable end of her story. She accepts to stay in the room for the first time, because she is the one who made this decision and she is doing it willingly. She asserts, "I don't want to go outside. I won't, even if Jennie asks me to" (17). The room is now her territory. Now, she declares that she

is pleased to be “out in this great room and creep around” (17). However, this feeling of freedom is rendered to the fact that she chooses to be in this room.

As the narrator celebrates her freedom, madness is perceived as a positive stimulant. It is used as a challenge to patriarchal domination. In the end, the husband reveals the influence of his wife’s freedom on patriarchal society, as he faints at the sight of her deteriorating status. The protagonist’s defiance of oppressive rules is affirmed as she steps over the body of her husband, ‘patriarchal body,’ every time she creeps on the wall. The story was read “by nineteenth-century readers as a harrowing case study of neurasthenia” (Treichler 64). Recent readings refer to the psychological situation of the protagonist, while the feminist reading refers the narrator’s madness and female position in patriarchal society. The wallpaper or the woman in the wallpaper represents the narrator herself, her unconscious or all women in general. Treichler believes that “the yellow wallpaper stands for a new vision of women-one which is constructed differently from the representation of women in patriarchal language” (64). Thus, the story represents two constructions of women; a traditional, subjugated construction and a new feminist image of women who can stand against patriarchal domination. The struggle against the two constructions takes place on a “dead paper”, which the narrator confides to tell her thoughts.

The diagnosis of the narrator’s condition remains ambiguous until the end of the story. The narrator reports different symptoms such as exhaustion, crying, nervousness, synesthesia, anger, paranoia, delusions and hallucination. Based on these symptoms, her husband uses the medical term “temporary nervous depression” with “slight hysterical tendency” (2). Accordingly, a strict therapeutic regimen is enforced which includes isolation and rest. The husband’s strict regimen turns into rigid laws that restrict the narrator’s behaviors. His powerful position as a physician and a husband is reinforced through his paternalistic language. Treichler suggests that diagnosis is “a metaphor for the voice of medicine or science that speaks to define women's condition.... It is a male

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voice that privileges the rational, the practical, and the observable” (65). Here, diagnosis is used as a means to control the narrator and threaten her agency.

Throughout *The Yellow Wallpaper*, feminine discourse is compared to patriarchal discourse, as the narrator speaks to the journal indecisively about random topics. The husband's refusal to discuss diagnosis or treatment with the patient calls into question the whole process. At this point, the reader begins to doubt this medical assessment of illness or its diagnosis. Later, the reader perceives the deteriorating condition of the narrator as the treatment persists. Here, the reader looks for another possibility that clarifies the reality of the narrator's illness. This is provided by the yellow wallpaper, which presents the protagonist's unconscious.

By writing about her experience in a public journal, Gilman stimulates the public to discuss women's condition/position in a patriarchal society. Her story gains the needed support/power, as it is now read by different readers who could protest against existing status of women. The story challenges the traditional image of women as silent and submissive. It presents a new image for a new woman who uses writing to escape social neglect of female resistance. Treichler argues, “Publication of the story added power and status to Gilman's words and transformed the journal form from a private to a public setting.... By living to tell the tale, the woman who writes escapes the sentence that condemns her to silence” (69).

The protagonist is mistakenly diagnosed by “nervous depression-a slight hysterical tendency”, and claimed to be triggered by mental and physical strain of giving birth. However, a close analysis of the symptoms and progress of the protagonist's case reveals that she suffers from schizophrenia, a psychotic disorder, whose onset could be rendered to late ten years or early adulthood (D'Arrigo). Psychosis does not appear suddenly; it follows a certain pattern. According to D'Arrigo, signs before psychosis include trouble thinking clearly, uneasiness to be around

others, tendency to spend time alone, easily agitated, strong emotions or no emotions at all. The narrator starts her story with an explicit portrayal of the signs and symptoms of psychosis. Later on, she indulges in affirming the progress of the disorder, as she begins to see things and pull away from her family. She is not able to think clearly. At this stage, she experiences hallucinations that are related to the yellow wallpaper in her room.

According to doctors, there are no exact causes of psychosis; however, some doctors believe that there are some causes which include genetics, drug or alcohol abuse, trauma, or illnesses and injuries (D'Arrigo). It could be assumed that the narrator's lifestyle triggered psychosis. The fact that her husband is a doctor guarantees that she will be treated properly; however, he appointed a nurse to take care of her while he is outside all day. D'Arrigo maintains that the doctor could recommend "coordinated specialty care," which is a team approach to the treatment of schizophrenia. It includes the use of medicine with social services such as work or education support besides family support. Psychotherapy could be used to help the patient manage the symptoms and recognize psychotic episodes and control his/her behavior. Family psycho education is also used to improve the bond between the psychotic persons and their family/beloved ones. Unfortunately, in *The Yellow Wallpaper* the husband prescribes the medicine and undermines the effect of family support. Although the narrator asks more than once to see her family, he insists that she should follow his orders.

In the later stages of the disorder, the narrator experiences delusional thinking. Yvette Brazier defines delusion as "something that a person believes to be true, even when strong evidence suggests that it is false." As the narrator's perception is blurred with delusions, she becomes suspicious of her husband, suggesting that he changes. Paranoid delusions, according to Brazier, "can cause a person to fear that others are watching them or trying to harm them. Also, a person experiencing a delusion may believe that media such as the television or the internet are sending them special messages." This suggests that the disorder could be

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accompanied by other symptoms such as paranoia. The narrator's sensation that she is watched by her husband and the nurse, stimulates feelings of anxiety and fear.

As a lifelong health condition, schizophrenia affects the individual's thoughts, perceptions, feelings, sleeping, ability to concentrate, and ability to communicate and relate to others (Brazier). These symptoms appear as the narrator's condition deteriorates. Before the end of the novelette, the narrator's thoughts become blurred, and she is unable to sleep at night. Additionally, she feels uncomfortable around people. She pretends to be asleep to spend time alone, as she is now deeply preoccupied by the image of the woman on the wall. According to Brazier, schizophrenia needs nonstop treatment to relieve the symptoms. This means that the symptoms could return if a person stops the treatment. Therefore, "It can take time to find the best approach to treatment, which may be a combination of treatments." In the narrator's case, her husband depends solely on medicine, as he is blinded by his authority as a husband and a doctor, which triggers the issue of gender inequality even in doctor/patient relationship.

The Yellow Wallpaper was published over 16 weeks which suggests that it could be the author's diaries that describe her experience of mental illness. It shares certain techniques with psychodrama such as spontaneity, catharsis, and surplus reality. Spontaneous narration of personal issues is one of the main techniques that are used to treat mentally ill individuals in psychodrama. It represents a real life situation that happens to the protagonist and affects his/her psyche or how he/she treats people. In *The Yellow Wallpaper*, the written form of the story replaces stage performance in psychodrama. Catharsis is experienced by the characters and the audience at the end of the novelette, when the narrator creeps over the body of her husband who faints when he sees his wife's descent into madness. Moreover, the written form of psychodrama has the capability to give the protagonist the ability to live in a fantasy world or surplus reality that satisfies her needs.

The narrator experiences role reversal, as she justifies the reasons behind other characters' actions. She, also, puts herself in their position and makes decisions on their behalf throughout the story. In this way, she understands their motivations and how she can deal with them. The fact that she ends up totally submerged in her delusions and detached from reality is a mockery of oppressive social and medical conventions that undermine women's agency and neglect their needs of understanding, compassion, and respect as human beings. As the narrator reaches the verge of insanity, she holds on to sanity. She states that she is obliged to creep on her husband's body before getting to the wall of the room, which signifies that she triumphed over the patriarchal society.

Conclusion:

Throughout the novelette, mental illness is used to resist current oppressive conventions by giving the narrator the right to act freely. She is no longer controlled by patriarchal rules. Now, she has her rules and is free to set her own boundaries after locking herself up in the room. At the end of the story, her husband faints when he realizes that he cannot control her anymore. This insinuates that he—as a representative of patriarchal society—needs mental treatment more than her.

As the narrator's case deteriorates, she starts to see the woman on the wall. Later on, she identifies with the painting of the woman on the wall and portrays deep feelings of entrapment and helplessness. The woman on the wall represents the protagonist's imprisonment behind the bars or the rules that restrict her liberty in the Victorian society. She feels the social restrictions, which are imposed by her husband and the society. The woman's trials to free herself represent the narrator's inner feelings of resistance and rebellion against the existing situation. Finally, the narrator reveals that there are many women, including the woman on the wall, who managed to liberate themselves from the shackles of social oppression. This signifies that insanity or mental illness could be the means to escape the rules imposed upon women in the real world. The novelette suggests that if the cost of freedom is insanity, then sanity is a worthless value in a subjugating society.

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