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The Wall Behind the Yellow Wallpaper: Response to Carol Neely and Karen Ford

I thank Carol Neely and Karen Ford for taking the time to respond to my essay on "The Yellow Wallpaper." It is a real pleasure to have intelligent and thoughtful readings of one's work, whether or not the authors "agree" with it. I found their comments particularly useful in thinking through more clearly some general issues about language and feminist literary analysis. I will talk about three of these issues here: (1) problematic aspects of the term "women's discourse"; (2) problems with the notion of an "alternative discourse"; and (3) the difficulty of interpreting the metaphor of the yellow wallpaper.

The term "women's discourse" has various meanings in current feminist writing which include (a) a specific discursive tradition or set of practices, such as *l'écriture féminine*, (b) literary or scholarly texts written by women, (c) literary or scholarly texts written by feminists, (d) "women's language" in the sense of a cluster of empirically-specifiable stylistic, interactional, lexical, or semantic characteristics ascribed to women's talk in naturalistic settings, (e) language use by women within such traditionally female cultural domains as the consciousness-raising group, the nursing profession, or the home birth setting, (f) an envisioned or visionary women's language which exists apart from the structures and entailments attributed to "man-made language"; and (g) any example of talk or writing by any woman under any circumstances.

Obviously, there can be real problems in theorizing or practicing "women's discourse" when the term itself is so slippery, referring now to the hypothesis that certain specific linguistic features (such as tag questions) are gender-marked, now to the incontrovertible fact that female human beings do produce utterances and texts, and now to a visionary language which can exist only "outside of" patriarchal discourse. This points to the importance of situating discussions fairly precisely, as I tried to do in my essay by talking about women's discourse in the context of medical diagnosis, a highly institutionalized form of "patriarchal discourse." Ford's discussion of female literary narratives and Neely's of midwifery and childbirth discourse (which I'll say more about below) are similarly and usefully situated.

Of course the term *discourse* in much contemporary scholarship is also defined rather loosely. It is not interchangeable with *language*, a term that signifies an abstract structured system (and in linguistics the product rather than the raw material of analysis). *Discourse* implies language in process—that is, spoken and written communicative practices embedded within the

materiality of the speech stream or the written text. In linguistics, the term refers to linguistic productions larger than the sentence, entailing the analysis of any given utterance or sentence in terms of its immediate discursive context. Discourse also implies a movement back and forth, a body of ongoing linguistic interaction between engaged participants situated in time and space—language, that is, inseparable from its social contexts. The title of my essay, “Escaping the Sentence,” argued for the study of language as discourse. “Women’s discourse” is not a merely descriptive term but rather is concerned with the entire process (even “the apparatus”) through which gendered utterances are produced. What are the rights, privileges, and prohibitions operating on male and female speakers in authoring utterances? Under what conditions is “gender” in discourse created and maintained? How are gender prescriptions disrupted, evaded, or redefined? With what interpretations and consequences? In the same sense, the term “patriarchal discourse” involves, loosely speaking, the production of language that works to articulate, codify, and maintain various forms of authority, power, and control.

To assume a formal dichotomy, then, between “patriarchal discourse” and “women’s discourse” is false, just as it is false to assume that “language” is patriarchal and therefore that “women’s discourse” must be something other than “language.” It seems inaccurate even to say that there is a dominant “mainstream” patriarchal discourse and a subordinate women’s discourse which exists as a kind of undercurrent. On the contrary, there are within a given culture or civilization multiple discourses which have evolved in multiple contexts: each has its own life, its own imperatives, its own contestations, and its own strategies for engendering speakers, subjects, and listeners. Though perhaps the notion has value for specific literary or psychoanalytic arguments, it does not make much sense to me linguistically to say that women have developed “outside language.” But I think we can say that certain linguistic practices and discursive traditions may evolve outside the policed territory of specific discourses—areas that are “blank” as far as those discourses are concerned. We might think of language as a vast geographical terrain which different people and groups inhabit and “work over” in many different ways—cohabiting a given territory perhaps, perhaps struggling over it, sometimes evolving diverse practices for cultivating the same type of terrain, sometimes attending to new areas that have lain fallow. Discourse, then, might be seen as a specialized and institutionalized set of practices for inhabiting and cultivating a given piece of terrain—and enabling us to have access to that terrain at all. Language is thus inhabited by both “patriarchy” and “women,” as well as many other inhabitants with their various voices and discourse practices. “Dominance” or “subordination” is not something that comes with the territory (language) but is rather estab-

lished through interaction with a complex of other factors such as local politics and mapmaking practices.

Despite problems with this somewhat simple-minded analogy, it illuminates my argument here that women's discourse is never truly "alternative" but rather inhabits the same terrain as the "patriarchal discourse" it challenges. Current discourses on childbirth, to use one of Carol Neely's examples, clarify this notion of a contested terrain. The women's health movement/midwifery model does indeed offer, as Neely states, a "potentially powerful and radical alternative discourse" in contrast to that of organized medicine. But the ways in which the medical and the midwifery models of childbirth are now intertwined in the U.S. constitute a compelling social and linguistic drama with significant social, economic, and ideological consequences. The two discourses do not stand apart from each other as two separate alternatives. Though the women's health movement capitalizes on the idea of "natural" childbirth, for example, there has been considerable discussion of how that term is to be used (see Rothman, 161, and Oakley, 12–17 and 236–49); moreover, anthropological studies of birth (such as those by Margaret Mead and Niles Newton, and by Brigitte Jordan) argue that no models of birth are "natural"—all are culturally constructed. The term "natural" nevertheless functions strategically to reappropriate for women a definition taken away from them in fairly concrete ways by the medical profession. A 1920 landmark paper by the influential obstetrician and gynecologist Joseph B. DeLee, for example, introduced a definition of the birth process as pathological and abnormal: we do not call it "normal," he argued to his colleagues, when a baby's head is crushed in a door and it dies of cerebral hemorrhage; yet "when a baby's head is crushed against a tight pelvic floor and a hemorrhage in the brain kills it, we call this normal, at least we say that the function is natural, not pathogenic" (40). DeLee was arguing specifically for the routine use of forceps in delivery but his work more broadly legitimated a medical definition of childbirth as abnormal, providing a theoretical grounding for a high degree of medical intervention as well as a lexicon elaborating upon the notion of the pregnant woman as a patient (see Jordan, 35) and of childbirth as a pathological event. (Both Jordan and Oakley offer theoretical discussions of this definition process and its implications).

Challenges to this definition have come from many directions over the past two decades. The feminist writer Gena Corea, for example, charged that the language of obstetrics textbooks characterizes the pregnant woman's body as hostile territory and the medical staff as a kind of SWAT team, poised at all times for swift and aggressive intervention. Challenges have also come from consumers, the women's health movement, the home birth movement, and organized midwifery (groups that sometimes overlap),

and more recently from insurance organizations and from state and federal agencies. As these challenges gain strength and legitimacy and the struggle grows over the meaning of the term *childbirth*, ideological and economic issues are invoked and articulated with increasing intensity. The ideological issues raised in the voluminous literature include, on the one hand, the medical profession's responsibility to provide mother and baby with "safe" medical care, the importance of medical expertise and authority, the right to earn money in a free market economy, and the intrinsic value of technological progress, and, on the other hand, the importance of egalitarian decision-making in health care, a woman's right to control her own body, and the importance of free choice in a democracy. Economic issues include the high cost of medical and hospital care, the deregulation of the health care system, changing patterns of reimbursement from insuring agencies and other third party payers, the declining birth rate, and the "oversupply" of physicians and other health care professionals. The bottom line is competition on the part of physicians to maintain their "market share" of low-risk births, organized movements among midwives in many states toward professional legitimation and institutionalization, and in general an atmosphere in which definitional pluralism and professional coexistence are increasingly difficult. Indeed, the childbirth issue served as the focal case study in the Federal Trade Commission's 1979 determination that many practices of organized medicine constituted restraint of trade (the case study, conducted and reported by Lewin and Associates, Inc. is summarized in Lubic as well). In state after state, consumers, health care professionals, researchers, policy-makers, and others are asking whether and how to regulate the "childbirth revolution" through training, certification, licensure, and legalization. Obstetricians and family practitioners suppress their differences in order to present a unified position opposing non-medical births; nurse-midwives hold back from endorsing lay midwifery to protect their own still tenuous legitimacy. In short, the discourse on childbirth, these days, emerges from a patchwork of theoretical arguments, case studies, legal battles, proposed and enacted legislation, lobbying campaigns, public dramas, alliances and schisms between and within various constituencies, and the findings of a highly disputatious research literature.

Thus women's discourse on childbirth is not entirely "by women, for women, about women and based on women's experiences and the articulation of those experiences." It is not autonomous but rather generated out of resistance and implicated in ongoing day-to-day struggles for survival and legitimacy. So it may also function variously to engage and maintain the loyalties of its constituencies, undermine the power of the medical establishment, argue its case to the public and the press, dramatize the risks and

dangers of medical intervention and hospital birth, and highlight its own safety and cost-effectiveness.

In the same way, "The Yellow Wallpaper" does not present two clear alternative discourses but rather shows in graphic and claustrophobic detail how the same terrain—language—may be differently inhabited. It is a story about language as it is embodied in a very specific type of "patriarchal discourse": the medical diagnosis and its representation of women. This was, and is, a highly policed terrain in which attempts at counter-discourse are discouraged or forbidden (see the accounts by Paget, Burgess, or Scully and Bart). In the same space, the narrator attempts to produce a counter-diagnosis. My argument is that this is a very difficult thing to do, requiring her to work around the edges of a highly circumscribed and policed discourse which restricts the conditions under which she can speak at all. Karen Ford's analysis of the "unheard of contradictions" in the narrator's language—the recurrent anomalies in the even flow of conventional speech—supports this. It would be too optimistic to say that the narrator deliberately evolves an alternative discourse. Yet in the final scene, she does not in fact act in conformity to the patriarchal diagnosis that her sickness is temporary, superficial, and essentially "normal" but instead to her own: that she (woman/women) is genuinely sick and her condition serious. If diagnosis is constructed through discourse, then her different discourse forces a new diagnosis. That she overthrows her early conformity to male-prescribed language is a significant triumph.

The yellow wallpaper embodies this complex cacophony of discourses that come to exist within the terrain the narrator inhabits. As I said in my essay, ultimately the wallpaper "is a disruptive center that chaotically fragments any attempt to fix on it a single meaning." This does not mean that it can mean anything but that meaning itself, in the narrator's struggle to arrive through language at a different understanding of her "condition," is not ultimately fixed. As I've tried to indicate in my sketch of current discourses on childbirth, to talk about "women's discourse" is to point to a set of conditions for speaking and hearing, and to sites where new strategies and contestations may originate; it is not a fixed, formal entity. I would therefore back away from Ford's conclusion that "language is male-controlled" and remain with the more specific charge that the discourse of medical diagnosis is a prime example of patriarchal discourse. It was perhaps too global an extension on my part to make diagnosis do duty for all forms of "patriarchal discourse," though discussions like Oakley's and Paget's do suggest characteristics shared among different discourses that have been oppressive in their representations of women.

Ford and Neely argue in their different ways that the conditions of speaking have changed, offering more women now those conditions that Woolf suggested would further self-expression: space, audiences who listen, "companionship and advice," and contact with a suppressed tradition. But the contemporary developments in literature by women noted by Ford far surpass women's visible impact on medical texts. Despite the struggles for meaning over the past two decades and the complex mingling of discourses around childbirth that I have sketched above, one has seen little sign of this turbulence in major medical textbooks, which seem astonishingly insulated from widespread social upheaval. There is perhaps some evidence that this is changing: the index to the 1976 edition of the textbook *Williams' Obstetrics* (Pritchard and MacDonald) includes the entry:

CHAUVINISM, MALE, variable amounts, 1-923.

In the 1980 edition, the entry reads:

CHAUVINISM, MALE, voluminous amounts, 1-1102.

The entry is absent from the 1985 edition; rather one finds a number of points in the text itself where feminist concerns are implicitly addressed. To claim a relationship between the index entries and more central textual changes is not possible without concrete evidence. One can claim, however, that the kind of individual changes that, alone, may constitute what I called in my essay "linguistic self-help" are now, in 1985, beginning to be reinforced and sustained by what Neely refers to as "broader changes in the institution" of medicine. In obstetrics practice, I noted a number of these above. Broad economic changes still need to be repeatedly negotiated in local instances. But as hospitals decorate birthing rooms with yards of chintz, encourage obstetricians to involve the whole family in the "birth experience," and create brochures outlining how "natural" it is to deliver a baby in the hospital, can broader changes in medical textbooks and other forms of medical discourse be far behind?

My point is, however, that this is a discourse in which a single index entry still constitutes at the moment a significant feminist subversion. And it is in the context of this discourse that I place the heroic linguistic resistances of the narrator of "The Yellow Wallpaper," who is, as Neely writes, "supposed to change herself but is not allowed to change anything else."

Whose discourse does the yellow wallpaper represent? Discourse is not a covering, like a jacket that fits one sex or the other, or a surface that can be removed or destroyed. The wallpaper is not an artificial covering over reality, a mere surface that can be stripped away; rather it is an aggressive mate-

reality, full of contradictions and impossibilities. When the wallpaper appears finally to be wrestled away from the wall, the narrator is not outside language or beyond language: she never does arrive at such a space, for language is all we know. The most we can do is to situate ourselves within the terrain, inhabit and work it differently. This may suggest new ways of seeing. Indeed the narrator moves “through” the patterns that come with the room to a different view: behind the wallpaper is the wall itself. This is a new representation of women’s condition.

Like Carol Neely, I’m not sure that our readings are ultimately incompatible, for we are talking about the narrator’s engagement with language. But we do diverge in terms of what we find interesting and compelling about this text. For me it is the dual sentencing of the female narrator, achieved through diagnosis, to a gendered existence both in discourse and in her physical isolation. The confounding throughout of the literary and the “real,” the symbolic and the material, gives the narrative some of its impossible and contradictory qualities: Gilman fuses an imaginary fantasy with a social commentary on real (indeed experienced) conditions, she uses a medical case history (another form of “patriarchal discourse”) to attack medical practice, and she enfolds us within a world of contradictions and impossibilities whose revelations, nevertheless, will perhaps help us and others escape. Literary analysis works toward resolution and closure, and I found both Karen Ford’s and Carol Neely’s interpretations of the yellow wallpaper metaphor logical and persuasive. But discourse in “The Yellow Wallpaper” remains an open and contested terrain. We don’t know exactly whose discourse is whose, or what it means, or how it will all come out in the end.

In escaping the sentence, the narrator overturns the physician’s patriarchal diagnosis but doesn’t escape the consequences that this reversal will impose: behind the yellow wallpaper is the wall. In this representation, women are not free. Furthermore, women are still constructed linguistic entities. It is not possible to escape language, only to use it differently, to different ends. To say that the narrator achieves a counter-diagnosis is not to say that she has achieved victory in any total sense. She will not escape, but her words have revealed the wall that confines her. So have Gilman’s, an escapee whose account of her experience enlists us, as readers, to continue to work toward changing the nature of medical discourse and the consequences of medical encounters for women.

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