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His and Hers: Mental Breakdown as Depicted by Evelyn Waugh and Charlotte Perkins Gilman

Stephen L. Post

One novella, one short story; two fictional excursions into insanity. Both are autobiographical. We know this of Charlotte Perkins Gilman's *The Yellow Wallpaper* from other information; Evelyn Waugh's *The Ordeal of Gilbert Pinfold* opens with a third-person introduction of that novella as a description more or less of the author's own experience.¹ Both protagonists experience delusions and hallucinations as externalizations of intolerable inner states. Both are in anguish. This said, one thinks of the differences.

Gilman's "I" comes increasingly close to identifying the ominous skulking figure in the wallpaper as herself, while for Pinfold the source of trouble is perceived from beginning to end not as self but as other, although the disturbance itself is finally acknowledged as his own. One character (Pinfold), supported by a loving wife, gets better; the other, misunderstood and neglected by her husband, gets worse.

The stories read differently: *Pinfold* is succinctly and matter-of-factly descriptive; *Wallpaper* is in first-person diary form, desperate and searching. Pinfold is frankly and fascinatingly paranoid, while Gilman's young mother experiences tones of emotion to match the varying shades of the wallpaper—fearfulness, depression, suspicion, and, hidden away, anger. Unlike Pinfold, Gilman's persona, while remaining self-effacing, convinces us that whatever paranoia she experiences is not without basis: as the saying goes, "Just because you're paranoid doesn't mean they're not out to get you." Lacking the support she needs, she deteriorates. Yet in her deepening possessedness one can sense a determination to understand: although her illness may be the greater, her openness to experience suggests a capacity for the greater cure. Pinfold, by contrast, returns to

a status quo ante, buttressed mainly by knowledge that insurrection by an unconscious cast of characters has been quashed and their images destroyed. Otherwise he is not much changed. Gilman's heroine may be physically trapped in a room, but he, while physically free, remains trapped in a shallow sanity of ritual and rules.

Pinfold, indeed, is like a diagnostic detective story: fascinating but lacking in depth—or, more accurately, disavowing depth. There is anguish in this illness, the latter declaring itself in the form of auditory hallucinations—a jazz band, then, later, voices—experienced by Pinfold in his stateroom throughout a voyage undertaken for his health. But behind the anguish lies a deeper agony denied by the protagonist and, outwardly, the author, who hopes only to “amuse” us. We shall oblige him, at least to begin with, by joining the “looney doctors” in attempting a superficial, patient-distant neuropsychiatric diagnosis.

First of all we note an onset of physical symptoms, marked especially by joint pains. These will persist until the outburst of frank psychosis, during which they will disappear, leaving us to infer that they were somatic harbingers, or equivalents, of that psychosis. Then we become further aware that, prior to the joint pain and Dr. Drake's gray pills, there has been insomnia for twenty-five years, treated for the past five with chloral and bromide, and, also within the past five years, physical deterioration secondary to inactivity and increasing alcoholism. Add to this Pinfold's disregard of dosages prescribed, plus his acceptance of more sedatives from Dr. Drake without informing him of his existing prescription, and we have the makings of a toxic mess. On top of what may have been corticosteroid medication for rheumatism or fibrositis, or some other remedy for gout, it's a tribute to Pinfold's constitution that he is eventually cured rather than killed. “Poison” is an apt word for it. And for Dr. Drake, who describes the abusive hallucinatory figures as typical for misuse of chloral and bromide, that diagnosis is sufficient.

But not for Mr. Pinfold, who realizes that in vanquishing his unwelcome cast of characters he has won some sort of battle and that had he not won it, the voices would not have been totally expunged from his psyche. Let us look, then, beyond drugs to account fully for Pinfold's ordeal. Along with explicit descriptions of his past may be discerned influences unacknowledged by Mr. P.

Here our long-distance psychodiagnostics become exceedingly speculative, and some words in that regard are in order. Diagnosis at a distance is hazardous and can be harmful; it is best confined to fictional characters. Accordingly no effort is made here to psychoanalyze the author. Unfortunately, Mr. Waugh makes the distinction difficult by reporting that the

events described correspond more or less with his own experience three years earlier. We are, therefore, pleased to read elsewhere that Waugh's statements about himself were not always reliable.² We may turn back, then, to Gilbert Pinfold with assurance that his creator disguised himself to his own satisfaction—while being, nevertheless, admirably candid in areas most of us would conceal. (Let us allow ourselves one minor violation of this principle: in addition to other associations, one has to wonder if Gilbert Pinfold, yclept "Peinfeld," is not related somehow to the distinguished Canadian neurosurgeon Wilder Penfield, known for his discovery, among many other things, that surgical stimulation of discrete areas of the cerebral cortex can produce hallucinations of entire pieces of music.)

The involitional depression that precedes Pinfold's paranoid psychosis contains echoes of earlier desolation. Beyond the aching chill in the very English house where he lives and the desolate outdoors there seems a bleakness in Pinfold himself. He seems a difficult, ultimately lonely person, rather remote from his children (even for a nanny culture), wearing a mask with friends. Although he relies on his devoted wife (as an invalid on his nurse or a child on his mother), his withdrawal from her seems to exceed the average writer's occupational remoteness. His sexual life with her seems long past; the sensual world recedes, the Life Force is waning, and physical experience becomes focused on pains as much as on what pleasures remain (such as champagne and cigars). The cold deepens.

Meanwhile, lurking in the wings is The Box. The possession of his neighbor, Reginald Graves-Upton, it gives forth waves that cause even worms to thrive. (Is there a paradoxical hint of a death force in this resurrection imagery?) It has a lingering fascination for Pinfold—who seems, like many creative people, condemned to absorb and thereafter be host to whatever impinges on his attention. The Box (reminiscent of Wilhelm Reich's orgone box, well known in the 1950s) vibrates with life waves, while Pinfold's vitality wanes. Perhaps it should not surprise us that when Pinfold himself later on enters a different box—his stateroom—he starts receiving all sorts of agitating waves of sound and radio. The onset of Pinfold's auditory hallucinations when he enters his cabin might seem explainable on the basis of sensory deprivation. But ordinarily sensory deprivation doesn't produce instant hallucinations.³ We may be justified, therefore, in considering a particular role for the cabin in their production.

To do so will require an excursion. Let us imagine a toddler who loves his mother "extravagantly" and is much in need of her affectionate and understanding closeness, which in healthy circumstances would be

reliable enough for him to be able very gradually to build a similar source of affirmation from within himself. Place him instead—too soon—in a nursery to get the bulk of his attention and nurturing from a Calvinist nanny (who, the story suggests, is more instructive than tender). Assume that his mother, perhaps partly out of depressing neglect by his father, is unnaturally and unempathically needful in her closeness with him (especially in the form of needing to be needed: “The truth is, my mother doesn’t like to see anyone younger than herself iller than herself—except children, of course”), leaving his own idiosyncratic needs of the moment unresponded to. For such a child the source of worthwhile aliveness might seem to lie mostly outside, not inside; in his mother, not himself. In her unavailability, this mother would become an object of rage, her image becoming darkened in his mind. And when the primal mother’s image is dark, all is dark, an intolerably depressing and dangerous prospect for the child. Out of this comes a tendency to split the maternal image in one’s mind—into “good” and “bad” images, thus to preserve the endangered loving image of the mother. Here, by the way, may lie one of the roots of Pinfold’s triviality; to split is to disperse, and dispersal is at the expense of depth.⁴ Depth resides, among other things, in our ability to take the bitter with the sweet.

The need for such a split of the maternal image is increased to the extent that she herself is unable to modulate her own moods and hence those of her child. (Incidentally, alcoholism often is attributable to an incapacity to soothe oneself other than chemically, owing to lack of sufficient soothing by the mother, whose function could then have been internalized by the child as his own. Pinfold’s insomnia may have similar roots.) Mutual sharing of inner worlds is forestalled by the mother’s self-centeredness, thus limiting development of the child’s own intersubjective capacities and discouraging his empathic inclinations other than for the detection of danger. (Gilbert Pinfold is minimally aware for their sakes of the feelings of others.) The sense of personal insufficiency that accrues from such failed needs may persist throughout life, obliging the individual to search forever for outside sources of self-sustenance. For such an individual, the “Life Force” is out there, not in himself.

Yet to be in his mother’s arms, inside the box, so to speak, may have been dangerous, too, for Pinfold. There are right and wrong ways to be held, and infants can tell the difference.⁵ A self-absorbed mother deficient in mature empathy will be unable to respond to the child in ways, physical and vocal, that respect the child’s being his own person. Instead she unknowingly requires for connection that he become an element of her world. For such a child the mother, the source of life, is also

a source of danger. Closeness to her is discordant and disorganizing, rather than affirming and soothing. So "the box," representative of her capacity to receive, hold, and sustain him, becomes potentially malignant. To enter it can be one's undoing, as is Pinfold's entering the cabin. Its alien forces, its voices, then intrude into Pinfold's own head.

What do the voices represent? All seem to represent opposites, split objects. There are Angel, who is no angel; Steerforth—out of Copperfield?—as hero or sadistic criminal; Murdoch, who is spy or guardian angel; devoted Margaret in contrast to malevolent Goneril; and in the background, of course, God and the Devil—to mention principals among Pinfold's horrendous cast of characters. Given the natural origins of splits, it is likely that Margaret and Goneril represent opposing maternal images. Margaret, then, is the oedipal mother of his childhood, young and inviting, but constrained by the Rules, while Goneril represents his mother as the old witch of his childhood. Margaret is also the resurrection of Pinfold's sexuality, of his remembered sentiments of youthful love. Like the shining girls who in actuality stride past him without notice on the deck, she reminds him nostalgically of his young manhood, but through her protestations of love protects him from full awareness of its irretrievability. While Pinfold imagines himself as old Lear, Margaret may encourage notions that he is not so old after all.

What about Angel? Originally a participant in the onset of the Elderly Party's collapse, a bearded young figure viewed with misgiving and increasing suspicion, now he is father of the mischievous hallucinatory family into which Pinfold, through prodigious efforts at recovery, is finally able to confine the evils assailing him. Does Angel, along with Steerforth and other male figures, represent the unreliable and shifting images of Pinfold's father? We can only answer perhaps. (Margaret's imploring that Pinfold shave his own beard is suggestive of infantilizing maternal seductiveness.) We have evidence enough that Pinfold has yearned for rescuing and encouraging father figures to steer him forth. His latent homosexuality and eroticized masochosadism (suggested in the primal-scene-like punishing, torturing, and killing of whimpering victims) are regressive expressions of that longing. (The other ingredient of his particular homosexual inclinations could have been a disquieting closeness to his mother.)

However, the fact is that the original Angel was a young man. And it is he also with whom the bearded Pinfold implicitly is compared. To Pinfold the young man must also be an embodiment of unmitigated sexual impulses within himself. This recognition introduces an additional way of understanding Pinfold's hallucinations; the characters in his mind are

representations strongly imbued with the feelings he has toward them and the feelings he attributes to them. Thus the malevolence of Goneril may originate not altogether in his mother's feelings toward him, but also in his toward her. (This argument should not be carried too far; we are mindful that reported sexual abuse of children and accusations of rape for a long time were conveniently attributed to the fantasies of the victims.) One of the functions of Pinfold's delusions of onslaught from the outside is to protect him from being overwhelmed by his own impulses, especially his own murderous sadism. Acute arthritis is sometimes an expression of repressed rage; we may note that Pinfold's pains subside at the moment of the murder of the steward: "Mr. Pinfold stood in his cabin, just as, no doubt, the Captain was standing in his, uncertain what to do, and as he hesitated he realized through his horror that the pains in his legs had suddenly entirely ceased" (p. 83). Pinfold unconsciously experiences himself as both Captain and Steward, as murderer and as victim, as father and son. But the fundamental impulse is murderous. Almost in tandem with this goes a murderous retributory conscience, evoking a whimpering submission. And out of that surrender comes the shame that haunts most of Pinfold's hallucinatory experiences.

Guilty or not, Pinfold recovers. Why? Probably his own assessment is correct: above all, the combined effects of alcohol and sedative abuse have worn off, but in addition he has done some repair work of his own, aided by a wife who came to his rescue and tipped the scales at a crucial moment. We do not expect further growth as an outcome of psychological insight derived from his ordeal.

With the heroine of *The Yellow Wallpaper* (to which we now turn after our surface scratching of *Pinfold*) the illness worsens without reprieve. By the end of the story Gilman's "I" is a certifiable candidate not for Weir Mitchell, but for an insane asylum. We have seen her descend from a condition of nervous weakness ("neurasthenia," they used to call it) to one of disintegration, hallucination, paranoid ideas, and infantile animalism—creeping along the wall while tied by herself to the bed by an umbilical rope, and gnawing on the bedstead. And we the readers find ourselves fearfully creeping with her, so compelling is the story.

Mentally ill as she tries to say she is, she seems closer to grasping the causes and meaning of her state than does the recovered Pinfold. Here there is a sense of something crying for understanding and remedy: "I *must* say what I feel and think in some way—it is such a relief!" (p. 21). Unlike Pinfold, she intuitively knows the value of a talking cure if only on paper, and of understanding. She needs to search.

There being no one who can even try to understand, she writes a

diary instead. From the beginning we share her sense of things imprisoned within. Her physician husband, professionally armored against any disposition to locate creepy-crawlies within himself, by turns neglects, misunderstands, patronizes, and bullies her. Does he love her? Yes; consciously he does, after his fashion, and does try to do his best for her, given that she is "a blessed little goose" (p. 15). But could she be correct in her reading of his outward love as a cover for his inward intents? Also yes. Somewhere within him he may be dimly aware of the advantages of keeping her dependent, trusting, sickly, childlike, admiring, and devoted. Perhaps more than anything this state of affairs protects him from his fear of women and of his own wish to depend on them; finding her on the last day in her truly monstrous form, liberated forever out of the wallpaper, he faints like a nineteenth-century maiden. Still, we would expect him to remain mostly unaware of the intent that she has correctly perceived in him.

Then what is sane and what is crazy? That of course is an important part of the story. It begins with reference to two kinds of paper, wallpaper and writing paper. Each has its tolerable if perplexing foreground and its eerily inhabited, more personal background. In addition, as the creeping woman lurks behind the bars of the wallpaper's foreground, so the writer lurks behind the real bars of her "nursery." In the wallpaper, on the writing paper, and in the nursery, the background figures become recognizable, then break free. At first the writer implicitly connects the foreground of the wallpaper with the social world and with herself as faithfully adapted to it. Her trustful dependence on her husband and his world is touching, perhaps because her willingness to allow something more energetically expressive within her to remain inchoate, disorganized, and disowned, while she uses what strength she has to honor her principles of love and loyalty, is both admirable and sad to us. Later along, when her images of the creeping woman accelerate and multiply, and she herself assumes the rope and the path of her doomed predecessor, we find ourselves thinking of all the imprisoned and infantilized women in her position. Add to that the stunted deformity of the unrealized woman emerging, and this reading by itself gives us a provoking story.

Gilman, of course, suggests more. This isn't a social tract, and we aren't led to expect exultation and festivity when the prisoners are released. Instead, we have a monster, a skulking, creeping woman, whose color, yellow, doesn't suggest buttercups so much as "old foul, bad yellow things" (p. 28) with an all-pervasive fungoid smell. The imagery expresses the regressive liabilities of femininity to cloacal preoccupations. These are abetted by the fearful attitudes of men toward their female counterparts. *Inter urinam et faeces nascimur*. There is an age-old masculine repugnance,

covert, to match the overt idealization of the female body. This fearful attitude has demanded a corresponding attitude of modesty, shame, and self-effacement in women. The madonna/prostitute complex in males, prominent in the Victorian era, was one manifestation of this ambivalence, and the idealizing inhibitions imposed on well-to-do young women such as Gilman's heroine were one of its expressions.

Even so, this account is not just about femininity. Perhaps most deeply it is about reality, dangerous to face and fatal to avoid. To the extent that the social face disguises and distorts the hidden anatomy, both suffer. What is hidden becomes monstrous, and what is shown not only is impoverished, but sooner or later will be contaminated, as with a spreading fungus, by what it has created underneath. Gilman's imprisoned heroine recognizes the life lived on the surface as like the surface design of the wallpaper—hopelessly meandering, without reason, and suicidally dangerous. For her to have remained at that level within herself might soon have been fatal. But something in the background attracts her attention. And what beckons seems to represent something not just in herself but in others: the ghost in the house, which soon is revealed as the spirit of the crazy woman in the attic, yes, but perhaps someone else as well. One thinks, of course, of the writer's mother and of some deep and not utterly hopeless attunement between them.

The outward description of this mother and of the patient's sister Nellie is one of unremarkable normality. But their presence doesn't seem to carry much weight. Our heroine has been delivered to her husband, and that is that; there can be no objections from the visitors. After all, her confinement in that miserable, barred room with ugly, torn wallpaper and a bed nailed to the floor has been recommended by a physician, who knows best. And if she is separated from her baby, that obviously is necessary also. Mother and sister are alive, yes, but are of no account in such matters. As with the writer, then, something very likely is stunted in them. The creeping woman identifies the patient *and* her mother—and ultimately (but not of such immediate importance for her sanity) all women of the time. There is relatedness and truth to be found in this monstrosity and the possibility it presents of remedy and growth through sharing and understanding.

But what of the illness itself, the increasing confusion between inside and outside, between what is in the wallpaper design and what is read into it, and between the creeping woman in the wallpaper and the heroine as the creeping woman? How much is the ill will that she sees in John a reality, and how much a projection of her own emerging ill will toward him? What of the eyes in the wallpaper that see her as she sees them? Obviously, to some extent there is a loss of boundaries within her mind.

This, along with her docility, could suggest a fundamental incapacity to say the "no" that would establish her own inviolability. Probably the trouble goes still deeper, affecting the entire area of initiative that adds up to the capacity to say, in effect, "I am." Growing up feminine was blocked and distorted by fearful demands of the times. Too easily "I am" became "I am nothing" or "I am a spreading fungus"—borrowing one of the images of the story. Healthy assertiveness and innovation, if discouraged, can turn to malevolence, and that, felt toward loved ones, can create an intolerable self-hate. The outcome can be a loving decision to let oneself essentially die in order to become exactly what one is supposed to be. So the woman never comes to full bloom, and John, locked away in his own narrowness, never knows what he is missing.

There is health, as we saw, in this illness. The emergence of the creeping woman, given understanding, is the beginning of cure. But what emerges is a monster, twisted and stunted. No wonder that the writer is fearful of letting her out—and before doing so has to lock herself in the room. No wonder that she looks, and is, so ill. In the century since Mrs. Gilman wrote this story, through the women's movement that she assisted at its birth, that illness has been greatly remedied, but certainly, along with the illness of asymptomatic men like John,⁶ it is not yet cured. The enduring appeal of *The Yellow Wallpaper* suggests that we still have work to do and probably always will. For the Johns among us there is the consolation that, notwithstanding our obtuseness, clumsiness, and selfishness, a key was dropped in our path.

NOTES

1. Charlotte Perkins Gilman, *The Yellow Wallpaper* (1899; reprint, Old Westbury, N.Y.: Feminist Press, 1973); and Evelyn Waugh, *The Ordeal of Gilbert Pinfold* (Boston: Little, Brown, 1957). All subsequent quotations are from these editions and are cited parenthetically in the text.

2. Conor Cruise O'Brien, "Nobs and Snobs," review of *Evelyn Waugh: The Early Years, 1903-1939*, by Martin Stannard, *New York Review of Books* 35 (4 February 1988): 3-6.

3. Alfred M. Freedman, Harold I. Kaplan, and Benjamin J. Sadock, *Modern Synopsis of Comprehensive Textbook of Psychiatry* (Baltimore: Williams and Wilkins, 1972), 89-92.

4. Otto F. Kernberg, *Borderline Conditions and Pathological Narcissism* (New York: Jason Aronson, 1975), 37.

5. Daniel N. Stern, *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology* (New York: Basic Books, 1985), 138-61.

6. Christopher Bollas, "Normotic Illness," in *The Shadow of the Object: Psychoanalysis of the Unthought Known* (New York: Columbia University Press, 1987), 135-56.