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Madness as "The Divided Self" in the Works of American Female Authors

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CHAPTER ONE

Introduction

Women's Mental Healthcare 1850-1970

Cultural views on and the treatment of madness have a long and complex history in the United States. This is especially true of women's madness, as throughout history a woman's mental health has been uniquely interwoven with her gender. Statistically, women are more likely to report symptoms of serious mental illness, with conditions such as depression, anxiety, and somatic complaints all found to be more prevalent in women than in men (World Health Organization). This only continues the larger historic trend of women dominating the world of mental healthcare; the nineteenth century saw women as the majority of the patients in public asylums, and in the twentieth century, women made up the majority of clients for psychiatric hospitals, outpatient mental health services, and psychotherapy (Showalter 3). Given women's historical disadvantages in society, this female dominance in the world of mental illness and healthcare points to a more complex set of causes than mere neurological differences between the sexes. Many sources, both modern and historic, have sought to understand the ways that sociocultural factors have influenced this gender disparity. Feminist scholars and some of the foremost authorities on women's madness, Elaine Showalter, Jane M. Ussher, and Phyllis Chesler, have all pointed to the link between women's madness and their marginalization in society. Showalter, in the introduction to her book *The Female Malady*, describes "[a] dual image of female insanity – madness as one of the wrongs of woman; madness as the essential feminine nature unveiling itself before scientific male rationality" (3). This assertion points to madness as intimately and continuously connected to womanhood, a notion which is reinforced by the treatment of women's mental illness over the last two hundred years.

Essential to the understanding of the relationship between women and madness is a brief overview of the history of women's mental illness in the United States. In order to maintain direct relevance to the works that will be discussed in this writing, this synopsis will focus on the cultural views on and treatment of mental illness in the United States from 1850-1960. The nineteenth century marked an important shift in American attitudes towards mental illness and the first steps in the movement towards modern views of mental illness, as madness was increasingly seen less as a product of religious causes or demonic possession and instead as a medical concern which could best be treated through care in controlled settings by physicians. This change in attitude towards mental illness led to the widespread establishment of asylums where the mentally ill could be housed and treated by doctors for their specific symptomology, as well as the emergence of psychiatry as a profession meant to cater specially to patients with mental illness (Grob 55-56). Mental illness, especially in the newly established asylums, began to be treated with care, exercise, and cleanliness, rather than the neglectful incarceration that had been previously widespread (Ussher 66). While this shift inspired a more realistic and humane vision of mental illness in its management and treatment, cultural attitudes inspired by Enlightenment ideals attributed its causes to mere failings of morality or of the human will. As MaryAnn Jimenez discusses in her book *Changing Faces of Madness*, "Insanity had come under human control, in its prevention, if not in its cure. Its meaning was now inextricably linked to the normative demands of a new social order" (70). The nineteenth century thus saw an elevation of the psychiatrist as the primary authority on mental illness and a new cultural and medical vision of madness as the fault or responsibility of the mentally ill, a notion which had particularly harmful implications for women.

The dominance of scientific philosophy during the nineteenth century consolidated the power to diagnose and care for the mentally ill into the hands of men, who dominated the medical profession at that time. This offered legitimacy to the theories of male scientists and doctors, making their assertions indisputable by patients, notably excluding women from most medical or psychiatric decision-making. As scholar Jane M. Ussher argues, "'science' was effectively used to provide a smoke-screen for the more insidious role of the professional experts; to neutralize criticism and dissent through the belief that 'science' was rational and objective" (66). The elevation of the male scientist also saw the fall of "female healers," as the number of female proprietors of madhouses and asylums declined in favor of staffing male psychiatric experts. Women who previously sought care or advice from another trusted female, whether a community or family member, began to turn to the male mental health experts for any problems they might face. As a result, women began to enter asylums and hospitals in greater numbers and there began a surge of gender-specific disorders used to classify women who did not fit into their given societal role (Showalter 52-53).

The archetypal image of women as pallid and helpless creatures, incapable of caring for others or even themselves, arose during this time to influence newly proposed medical models of mental illness. Male psychiatrists thus concluded that women must be more susceptible to madness, a conjecture which they tied directly to the instability of a woman's reproductive system as impeding her sexual, emotional, and rational control (Ussher 66-69). This led to the widespread diagnosis of hysteria, which physician Joseph Raulin defined as "this disease in which women invent, exaggerate, and repeat all the various absurdities of which a disordered imagination is capable" (qtd. in Foucault 138-139). Jane M. Ussher notes that this was "the accepted diagnosis of all aspects of female madness, as well as a whole cornucopia of other

female maladies" (75). The rest cure, proposed by Silas Weir Mitchell, was the chief treatment for hysteria and called for seclusion, bed rest, and a prohibition of any activity deemed mentally strenuous, such as reading or writing. This left women often isolated and under-stimulated in the confines of their home, their chief psychiatric concerns met with a cure that essentially encouraged domesticity and deference (Ussher 74-76). As Ussher claims, "the scientific dogmas of the nineteenth century ensured that women were confined to the home and to their reproductive role, to avoid damage to their health and their future offspring" (69). As women sought treatment and support for the distress and depression brought on by their social role, they found themselves only further isolated and blamed for their condition.

This medicalization of mental illness persisted throughout the end of the nineteenth century and into the early twentieth century, though the period from 1900-1950 sought different theories as the basis for psychiatric practice. Many scholars have termed these years the "darkest era of American psychology," as new scientific models, especially Charles Darwin's evolutionary theory, sparked a movement of eugenics in American hospitals and asylums up until the 1930s. Darwin's theory of the "survival of the fittest" was used as justification for the mass sterilization of those whom American society deemed "unfit to breed," including lower class, disabled, and mentally ill individuals. While this movement was sparked by individuals outside of the field of mental healthcare and ambivalently administered by mental health professionals, the cultural attitudes prompted by eugenics began to influence courses of treatment for psychotic disorders from the early to middle twentieth century. During the first decades of the twentieth century, various forms of hydrotherapy were the leading somatic treatments for asylum patients. These water therapies included cold baths, needle showers, and the much-reviled "wet pack," during which patients were wrapped tightly in wet sheets,

rendering them immobilized for hours up to days. While psychiatrists of the time maintained the effectiveness of these treatments, they were met with much protest by patients and often echoed the inhumane punishment that had run rampant in madhouses prior to the mid-nineteenth century. This led in the 1930s to the search for more effective somatic treatments which imposed direct, and often damaging, physical impact on the brain, which were found in the form of insulin comas, metrazol convulsive therapy, electroshock, and prefrontal lobotomies (Whitaker 73-77).

The new forms of somatic therapy popularized during the early twentieth century often took specific forms for women and offer strong evidence of the conflation of womanhood and madness. During the last decade of the nineteenth century and the early twentieth century, gynecological surgeries were often used as treatment for mental illness in women, with many surgeons removing the uterus or ovaries of women deemed mentally ill. Doctors maintained that this led to improvements in over 50 percent of their patients, also arguing that the vagina and nerve-rich clitoris produced the agitations which led to female insanity. They even performed clitoridectomies on patients, justifying these actions with the assertion that this would prevent masturbation, which was labeled as a prevalent cause of women's insanity. These surgeries continued in American asylums until as late as 1950 (Whitaker 78-79). Other somatic treatments administered to the mentally ill seemed to have unique implications for women. Touted as the most effective treatments for schizophrenia and manic-depressive disorder, these treatments included insulin-induced comas and the use of metrazol to induce seizures severe enough to "fracture bones, tear muscles, and loosen teeth" (Whitaker 93). The results would be brief improvements in mood and energy levels brought on by hormones released during administration, but the events themselves could injure and even kill patients and caused

permanent damage to the structures of the brain (Whitaker 96-97). The perceived success of these treatments encouraged doctors to introduce electroshock therapy and prefrontal lobotomies, both of which induced a state of catatonia and impaired cognitive skills in patients, rendering them more docile and complacent (Whitaker 99-100).

Given their limited social role during this era, the somatic treatments for the mentally ill introduced during this time seem to have unique implications for women. Showalter points out that "schizophrenic symptoms of passivity, depersonalization, disembodiment, and fragmentation have parallels in the social situation of women…schizophrenia is the perfect literary metaphor for the female condition" (213). Female patients made up a large percentage of those diagnosed with schizophrenia and manic-depressive disorder, and their symptoms ranged from lack of affect, disturbed associations, autism, and ambivalence to odd behaviors, cultural maladjustments, and political deviations. Thus, these disorders covered a range of different mental and behavioral disturbances and could be applied to any actions by women deemed inappropriate by their loved ones, physicians, or larger society (Showalter 204-205). This was further reinforced by the rise of new theories of the mind which saw women as particularly disadvantaged and subject to baser urges, such as Sigmund Freud's psychoanalytic theories which gained popularity in the early twentieth century (Ussher 110-111). The somatic treatments used to diminish these symptoms advanced the ultimate goal of making patients more complacent, submissive, and easier to control within the crowded hospitals. It was recognized quickly that this reduction in symptoms was the result of a dulling of the intellect, with the brain trauma imposed by these treatments impairing patients' higher cognitive processes and emotions (Whitaker 99). It is notable that women both statistically and representationally dominated as the recipients of insulin therapy, electroshock therapy, and lobotomies. This reduction in symptoms

being recognized as an increase in submissiveness seems to parallel the reduction of women into their male-dictated and culturally policed social role as helpless, complacent homemakers (Showalter 205). Showalter discusses the research done by Peter Breggin on the prominence of women as recipients of electroshock treatments, noting, "The 'improvement' seen in their behavior after the treatment may simply reflect their greater tractability, or reflect the male bias in the profession that finds 'mental incapacity and helpless dependence…far more acceptable in women than in men'" (qtd. in Showalter 207). These somatic treatments, though quickly acknowledged as traumatic and even physically harmful for patients, continued up until the 1950s to be touted as effective treatment for certain disorders (Showalter 205).

The 1960s and 70s marked a movement away from the harsh somatic treatments popularized during the first half of the century, as psychiatrists began to discover some of the major pharmaceutical drugs effective in mitigating the symptoms of psychosis. This was the dawn of the still-contentious neuroleptic drugs, the first of which was chlorpromazine – still one of the leading treatments for schizophrenics today. Though these drugs had several adverse effects on mental and physical functioning, they presented a certain advantage in that they were marketed as allowing patients a life outside of a highly controlled hospital environment (Whitaker 152-155). Though modern scholars such as Robert Whitaker debate their true effectiveness in this manner, their discovery nevertheless prompted a cultural movement towards community-based mental healthcare, leading to the shutdown of larger state hospitals and the establishment of several neighborhood clinics aimed to enable, as John F. Kennedy claimed, "most of the mentally ill to be successfully and quickly treated in their own communities and returned to a useful place in society" (Whitaker 155-156).

The period of 1960-1970 also marked the beginnings of the anti-psychiatry movement, which quickly arose worldwide as the response of several psychiatrists and clinicians to the harsh treatments and societal burdens imposed upon the mentally ill throughout the first half of the twentieth century. This movement rejected the medical model proposed by mainstream psychiatry, arguing that the medical diagnosis of madness only served to oppress the mentally ill and to impose onto them societal conceptions of morality and normality. This, in turn, they argued, ultimately limited true understanding of the experience of being "mentally ill." Psychiatrists Thomas Szasz, David Cooper, and R. D. Laing were some of the most outspoken proponents of this anti-psychiatry movement and throughout the 1960s and 70s published works in which they explored an existential and social constructionist interpretation of mental illness (Ussher 130-131). Much of this work focused on making the experience of madness accessible and relatable to the general population, thus humanizing and advocating for the mentally ill. It was out of this objective that R. D. Laing's first book, *The Divided Self* (1960), was born.

R. D. Laing & *The Divided Self*

Ronald David Laing was born to a poor family in the Gorbals district of Glasgow, Scotland in 1927. Despite a childhood riddled with the difficulties of working class life and complicated family dynamics, he quickly showed himself adept as a scholar and student, becoming both a skillful piano player and fluent in Greek, as well as reading a number of important psychological and philosophical works before the age of seventeen. He attended the University of Glasgow, followed by medical school, where he studied psychiatry and found himself disillusioned by the pragmatic and objective approaches of the medical model. He threw himself wholeheartedly into his psychiatric internships from 1951 to 1956, first in an army hospital, followed by the Glasgow Royal Hospital, where he worked closely with chronic

schizophrenic patients and expressed a desire to connect with and truly understand their experiences. During his time at the hospital, he worked closely with the twelve "most hopeless" patients in the women's intractable ward, offering them personalized therapy and facilitating such dramatic improvements that they were all released to their families following the course of his treatment; however, they all returned to the hospital within a year. This proved to him the importance of family dynamics and the human bond to the mental health – or illness – of individuals, and especially the important role that could be played by therapists in the recovery process. As Laing began work with the Tavistock Clinic and established a strong reputation among both patients and other psychiatrists in London, he used his unique insight into the schizophrenic condition to craft his first book, *The Divided Self: An Existential Study in Sanity and Madness* (Showalter 224-226).

The preface to the original edition of R. D. Laing's *The Divided Self* states the purpose of his book as "to make madness, and the process of going mad, comprehensible" (9). For Laing, this means departing from the objective truths and labels employed by the scientific framework of the psychiatric discipline in favor of interpreting psychosis through an existential-phenomenological lens. Crucial to Laing's philosophy is the notion that man and his world are deeply and inextricably connected in ways for which most common psychiatric terminology and ideology cannot account. He states, "unless we realize that man does not exist without 'his' world nor can his world exist without him, we are condemned to start our study of schizoid and schizophrenic people with a verbal and conceptual splitting that matches the split up of the totality of the schizoid being-in-the-world" (20). This idea, Laing argues, makes the use of an objective science incredibly limiting to the understanding of mental illness, as objective science is based chiefly on the physiological processes and mental apparatuses of a person, neglecting

the influence of their surroundings and experience of the world. Thus, the proper therapeutic treatment for the schizoid individual consists of genuine attempts to understand their differences in "being-in-the-world" and "to reconstruct the patient's way of being himself in his world" (17-25).

For Laing, the schizophrenic or schizoid individual's sense of separation from the world represents two main components: "in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself" (17). He further asserts, "Such a person is not able to experience himself 'together with' others or 'at home in' the world, but, on the contrary, he experiences himself in despairing aloneness and isolation…as 'split' in various ways, perhaps as a mind more or less tenuously linked to a body, as two or more selves, and so on" (17). This condition, Laing argues, stems from the schizoid individual's "ontological insecurity," or his or her diversion from the typical person's consistent certainty of their existence, identity, and relation to others in the world around them (42). For the schizoid individual, this ontological insecurity can manifest in three ways: engulfment, the hesitance to relate to others in any sense for fear of further losing one's identity; implosion, the consistent fear of reality as a threat to the emptiness which the schizoid individual comes to recognize as the only essential component of their identity; and petrification, the consuming terror brought on by a lack of consistent identity which is tied to a fear of depersonalization, or a feeling of the self as "it," rather than as a human being. These anxieties derive from both the schizoid individual's tenuous concept of him or herself as a unique identity in the world and the consistent threat of reality and the outside world to the few fragments of identity to which he or she is able to cling (43-47). Thus, the schizoid individual is presented with a difficult bind in their relation to others; in one sense, relationships, even those which are loving and supportive, threaten the autonomy

which he or she struggles to possess, but in another sense, the ideas and beliefs of others can supply the only secure indication of his or her existence in the world (51-52). Laing states that for the schizoid individual "the polarity is between complete isolation or complete merging of identity rather than between separateness and relatedness. The individual oscillates perpetually, between two extremes, each equally unfeasible" (53).

As this ontological insecurity and questioning of one's identity intensifies, the schizophrenic person begins to feel a detachment from his or her own body, a phenomenon which Laing describes as "the unembodied self." This is the core of the schizophrenic experience and is distinguished from the ontological security and consistent sense of self which the average, sane person possesses. Laing notes, "The body is felt more as one object among other objects in the world than as the core of the individual's own being." The individual's body becomes the foundation of what Laing refers to as the "false self," only observed and reflected upon at a distance by the now-detached "inner" or "true" self (69). This kind of detachment, for the average person, is common in situations of trauma and can be understood as the "psychical withdrawal 'into' one's self and 'out of' the body" (78). But for the schizophrenic individual, this schism between the inner self and outward personality becomes an everyday defense from the perceived threat of truly existing in the world (80).

The "inner self," for Laing, represents the mental component of the self, separate from the body and recognized by the schizoid patient as their "true," personal identity. This "inner self" is perceived as needing to be protected, as it is constantly under threat from the outside world, or as Laing describes, felt to be "persecuted by reality itself" (80). This fear of the outside world drives the "inner self's" detachment or retreat inward, to the point that the individual begins to develop another system for interacting with the world, defined by Laing as the "false-

self system." This system keeps the "true" self always "at one remove" from relationships with others and the world around him or her (80). While this allows the "inner self" of the individual to feel protected, it also makes his or her direct transactions with the world feel "meaningless, futile, and false" (80). This detachment from reality leads the individual to become fully preoccupied with fantasies and his or her own internal world of thoughts, actions, and memories. Laing notes that this world creates a false sense of empowerment for the schizoid individual that allows him or her to be completely secluded from the outside world, as his or her new world "cannot be directly observable by or directly expressed to others, [and] anything (in a sense) is possible" (84). However, because the individual becomes absorbed in this fantasy and no longer exists in the real world, he "becomes himself unreal" (85).

Because this inner self operates solely through fantasy and observation and thus does not partake in any interaction with the outside world, the schizoid individual regards his or her experience in the world as the expression of a "false self" (95). Laing characterizes this "false self" thus:

> The false self of the schizoid person is compulsively compliant to the will of others, it is partially autonomous and out of control, it is felt as alien; the unrealness, meaninglessness, purposelessness which permeate its perceptions, thoughts, feelings, and actions, and its overall deadness are not simply productions of secondary defenses but are direct consequences of the basic dynamic structure of the individual's being. (96)

This "false self" arises as a product of the intentions and expectations of others, which a schizoid individual feels their "true self" unable to meet or satisfy. Laing notes that this involves "acting according to other people's definitions of what one is, in lieu of translating into action one's own definition of whom or what one wishes to be" (98). What is crucial to understand about the

schizophrenic individual is that his or her whole self does not conform to these wishes, but rather

he or she uses the "false self" to comply to these external desires, while the "inner self"

withholds this compliance. Moreover, this "false self" will often take on or caricature the

characteristics of the person or persons to whose wishes it seeks to comply in order to prevent a

more intimate or complete identification with the other, which is perceived to be a threat to the

individual's own identity (99-101). Laing notes that "such little fragments of others seem to get

embedded in the individual's behavior as pieces of shrapnel in the body…all the individual's

behavior comes to be compulsively alienated from the secret self" (105). This can result in the

manifestation of catatonia and/or psychotic features as the feelings of alienation from oneself are

further exacerbated (105).

The Divided Self as a Theoretical Basis for Interpretation

The theory of madness laid out in R. D. Laing's *The Divided Self* offers a useful

framework for examining how madness is constructed in the work of American female authors

from the early to mid-twentieth century. Laing's existential view of psychosis as driven by a

sense of disconnection from the world and in turn, a fragmentation of the self takes into account

both the external and internal factors that contribute to madness, giving due attention to the way

that social expectations can cause or exacerbate the experience of the schizoid personality. This

fits particularly well the experience of female madness from the early to middle twentieth

century, during which time the personhood and basic rights of women were beginning to be

acknowledged, but women were still expected to conform to traditional domestic and maternal

roles. This disparity between the cultural expectations of women and their own personal desires

and goals mirrors the division between the "false self" and the "inner self" that Laing discusses

in his work. Laing's consideration of these external factors and how they might contribute to the

schizoid personality thus makes his model more fitting for the interpretation of novels about female madness than many contemporary biological or medical-based approaches to mental illness. While these biological models have merit in addressing the causes and symptoms of mental illness, they focus solely on the internal factors and lack the intricacy and study of humanity that literature often seeks to capture, especially works written before much was known about neurology and the physical composition of the brain. Laing's interpretation maintains the importance of recognizing the complexity of the human mind and also acknowledges how social expectations might influence mental illness, making it an appropriate model for understanding female madness in literature.

Thus, Laing's theory forms the basis for my analysis of how madness is constructed in Charlotte Perkins Gilman's *The Yellow Wallpaper* (1890), Sylvia Plath's *The Bell Jar* (1963), and Shirley Jackson's *We Have Always Lived in the Castle* (1962). Each of these works is built around strong female protagonists actively affected by an estrangement from their own identity, which readers are able to experience directly through the first-person narration of each story. Gilman's unnamed narrator, Plath's Esther Greenwood, and Jackson's sisters Mary Katherine "Merricat" and Constance Blackwood each offer an intimate portrait of their descent into or state of madness, marked not only by feelings of alienation from the culture around them, feelings notably tied to their womanhood, but also by a rift in their own identity or selfhood. These works present, from various starting points, the dissolution of identity into psychosis that can occur when an individual is unable to reconcile the demands of an outside world with his or her own aspirations or desires. This particularly resonates with the experience of the twentieth-century woman that each of these works conveys, as women were increasingly offered opportunities for agency and fulfillment but still expected to conform to the strict domestic role that society laid

out for them. Laing's theory thus proves an enlightening and suitable framework for understanding how madness is constructed in each work, as well as how each work reflects the social situation of women at the time.

Each of these three works uniquely contributes to the understanding of the causes and consequences of Laing's "divided self." Gilman's *The Yellow Wallpaper*, the first in this collection of texts, presents a complete dissolution of the self from a place of ontological security to complete psychosis. Gilman's unnamed narrator moves through a series of discrete stages throughout the text, as during the course of an isolated treatment imposed by her husband John, she becomes increasingly estranged from the world around her. While the narrator begins the story relatively confident in her own opinions and ideas, she quickly manifests the telltale signs of ontological insecurity which develop into complete engulfment and isolation from others. This results in the formation of a "false self" to field her interactions with her caretakers, as well as an "inner self" which privately rebels and becomes absorbed in the fantasies it contrives to regain a sense of control. As her desperation to be free of her constraining treatment increases, Gilman's narrator is completely consumed by psychosis, believing that she has freed herself as instead she becomes fully estranged from reality. Plath's *The Bell Jar* charts a similar descent to that of *The Yellow Wallpaper*, though Plath's protagonist Esther Greenwood does not at any point in the novel fully possess a sense of ontological security. Rather, she is unembodied from the story's beginning and gradually develops a more concrete "inner" and "false-self system," wherein, like Gilman's narrator, her "false self" attempts to meet the expectations of those around her, while her "inner self" privately asserts its true feelings. Like Gilman's narrator, Esther also suffers a psychotic break due to this division, as she attempts suicide and is subsequently hospitalized within an all-female facility. Contrary to Gilman's story, however, Plath offers a tentative hope

for Esther's recovery through the support and respect of women and thus, on a more hopeful note, examines the extent to which one's divided identity can be rebuilt.

Perhaps the most unique of the three stories is Jackson's *We Have Always Lived in the Castle*, as the "divided self" within the story is literally divided between two characters, sisters Merricat and Constance Blackwood. Constance, representative of the "false self," is the portrait of deference and domesticity, protecting the "inner self" Merricat from the threats of a male-dominated village that hates and torments them. Together, the young women represent two halves of a single identity which has learned to sustain a functional and relatively stable life in near isolation and safety from the outside world. This fractured identity, though literally divided and already existent and functional at the beginning of the story, still undergoes a dissolution throughout the story that mirrors that of both Gilman's narrator and Plath's Esther Greenwood. This unraveling is prompted by the appearance of distant cousin Charles, who threatens the delicate system which the sisters have set up by persuading Constance to leave the isolation of the family home and venture out into the world. Overwhelmed by the threat of this situation, the "inner self" Merricat lashes out, leading to the destruction of the sisters' home and, in turn, their identity. This leads to an ultimate psychosis and alienation from the world similar to that of both Gilman's narrator and Esther Greenwood before her treatment, warning of the consequences of such a rift in identity.

Each of these stories offers a unique portrait of the "divided self" that both builds upon and enriches the understanding of Laing's theory and uses that self to highlight the greater themes of the works. These narratives not only illuminate the complicated nature of madness and psychosis but also the ways that society and the larger world contribute to these conditions, particularly in the case of women. By analyzing the ways that Laing's theory of the "divided

self" functions within the texts of Gilman, Plath, and Jackson, I aim to highlight the ability of each of these texts to confront issues of gender, social roles, and mental health while also unpacking the unique intricacies and implications of female madness. A study of Laing's theory of the "divided self" within *The Yellow Wallpaper, The Bell Jar,* and *We Have Always Lived in the Castle* thus illuminates how both internal and external factors shaped the experience of women's madness in the early to mid-twentieth century.

CHAPTER TWO

"I've Got Out At Last": Dangers of "The Divided Self" in Charlotte Perkins Gilman's *The*

Yellow Wallpaper

Charlotte Perkins Gilman's *The Yellow Wallpaper* has become well-known as a

foundational text in the studies of literary feminism and mental health, and in turn has amassed a

large body of criticism ranging from second and third wave feminist readings to comparisons

with the Gothic literature of Edgar Allan Poe.[1] Written in 1890, the story represents a semi-

autobiographical account of the popular hysteria diagnosis and "rest cure" of the late nineteenth

and early twentieth centuries. It is drawn from Charlotte Perkins Gilman's own experience with

the "rest cure," prescribed by S. Weir Mitchell himself in 1887, during which time she was

encouraged to "'live as domestic a life as far as possible, to 'have but two hours' intellectual life

a day,' and 'never to touch pen, brush, or pencil again' as long as [she] lived" (Gilman 331). This

account brings to life the limitations and isolation suffered by women who were subjected to this

form of treatment, as well as addresses the social constraints placed on women at the turn of the

century and their possible consequences and connection to women's mental health. It is no

surprise, then, that this text has long been the focus of both feminist and psychological readings.

Though many critics have offered interpretations of how madness is constructed and

intersects with feminist thought within Gilman's *The Yellow Wallpaper*, criticism has yet to

specifically apply R. D. Laing's theory of the "divided self" to the work. This is surprising, as

Laing's theory is especially suited to Gilman's piece, as it offers a strong framework for the

process of psychosis that unfolds within the story. The short story presents a woman at the hands

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[1] See Eugenia Delamotte's "Male and Female Mysteries in 'The Yellow Wallpaper,'" Beverly A. Hume's
"Managing Madness in Gilman's 'The Yellow Wallpaper,'" and Denise D. Knight's "'I am getting angry enough to
do something desperate': The Question of Female 'Madness.'"

of a treatment imposed and enforced by her husband, acting as her doctor, who forbids her from socializing or partaking in any potentially taxing intellectual tasks. This effectively isolates Gilman's narrator from the world and discourages any healthy expression of her own identity. This isolation and the continual demands to meet the expectations of others lead to an increasing alienation from her own body, as she seeks defense mechanisms to preserve her identity as an intellectually independent woman. This manifests in the formation and subsequent dissolution of her "divided self," which unfolds in a series of discrete stages. The first stage unfolds at the beginning of the story, as the narrator moves from a basic sense of ontological security, brought on by her husband's negative appraisal, to complete engulfment, in which her isolation becomes a form of protection. This prompts the next stage, the formation of a "false-self system," in which her physical body fields the demands of her husband John and his sister Jennie in order to cope with her limiting course of treatment and to protect the fragile identity of her "inner self." The rise of the rebellious "inner self" represents the next stage of her dissolution; as the narrator indulges inwardly in fantasies and delusions, she develops and imprisons her own "inner self" within the flamboyant wallpaper that lines her room, an object of both fascination and revulsion to her that acts as a protective barrier for her increasingly threatened identity. The final stage unfolds as this "inner self" takes the concrete form of a strange and elusive woman hidden behind the wallpaper, with whom the narrator is finally united in the last pages of the work, as psychosis fully consumes her.

The narrator's increasing delusions and detachment from reality as she attempts to meet the requirements of her treatment and demands of those around her closely match the progression of psychosis outlined in R.D. Laing's *The Divided Self*. Important to recognize as well is the role that the narrator's gender plays in her descent into madness. Essential to Laing's theories is the

notion that psychosis is not solely the product of a person's own internal thoughts and feelings but is the specific result of how a person reacts to the demands of his or her environment. The sociocultural environment in the late nineteenth and early twentieth centuries was rapidly changing for American women, as the "new woman" movement arose and encouraged the liberation of women from strictly domestic roles. This period marked an increase in the number of women pursuing education and work outside of the home, advocating for women's suffrage, waiting longer to marry, and generally exercising more freedom and agency within the world (West 55-57). This increase in women's independence provoked great backlash from the larger culture. The hysteria diagnosis and "rest cure" around which *The Yellow Wallpaper* is built represent a specific response within the male-dominated mental health profession in the early twentieth century to this cultural change, seeking to diagnose and return women to their submissive, domestic roles; it is therefore crucial to understand the way that cultural attitudes towards women's mental health intertwine with Laing's theory in the work. The advancement of domestic virtues and the intellectual and social isolation of women through interventions like the "rest cure" both incite and exacerbate the experience of women's madness, leading to the complete breakdown of the self into psychosis which Laing proposes. An exploration of how Laing's theory of the divided self is at work within Gilman's *The Yellow Wallpaper* illuminates the feminist values of the text, as well as the ways that social expectations can impact the experience of women's madness and identity.

"But What Is One to Do?": Ontological Insecurity and the Unembodied Self

The critical distinction that R.D. Laing makes between the average "sane" person, who is more or less functional in society, and the schizoid or psychotic individual is his or her sense of continued presence and security in the world. The average person, Laing argues, is

"ontologically secure," meaning that he or she "[has] a sense of his presence in the world as a real, alive, whole, and, in a temporal sense, a continuous person. As such, he can live out into the world and meet others: a world and others experienced as equally real, alive, whole, and continuous" (39). The ontologically secure person enjoys a sense of continuity and self-assurance that allows him or her to confront the problems of life without any serious threat to his or her basic sense of self or personal identity. This sense of wholeness is distinctly absent in the schizoid individual, whose experiences, as Laing argues, "may be utterly lacking in any unquestionable self-validating certainties" (39). The schizoid individual therefore operates in a state of "ontological insecurity," wherein he or she "in the ordinary circumstances of living may feel more unreal than real…precariously differentiated from the rest of the world, so that his identity and autonomy are always in question…He may not possess an over-riding sense of personal consistency or cohesiveness" (42). This sense of insecurity in one's own thoughts, ideas, and even physical existence have crucial implications for the entire way that the individual functions in the world. The individual's autonomy, sense of self, and relationships with others are constantly threatened, and he or she becomes "becomes preoccupied with preserving rather than gratifying himself" as "the ordinary circumstances of everyday life constitute a continual and deadly threat" (42). For Laing, this ontological insecurity is the deeper issue from which the more developed false-self system and psychotic features derive.

The narrator of Gilman's *The Yellow Wallpaper* displays from the beginning of the story a basic sense of what Laing characterizes as ontological insecurity, representing the first stage in the dissolution of her identity. This ontological insecurity generally manifests itself in prevalent self-doubts and the constant retraction of her own assertions and opinions within the text, and these intensify as the story progresses and as she moves further into her treatment. In the

beginning of the story, Gilman's narrator still maintains many independent opinions, often in opposition to her husband John, though she consistently defers to his wishes and ideas upon the slightest contradiction. She privately asserts the legitimacy of her sickness and her desire for mental stimulation, noting, "Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good" (3). However, this assertion is qualified, like many of her assertions in the opening lines, by her repetition of "But what is one to do?" (3). Her immediate willingness to surrender her opinions and her general sense of helplessness indicate the state of pervasive uncertainty in which the narrator finds herself. As Laing might put it, "[her] identity and autonomy are always in question" (42). Each of the narrator's attempts to assert her own ideas, independent of her husband or the conditions of her treatment, are met with amusement, questioning, or disdain; this undermines her sense of autonomy and immediately inspires the continual self-doubts which represent the beginnings of a schizoid view of her world and herself.

This stage also highlights the understanding of women's madness which Elaine Showalter defines as "the essential feminine nature unveiling itself before scientific male rationality" (3), as Gilman highlights the consistent dismissal of female opinion to patriarchal notions of mental health. The narrator's self-doubts are often the product of negative appraisal or disagreement by her husband John, who as a "physician of high standing" embodies this scientific male rationality and constantly dismisses her ideas about her treatment. From the first pages of the text, the narrator notes that John "hardly lets [her] stir without special direction" (Gilman 4). This immediately indicates the total control her husband exerts over her; she is not trusted to act independently and must continually defer to John's judgment. Because she is constantly subject to the wishes and instruction of her husband, she is unable to form her own

independent opinions and judgments of the world, and her sense of personal autonomy quickly erodes. John repeatedly ignores the narrator's legitimate complaints about her treatment throughout the story, dismissing her objections to his ideas and interjections of her own opinions with laughter on multiple occasions (Gilman 3, 6, 14). The narrator believes her own ideas and emotions to be "unreasonable" and believes, based on John's assertions, that she merely "neglect[s] proper self-control" (4). Moreover, she treats John's disapproval of her ideas and independent thought as unavoidable and ultimately considers herself an inconvenience to him, noting that "one expects that in marriage" (3) and calling herself a "comparative burden" (6). Gilman characterizes this constant monitoring and doubt of the narrator's opinions as an inevitable product of marriage within the patriarchy, alluding to John's behavior – and in turn, the behavior of male medical professionals of this era – as one, if not the only, cause of this mental insecurity and her descent into true madness by the end of the tale. As the narrator herself plainly confesses at the beginning of the story, John's skepticism and dismissal is "*perhaps*…one reason [she does] not get well faster" (3).

As the narrator's self-doubt intensifies, she moves into the discrete stage of engulfment, wherein her continual isolation prevents her from forming or sustaining any relationships with others. For the ontologically insecure person experiencing the anxiety of engulfment, Laing explains, "the world of his experience comes to be one he can no longer share with other people" (43), as "practically any relationship with another person, however tenuous or however apparently 'harmless,' threatens to overwhelm him…[it] is felt as a risk in being understood, in being loved, or even simply in being seen" (44). For Gilman's narrator, this is literally true, as she is physically and socially isolated within the room that John has chosen for her, with even visits from family and friends deemed too "stimulating" (Gilman 7); this physical isolation soon

begins to foster a mental isolation as well, as she increasingly doubts the ability of others to understand or relate to her suffering. She notes, "John does not know how much I really suffer" and "nobody would believe what an effort it is to do what little I am able" (6). This is further demonstrated by her estranged relationship to her own child, with whom she cannot even spend time for fear of being overwhelmed by their closeness. In discussing her child, Gilman's narrator notes that she "*cannot* be with him, it makes her so nervous" (6) and reflects at another point that she feels fortunate to be so isolated, as she "can stand it so much easier than a baby" (10). These sentiments point to the narrator's view of a relationship with her child as threatening to her tenuous sense of self, as she feels more secure in her own isolation than with what is supposed to be her closest and most intimate social connection, her own son. As Laing describes in his work, this distance between herself and the world around her, including some of the most important relationships in her life, begin to push Gilman's narrator not only to an estrangement from the world around her, but to a firm rift in her sense of self.

The ontological insecurity and engulfment that the narrator experiences throughout this first half of the text clearly predict the fracture in identity that more concretely unfolds in the following pages. All outlets which the narrator possesses to express her own identity – writing, reading, social interaction – are controlled and prevented by her husband John, the doctor who is supposedly curing her nervousness. She notes several times that John would find her beliefs "absurd" (10) and that "it is so hard to talk with John about [her] case" (11). The narrator's voice and say in her treatment is effectively silenced by the close monitoring and intellectual dominance of her husband, which in turn limits her sense of security and autonomy. Gilman's narrator is at the mercy of her male superior and even faces the threat of being sent to "Weir Mitchell" – a direct reference to the founder of the "rest cure" who is described as just as

controlling as her husband "only more so" (8) – if she does not start to show signs of improvement. The narrator becomes increasingly defeated and helpless as the inescapability of her situation sets in upon her, consistently mentioning the exhaustion brought on by even the simplest activities and at one point noting, "I don't feel as if it was worth while to turn my hand over for anything… I cry at nothing, and cry most of the time" (9). Her sense of helplessness, clearly brought on by having been robbed of her autonomy and agency, presents the conditions under which a complete breakdown of identity is possible. As Laing notes, "If the individual cannot take the realness, aliveness, autonomy, and identity of himself and others for granted, then he has to become absorbed in contriving ways of trying to be real, of keeping himself or others alive, of preserving his identity, in efforts… to prevent himself losing his self" (42-43). Gilman's narrator has no healthy outlets for the expression of her identity, driving her to develop a system to field the demands of those around her, as she retreats inward in hopes of preservation and protection. This process unfolds in the latter half of the story, as Gilman's narrator attempts to reclaim control and a sense of safety, becoming what Laing terms the "unembodied self."

"So Pleased To See Me Improve": The False-Self System

Laing argues that feelings of ontological insecurity, like those experienced by Gilman's narrator, most often manifest in the experience of "an unembodied self," in which individuals "come to experience themselves as primarily split into a mind and a body" (65). This split between the mind and body acts as a defense mechanism against the world which constantly threatens the schizoid individual's identity, wherein the individual retreats his or her "true" self inward, while a contrived, more easily defensible "false self" fields interactions with the world. As Laing describes it, the schizoid individual feels "persecuted by reality itself" and thus necessarily adopts this system to "transcend the world and hence to be safe" (80). For Gilman's

narrator, the limitations of her treatment necessitate this division in the self, as her body, or "false self," adheres to the treatment expected of her without outward questioning or doubt of the demands of her husband and his sister Jennie. This allows space for her real "inner self" to function autonomously and rebelliously, protected from external pressures and insecurity. The ontological insecurity present throughout the first half of the work propels this division, which becomes most pronounced and actuated in the latter half of the text, as the narrator retreats further into a place of perceived safety in order to distance herself from the dangers of her treatment and those who enforce it.

As her beliefs and actions are increasingly met with scolding and disapproval by her husband, and as she is further isolated and denied any form of stimulation, Gilman's narrator uses her physical body as a form of the "false-self system," representing the next discrete stage in her dissolution. Laing notes that this "false self" fields "direct relationships with the world" (94) and that it is "compulsively compliant to the will of others, it is partially autonomous and out of control, it is felt as alien" (96). For Gilman's narrator, this "false self" manifests in two main ways: a) her compulsive adherence to the increasingly stringent course of treatment imposed by John and Jennie, and b) her chiefly unconscious submission to John and Jennie's wishes, as she finds herself increasingly uninterested in the writing which used to bring her a sense of meaning and joy. These methods are used as a defense mechanism against the constant expectations of her husband John and the subsequent guilt and perceived danger fostered by her inability to meet these expectations. Unable to satisfy John with her own thoughts and efforts, Gilman's narrator uses this "false self" to create the illusion of improvement in her condition in the way that John desires.

Gilman's narrator mechanically conforms to the rigorous treatment that John imposes in a way distinctly characteristic of the manifestation of a "false self." As Laing notes, the "false self" embodies a "compliance with the other person's intentions or expectations for one's self, or what are felt to be the other person's intentions or expectations. This *usually* amounts to an excess of being 'good,' never doing anything other than what one is told, never being 'a trouble,' never asserting or even betraying a counter-will of one's own" (98). Gilman's narrator recounts throughout the story her numerous attempts to adhere to John's rules, to use "will and good sense" (7) and "self-control" (10) to minimize her independent thought and distraction so that she can improve through the course of treatment that John prescribes. She also displays feelings of guilt and inadequacy for feeling unable to meet his expectations, saying "It does weigh on me so not to do my duty in any way!" (6). She buries any and all complaints or disagreements and instead asserts the good will of John's requests and actions, highlighting her compulsive need to please him and to meet his expectations of her. She remarks repeatedly on how much he "loves" her and how he "hates to have her sick" (10), using these imagined sentiments to mold her thoughts and behavior to his wishes, even when they directly contradict her own needs and desires. As she states, "It is so hard to talk with John about my case because he is so wise, and because he loves me so" (11). Comments like this are littered throughout the text, and directly illuminate the compulsive, and often unconscious, adherence of her "false self" to her husband's demands.

Perhaps the most pronounced symptom of the narrator's "false self" is her increased disinterest in her writing. The abandonment of this activity, which represented an overt rebellion against John's wishes and a productive outlet for her "true" self, is indicative of how deeply inward Gilman's narrator is retreating for protection. Throughout the first half of the story, the

narrator uses the outlet of writing to express her inner thoughts and feelings, and laments that she lacks any "advice or companionship about [her] work" (Gilman 7). She acknowledges, however, that she cannot express these thoughts or feelings outwardly, nor can she reveal that she continues to write, as John "hates to have [her] write a word" (5) and that her discovery would "meet with heavy opposition" (4). She is repeatedly warned against indulging in such "fancies," (6-7), as they show, in John's eyes, a lack of self-control and threaten to exacerbate her nervous condition. Just as John's assertions help to shape the narrator's feelings of ontological insecurity, they also pressure her to attempt to meet his wishes and thus protect herself from his disdain and condemnation, which can only be achieved through the actions of a "false self." Gilman's narrator begins to distance herself from the practice of writing, especially following any mention of disapproval from John or his sister Jennie. She notes, "I must not let [Jennie] find me writing…I verily believe she thinks it is the writing which made me sick!" (8). As she begins to conceal her writing from those around her, she also begins to show a compulsive and often unconscious disdain for her work, which exhausts and drains her. Each statement of her need or desire to write is followed by a compulsory retraction of her true interest and investment in it, especially following any mention of disapproval from her those around her. She notes as early as her second entry that she "[hasn't] felt like writing before, since that first day" (5) and states that trying to write makes her "pretty tired" (7) and that she no longer "want[s]" or "feel[s] able" to record her experience (10). Her newly-developed disdain for and compulsive concealment of a task that used to bring her comfort and fulfillment reveals the ways in which she begins to blindly comply to the wishes of those around her, as is typical of the "false self."

For a time, the narrator's "false-self system" seems to operate effectively, in that it succeeds in allowing her to "[become] what the other person wants or expects one to become"

(Laing 98) and grants her some emotional protection from the constant demands of John and Jennie. As she becomes outwardly more submissive to their wishes, "[lying] down ever so much now" (Gilman 13), "[eating] better," and being "more quiet than [she] was" (14), she earns praise and approval from her caretakers. She notes, "John is so pleased to see me improve!" (14) and that "[Jennie] had a very good report to give" (16). Not surprisingly, as her caretakers' trust in her grows, so also does her fear and distrust of them. As Laing notes, "one of the aspects of the compliance of the false self that is most clear is the fear implied by this compliance" (Laing 99). Gilman's narrator confesses directly at one point that she is "getting a little afraid of John" (Gilman 13) and asserts that she can "see through him" (16). This fear is the natural product of the feelings of endangerment and "persecution" that prompt the development of a "false self" (Laing 80). This confession by Gilman's narrator reveals some of the workings of her "inner self," which has retreated from the world of others currently occupied and mediated by her "false self." This "inner self" emerges concurrently with her "false self" as a result of the constant disapproval of those around her and the fear that this fosters in her.

<p align="center">**"The Woman Behind": The Yellow Wallpaper and the Inner Self**</p>

R.D. Laing argues that as the "false self" begins to emerge in the schizoid individual, the "detached, disembodied, 'inner,' 'true' self looks on with tenderness, amusement, or hatred" and engages in mental "observation, control, and criticism" (69) of the actions that the "false self" carries out. This "inner self" becomes focused on "[preserving] the self's own sense of its own realness, aliveness, and identity" (82). The emergence of this "inner self" in Gilman's narrator represents the next discrete stage of her dissolution, as her rebellious thoughts are turned inward where they are safe from the constant threats now fielded by the "false self." Gilman's narrator retreats into her own mind, no longer attempting to communicate her ideas to John or Jennie and

merely providing private commentary on her situation and surroundings. As her "false self" acts out the role expected of her, she becomes increasingly desperate to preserve her true thoughts and feelings in any way possible. She notes, "I *must* say what I feel and think in some way – it is such a relief!" (Gilman 10). For a time, she relies on her writing as this source of fulfillment, but as the narrative progresses, she becomes mired in the self-doubt imposed upon her by her caretakers and becomes hopeless for even her ability to write successfully and consistently. As she gives up writing, Gilman's narrator increasingly turns to the yellow wallpaper as a safe space for her private thoughts and feelings. The wallpaper is an object of the narrator's focus from the first pages of the story, initially as a safe outlet for her anger and disdain of her situation. As she becomes immersed in her own fear-driven fantasies, she imagines her true, "inner self" as contained within the wallpaper, a form of both protection and imprisonment which not only highlights the dual nature of this "inner self" but also echoes the conditions of her treatment. Deprived of any meaningful or therapeutic outlets, the narrator uses the only object that she sees as truly her own – the wallpaper – to protect her "inner self" from the constant doubt, mockery, and perceived threats of those around her.

Initially, Gilman's narrator views the yellow wallpaper surrounding the room in which she is held with contempt, describing the paper as "dull," "repellant," "revolting," and "sickly" (5). However, she also notes that she has "never [seen] so much expression in an inanimate thing before" (7). This reflection points directly to the greater significance of the paper, which she sees as capable of an "expression" that she herself cannot articulate. Her contempt for the wallpaper is intertwined with the insults and dismissal of her husband John, which suggests that one form of expression that the wallpaper offers is a means of coping with her situation. As critic Elaine Hedges notes in her feminist reading of the story, "The wallpaper remains mysteriously,

hauntingly undefined and only vaguely visible. But such, of course, is the situation of this wife…The paper symbolizes [the narrator's] situation as seen by the men who control her and hence as seen by herself" (51). The narrator's descriptions of the paper seem to suggest that the paper acts as a symbol of the limitations imposed upon her through her treatment, as she consistently anthropomorphizes the pattern and even accuses it of hostility. She notes that the paper "looks to [her] as if it *knew* what a vicious influence it had" and that she "[gets] positively angry with the impertinence of it and everlastingness" (Gilman 7). The wallpaper acts as an outlet for the narrator, as she can freely express her "anger" at her treatment and those who impose it, safe from the threat that is posed to her when she attempts to express these emotions openly and directly. She grows quickly to enjoy the safe distraction and consistency provided by the wallpaper and her unmediated interactions with it, stating, "I'm really getting fond of the room in spite of the wallpaper. Perhaps *because* of the wallpaper" (9). In this manner, the paper changes from an object of her contempt to one of fondness, as it becomes a place of safety and withdrawal for her "inner self."

As Gilman's narrator's "inner self" develops, she becomes increasingly preoccupied with and reliant on the wallpaper as a source of consistency and meaning. As Laing notes, "Since the [inner self], in maintaining its isolation and detachment does not commit itself to a creative relationship with the other and is preoccupied with the figures of phantasies, thought, memories, etc. which cannot be directly observable by or directly expressed to others, anything (in a sense) is possible" (84). As the narrator becomes more deferential to her caretakers and as her "false self" begins to take over, the wallpaper offers her a sense of power and agency, as the only object over which she has complete control and jurisdiction. She notes, "There are things in that paper that nobody knows but me, or ever will" (Gilman 11). This possession over an object embodies

Laing's assertion that "the self can relate with immediacy to an object which is an object of its own imagination or memory" (86). As her attachment to and comfort with the paper intensifies, she begins to imagine a form of herself as trapped within it. As Loralee MacPike explains, "Slowly, the wallpaper becomes something more than an object for the narrator. She begins to see in it a movement and a purpose she has been unable to realize in her own life" (288). Not coincidentally, Gilman's narrator first perceives the strange woman behind the paper shortly after the arrival of John's more domestic sister, which poses a blatant threat to her sense of independence, as she describes a "strange, provoking, formless sort of figure that seems to skulk about behind that silly and conspicuous front design" (9). This figure, a secured and protected form of the narrator's "inner self," becomes more pronounced and developed as the narrator's sense of agency further diminishes and as her "false self" begins to take over.

The figure behind the wallpaper becomes clearer and more concrete as Gilman becomes more estranged from reality and shows the early signs of psychosis. Gilman's narrator notes that "the dim shapes get clearer every day" (Gilman 11), as she moves further into her treatment and finds herself more closely managed by John and Jennie. She discerns that the shape is in fact a woman, who becomes more vivid and developed, seeming to demand action from the narrator. The narrator's final attempt to voice her opinion to John, asking him for the last time to take her out of the house to pursue a more agreeable course of treatment, evokes a pronounced reaction from the hidden woman. Gilman's narrator notes that as she contemplates this, "the faint figure behind seemed to shake the pattern, just as if she wanted to get out" (11), a clear echo of the narrator's own sentiments which suggest the hidden woman's role as a form of the narrator's "inner self." The narrator begins inwardly to equate the situation of the hidden woman with her own, noting that the wallpaper "becomes bars," confining the woman within them, who is

"[kept] still" (13) by the daylight. The woman behind the paper quickly becomes more active and desperate, reflecting the sense of panic and desperation that the narrator inwardly feels. As Laing notes of the "inner self":

> Its freedom and its omnipotence are exercised in a vacuum and its creativity is only the capacity to produce phantoms. The inner honesty, freedom, omnipotence, and creativity, which the 'inner' self cherishes as its ideals, are cancelled, therefore, by a coexisting tortured sense of self-duplicity, of the lack of any real freedom, of utter impotence and sterility. (89)

Gilman's narrator uses the form of this hidden woman to display this "lack of freedom" which becomes increasingly apparent to her. She notes that the wallpaper begins to stain her clothing and that its smell looms over the entire house, just as the constraints of her treatment begin to hang over her. The woman behind the paper is equally constrained, "strangled" by the paper, and constantly "shaking" it in hopes of getting free (15). As the confines of her treatment begin to quickly wear on the narrator, she offers greater power to this form of her "inner self" hidden behind the paper.

In the final stage of her dissolution, the narrator envisions through this "inner self" a sense of true freedom, liberated from the isolation and confinement imposed upon her. This increase in desperation and action on the part of the "inner self" represents the rapid descent of the narrator into psychosis, as she becomes deeply distrustful of her caretakers and her "inner self" becomes determined to escape her situation. As Laing notes, "If the 'self' thus volatized in phantasy now conceives the desire to escape from its shut-upness, to end the pretence, to be honest, to reveal and declare and let itself be known without equivocation, one may be witness to the onset of an acute psychosis" (147). Gilman's narrator begins to imagine that the woman

behind the paper is able to escape her confinement during the daytime, noting that she can see the woman "off in the open country, creeping as fast as a cloud shadow in a high wind" (16). Now imagining the possible freedom of her "inner self," she becomes desperate to remove the wallpaper – the symbolic burden of her treatment – once and for all. She spends her last night in the room free from John and Jennie, and as night falls, she notes that as "that poor thing began to crawl and shake the pattern, I got up and ran to help her." Having pulled off "yards of that paper" (17), she locks herself in the room again, "angry enough to do something desperate" (18). As she becomes increasingly desperate to free the woman behind the paper, her identity begins to merge with the elusive figure on which she has become so fixated. This merging of identity with the "inner self" that has long been trapped behind the paper represents the final result of Gilman's narrator's attempts to find a source of power and independence.

The full realization of Gilman's "inner self" in the final pages of the story represent the limitations posed by an attempt to finally unite her fragmented and broken "divided self." Laing argues that attempts to unite the two "selves" developed by the schizoid individual are often in vain, as he or she no longer relates normally to the reality of which he or she wishes to be a part. He notes, "In its dread of facing the commitment to the objective element, it sought to preserve its identity; but, no longer anchored to fact, to the conditioned and definitive, it comes to be in danger of losing what it was seeking above all to safeguard…In the escape from the risk of being killed, it becomes dead" (Laing 144). As the body of Gilman's narrator finally merges with the "inner self" which she has released from the wallpaper, she finds herself tethered, even literally by "well-hidden rope" (Gilman 18), to the very room she has despised throughout her treatment. She notes, "It is so pleasant to be out in this great room and creep around as I please! I don't want to go outside. I won't…For outside you have to creep on the ground, and everything is

green instead of yellow" (18). Gilman's narrator, rather than being freed by this union of her body to her "inner self," finds herself estranged from any reality outside of the room. She feels she can only have true power within this isolated space, a space which she has finally claimed as her own. She notes, "here I can creep smoothly on the floor, and my shoulder just fits in that long smooch around the wall, so I cannot lose my way" (18). And she does not lose her way, even as her husband finds her in her madness and collapses into her path. She has "got out at last" and overcome her husband in the only way that is left to her; she simply "creep[s] over him" (19) as she repeats the same restless pattern, trapped in a psychosis born out of and fostered by a man who mocked and chided her genuine attempts to seek help and power.

CHAPTER THREE

"What I Thought I Was Burying": The "Divided Self" and Notions of Recovery in Sylvia

Plath's *The Bell Jar*

Like Gilman's *The Yellow Wallpaper,* Sylvia Plath's first and only novel *The Bell Jar*

describes a woman torn between the demands of the social role she must fill and her desire for a

sense of personal agency and power. The disintegration of her identity matches the descent into

psychosis which is outlined in R.D. Laing's *The Divided Self*, following a similar pattern to that

of Gilman's narrator. Plath's protagonist, Esther Greenwood, shows from the beginning of the

novel an alienation from the world of domesticity that intensifies into a complete breakdown of

the self. At the outset of the novel, Esther shows tell-tale signs of the "unembodied self,"

experiencing the landmark anxiety of engulfment and repeatedly dissociating from her own

body. She develops a "false-self system" to field interactions in both her personal and

professional relationships, outwardly presenting the ideal domestic woman, while her "inner

self" inwardly rebels and contemplates ways to fulfill her personal aspirations for her life. Like

Gilman's narrator, Esther is eventually overwhelmed by the pressures of this division, leading to

a psychotic breakdown in which her "inner self" strives to free itself from the constraints of the

"false-self system." This culminates in her near-successful suicide attempt, where she attempts to

retreat fully within to relieve herself of the pressures of the outside world. But where Gilman's

narrator is fully consumed by her psychosis at the end of the story, Plath shows Esther

Greenwood move tentatively toward recovery following her near-suicide. Her promising stay

and treatment at a female-run facility seems to suggest a more optimistic view of the female

potential by Plath, one in which change is perhaps possible. However, Plath creates an ambiguity

in Esther's recovery that suggests a sense of longing and self-doubt might still persist even in the

tenuous identity that her protagonist is able to reconstitute. As in *The Yellow Wallpaper,* Plath's *The Bell Jar* offers a portrait of female madness as the product of a culture seemingly offering but unable to fully accommodate the female desire for agency and power.

Sylvia Plath published *The Bell Jar* in January 1963, and the work has since become renowned for its intimate study of the breakdown of female identity, hailed by many critics as the feminine counterpart of J.D. Salinger's *The Catcher in the Rye*.[2] Plath herself describes the novel as "an autobiographical apprentice work which I had to write in order to free myself from the past" (qtd. in Ames 12). The novel reflects the unique situation of women during the 1950s and early 60s, during which time expanding opportunities in universities and in the workplace became available for women but were simultaneously discouraged as a less suitable role than that of the traditional housewife. *The Feminine Mystique*, published by Betty Friedan only a month after Plath's *The Bell Jar*, became an integral text in the development of second-wave feminism as it addressed the "strange stirring, [the] sense of dissatisfaction" (15) that plagued women in the mid-twentieth century. What Friedan defined as "the feminine mystique" was the consistent frustration and unhappiness felt by women who yearned for achievement and acclaim but felt pressured into a highly idealized domestic role. Friedan notes that during this time, "Nobody argued whether women were inferior or superior to men; they were simply different" (19). Women seemed to be granted respect and value, but only if they adhered to the lifestyle that American culture deemed suitable for them. As they began to feel trapped and dissatisfied by their situation, women sought out psychological help by "the growing thousands" (25) in attempts to understand this nameless unhappiness. Consistently, these concerns were merely

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[2] Cited in both Nóra Séllei's "The Fig Tree and the Black Patent Leather Shoes: The Body and its Representation in Sylvia Plath's 'The Bell Jar'" and Frances McCullough's Foreword to HarperCollins' edition of *The Bell Jar.*

dismissed by both professionals and the larger culture due to the belief that life as a homemaker was natural for women and simply *should* be fulfilling enough.

These larger cultural concerns inform and shape *The Bell Jar*, as Plath recounts through fiction her own struggles with identity during this constraining period of women's history. In *Bitter Fame: A Life of Sylvia Plath*, Anne Stevenson notes, "[Plath] was wrestling with the 'never-satisfied gods' of her mother's presumed expectations, those ideals of success, security, and conventional domesticity which were embedded in her culture and which she uncompromisingly attacked in *The Bell Jar*" (164). Esther Greenwood attempts to exist in the world of fashion, marriage, and domestic pursuits that seems expected of her and which others seem to find fulfilling in its own way. However, the nameless dissatisfaction so common to women in this period slowly drives her into a depression and psychosis that she finds these traditional pursuits unable to assuage. Like Gilman's narrator in *The Yellow Wallpaper,* Plath describes a woman torn between meeting the expectations of others and finding her own source of fulfillment and meaning. But unlike in Gilman's tale, Esther is not confined to a single room and rather clearly sees a number of possibilities unfolding before her – the lives of a writer, of an unmarried and independent woman, of an intellectual – but is unable to fulfill any of them. Esther Greenwood's situation is subtler, more insidious, and reveals the less overt but equally as torturous predicament of a woman who can so nearly grasp freedom and agency but is relentlessly pushed by her male partner, mental health professionals, and culture at large towards the confinement of domesticity. Like Gilman's narrator, Esther Greenwood becomes divided in her attempts to fulfill the role expected of her but still maintain her sense of independence and personal value. A study of Esther's "divided self" as described by Laing illuminates the dangers

of a social environment in which a woman's identity is inherently fractured and the extent to

which such an identity can be preserved and returned to a sense of wholeness.

"I Couldn't Get Myself to React": Causes and Symptoms of Esther's Unembodied Self

A critical difference between Charlotte Perkins Gilman's *The Yellow Wallpaper* and

Sylvia Plath's *The Bell Jar* lies in the protagonist's mental state in the beginning of the narrative.

Where, at the beginning of Gilman's story, the narrator enjoys a relatively stable sense of

ontological security that only dissolves as the narrative progresses, Plath's Esther Greenwood

experiences from the start an explicit estrangement from both the larger culture and from her

own body. Esther opens the novel with a declaration of all that she feels she is "supposed to" be

feeling or doing: "I knew something was wrong with me that summer…I was supposed to be

having the time of my life. I was supposed to be the envy of thousands of other college girls just

like me all over America" (2). As the novel opens, Esther is one of twelve women interning for a

renowned women's fashion magazine,[3] immersing her fully in society's notions of the role

women should be filling, namely as a happy homemaker or within a career focused on the

superficial concerns of fashion and the domestic lifestyle. Esther immediately feels estranged

from this world, however, noting, "I wasn't steering anything, not even myself…I guess I should

have been excited the way most of the other girls were, but I couldn't get myself to react" (2-3).

Esther feels herself unable to find fulfillment within the domestic role that society has created for

her, and even states that "girls like that make [her] sick" (4). This estrangement from her culture,

which Esther herself is led to believe is misplaced and shameful, directly parallels Laing's

description of the schizoid personality as "precariously differentiated from the rest of the world"

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[3] Critics have suggested that Esther's fictional magazine is an allusion to *Mademoiselle* magazine, a popular women's fashion publication with which Plath herself interned in the summer of 1953. See Caroline J. Smith's "'The Feeding of Young Women': Sylvia Plath's 'The Bell Jar,' 'Mademoiselle' Magazine, and the Domestic Ideal."

(42). These most basic feelings of detachment from her culture foster a greater rift in Esther's identity, as she attempts to reconcile her true desires with the societal expectations for her as a woman.

Esther demonstrates early in the novel the initial symptoms of the general "unembodied self" that Laing describes, as she "experiences [her] self as being more or less divorced or detached from [her] body" (69). She undergoes the landmark schizoid anxiety of engulfment and continually dissociates from her physical self, carrying out actions over which her conscious mind seems to have no control. During a night out with Doreen, her closest friend at the magazine and the portrait of feminine allure, Esther states that she "felt [herself] melting into the shadows like the negative of a person [she'd] never seen before in [her] life" (10). In this situation, Esther feels herself fully exposed to the threat of Doreen's blatant femininity and employs the "main maneuver used to preserve identity under the threat of engulfment" (Laing 44) – isolation. She not only effectively isolates herself from those around her because of the threat they pose to her identity, but these actions seem involuntary and show a pronounced estrangement from her own body as something "[she'd] never seen before." This insecurity is further reinforced by her subsequent inability to recognize her own reflection in the mirror, as she notes, "I noticed a big, smudgy-eyed Chinese woman staring idiotically into my face. It was only me, of course. I was appalled to see how wrinkled and used up I looked" (18). Even after realizing that the reflection is her own, she is surprised at her particular appearance, her description of herself as "used up" suggesting that she has been consumed by forces outside of her control. The only real comfort that she finds is in the warm bath she takes at the end of the night, during which she imagines everything and everyone around her dissolving away. She notes, "I never feel so much myself as when I'm in a hot bath" (20), her selfhood reinforced

temporarily by the imagined disappearance of all external forces in her life. This particular scene suggests the continual threat that others pose to Esther, and the tenuousness of her identity in the face of their expectations.

This estrangement from and perceived threat of the cultural expectations for her future drive Esther into a state of deep insecurity and indecision about her future. In a particularly introspective moment, Esther begins to "add up all the things [she] couldn't do" (75). She contemplates traditional careers in shorthand and office work, and then confesses, "I felt dreadfully inadequate. The trouble was, I had been inadequate all along, I simply hadn't thought about it" (77). Though Esther dreams of being a poet or professor, she is torn between the cultural expectations of marriage and family life and being able to actually achieve this dream. Trapped in this typical mid-twentieth century female dichotomy of having to choose between a career and family, Esther begins to imagine "[her] life branching out before [her] like the green fig tree." She notes, "From the tip of every branch, like a fat purple fig, a wonderful future beckoned and winked. One fig was a husband and a happy home and children, and another fig was a famous poet and another fig was a brilliant professor…beyond and above these figs were many more figs I couldn't quite make out" (77). Esther can see these different paths laid out before her, but choosing and pursuing only one seems unattainable:

> I saw myself sitting in the crotch of this fig tree, starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest, and, as I sat there, unable to decide, the figs began to wrinkle and go black, and, one by one, they plopped to the ground at my feet. (77)

This inability to choose a singular path for her life highlights, more than mere indecision, a vision of her future as impossible and literally withering before her. As critic Susan Coyle notes, "Esther is 'starving' not simply from indecision but also from an increasing sense of alienation from self and alienation from the world and her potential goals" (165). This passage in particular addresses the cause of Esther's growing split in identity, as she finds herself helpless to pursue any one future so that they all escape her reach and only arrive "at [her] feet" dead and unfeasible. These feelings of helplessness and passivity in her own fate intensify in the development and subsequent collapse of Esther's "false-self system."

"Unmasked": Growth and Implosion of the Inner Self and False-Self System

Throughout the first half of the novel, Esther consistently uses a "false-self system" to field external pressures to conform to a certain female role, especially in her relationship with her boyfriend Buddy Willard. While her body becomes "compulsively compliant to the will of others" (Laing 96), her "inner self" internally rebels and asserts her true beliefs, her mind merely "an onlooker at all the body does" (69). In her interactions with Buddy, her body consistently acquiesces to his beliefs and expectations, while, as critic Marjorie Perloff notes, "Esther's 'inner self' nurtures a hatred for Buddy" (510). This relationship, which possesses little physical chemistry and few mutual interests, represents one of Esther's many attempts to integrate into the cultural role expected of her. The beginning of their relationship is met with positive appraisal by her female peers, who after her first date with Buddy "start speaking to [her]" and "treat [her] with amazement and respect" (61). Propelled by the approval of other women, Esther begins to conform to what she feels is expected of her, noting, "All I'd heard about, really, was how fine and clean Buddy was and how he was the kind of person a girl should stay fine and clean for" (68). However, when he asks her if she would want to sexually "see a man," she

simply muses that she "didn't really see the harm in anything Buddy would think up to do" and passively replies, "Well, all right, I guess so" (68). After learning that Buddy has had an affair with another woman before, she conceals her inner rage at his "pretending all this time to be so innocent," and outwardly conveys an indifference to Buddy, to the extent that he "seemed relieved [she] wasn't angry" (70). Moreover, Buddy consistently belittles Esther's intelligence and poetic aspirations, which she meets outwardly with humble compliance, "never coming right out and saying" what she thinks (73). Instead, she "spends a lot of time having imaginary conversations with Buddy" (56), her "inner self" rebelling against and arguing with him, and not "feel[ing] one bit sorry" (73). Though this hidden identity within her relationship allows her to appease Buddy, her inner discontentment intensifies at a rate that she eventually cannot control.

Esther's "false-self system" also works to address the pressures brought on by indecision about her career, accommodating the consistent questions and concerns of her magazine boss and at least partial role model, Jay Cee. During a conversation about her career options, Esther lies to Jay Cee, telling her that work at the magazine "interests [her] very much," feeling like "yelling the words, as if that might make them more convincing" (31). When Jay Cee asks what she has in mind after graduation, she "hears [herself] say" that she is unsure, feeling "a deep shock" at this seemingly involuntary confession. This moment illuminates the estrangement of her "inner self" from the compulsory actions of her body and is supported by her subsequent realization about the truth of her statement. She notes, "It sounded true, and I recognized it, the way you recognize some nondescript person that's been hanging around your door for ages and then suddenly comes up and introduces himself as your real father…you know he really is your father, and the person you thought all your life was your father is a sham" (32). Esther's reference to a male figure reinforces notions of the patriarchy as defining her expectations for

life, as she realizes, in this moment, that the part of her which has pretended all this time to adhere to the role expected of her is merely a "sham," her real interests buried and estranged from her. Feeling that she has been "unmasked," Esther nevertheless merely concedes to take more language classes per Jay Cee's suggestion, her "false self" stepping in to protect and detract attention from her inward insecurity.

Esther's "inner self" becomes increasingly more insecure and estranged from reality, resulting in an incremental failure and breakdown of the "false-self system" at the end of her summer internship with the magazine. Laing notes that preceding a breakdown in psychotic patients, the "[false-self system] can become the walls of a prison from which the self cannot escape…the unrealness of perception and the falsity of the purposes of the false-self system extend to feelings of deadness of the shared world as a whole, to the body, in fact to all that is, and infiltrate even to the 'true' self" (Laing 138). This results in the individual, like Esther, "desperately trying to be [herself], to regain and preserve [her] being" (Laing 139). The first step of this dissolution of Esther's "false self" is in her attempt to pose for her the last picture for the magazine. Despite the best efforts of her "false self" to smile "obediently, like the mouth of a ventriloquist's dummy," Esther bursts into tears, releasing "with immense relief the salt tears and miserable noises that had been prowling around in [her] all morning." Against her will, pieces of her "inner self" begin to break through the façade, leaving her feeling "limp and betrayed, like the skin shed by a terrible animal." She further notes, "It was a relief to be free of the animal, but it seemed to have taken my spirit with it, and everything else it could lay its paws on" (Plath 102). Esther finds herself unable in this instance to uphold the portrait of contentment and control that the "false self" has heretofore provided, overwhelmed by the implications of returning home from the magazine. However, because the "false self" has come to field the

entirety of her interactions with the world, she finds herself unable to face reality without its protection, her spirit intimately tied to the security that her "false self" provides. This emergence of her "inner self" is therefore only temporary; she immediately reaches to clean herself up and upon opening her compact, notes that "the face that peered back at me seemed to be peering from the grating of a prison cell after a long beating" (102). Her "inner self" is thus immediately returned to its rightful place, its prison, estranged from its body and surroundings, as the "false self" regains control of her interactions with the world.

Esther's return home ultimately challenges the "false self" to the point of its complete dissolution. Esther's "inner self" is in the precarious position of feeling completely estranged from her body, acting merely as a disparaged and powerless "onlooker" which has lost its previous rebellious fervor, to the point that even her "false self" is impacted by the same discouragement. The automatic responses of her "false self" that allowed her to function in the world begin to fail, and she is left with a sense of desperation and hopelessness for improvement. She learns upon returning home that she has been rejected from a late-summer writing class and must stay instead with her mother at their family home. In her old neighborhood, she becomes desperate "not to be recognized" (114), a known threat to the "inner self," and begins to pursue wild binges of thought and activity to fill her time. As she pursues these fantasies, her mind becomes increasingly estranged from her body as she describes, "From another, distanced mind, I saw myself sitting on the breezeway" (120), her voice like a "zombie rose up in [her] throat and choked [her] off" (126). The actions that her "false self" used to seamlessly field for her become impossible, as she is unable to sleep, eat, and bathe. Perhaps most markedly, like Gilman's narrator, she loses her ability to both read and write, "words, dimly familiar but twisted all awry…fled past, leaving no impression on the glassy surface of [her] brain" (124). When she

attempts to write, her "hand [makes] big, jerky letters like those of a child" (130). This last failure of her "false self" to engage in the activity which she once so enjoyed and depended upon represents one of the strongest indicators of her lapse into psychosis.

The final step in the breakdown of Esther's "false self" is her failed attempt to receive help from male psychiatrist Doctor Gordon, who like the narrator's husband in *The Yellow Wallpaper* conveys the dangers of the male medical establishment to the treatment of the "divided self." Esther hopes that in going to see him he "could see something I couldn't, and then I would find words to tell him how I was so scared, as if I were being stuffed farther and farther into a black, airless sack with no way out" (129). However, Doctor Gordon meets this plain description of the estrangement and fear that Esther's "inner self" faces with disbelief and poorly administered treatment. Doctor Gordon asks Esther to "try and tell [him] what [she] think[s] is wrong," which she immediately realizes "made it sound as if nothing was *really* wrong, I only *thought* it was wrong" (129-30). Like the narrator's husband in *The Yellow Wallpaper*, the disbelief and mocking of this male psychiatrist only seems to exacerbate Esther's symptomology. Doctor Gordon orders her shock treatments, prior to which Esther wanders through the foreboding hall of other patients who look "as if they had lain for a long time on a shelf, out of the sunlight" (141). Before the treatment, her "false self" fails her again, as in her attempts to ask the nurse about the sensations of the shocks, "no words [come] out" and her "skin [has] gone stiff, like parchment." She describes the shock treatment as if "something bent down and took hold of me and shook me like the end of the world…a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant" (142-43). The mis-administered treatment only succeeds in estranging her further from her own mind, as she notes, "Every time I tried to concentrate, my mind glided off, like a skater, into a large empty space,

and pirouetted there, absently" (145). The dissolution of her "false self" and her failure to be heard and acknowledged by this male psychiatrist leaves her in a state of radical hopelessness and ontological insecurity, so that death seems the only liberation.

Having lost control of both her "inner" and "false selves," Esther feels, in Laing's terms, that her body has become a prison for her mind, one which prevents her from making any real or meaningful contact with the world. She "is unable to believe that [she] can fill [her] own emptiness without reducing what there is to nothing" and as a result, "sets about murdering [her] 'self'" (Laing 93). Esther attempts suicide repeatedly in order to free herself from her situation. She notes, "I would simply have to ambush [my body] with whatever sense I had left, or it would trap me in its stupid cage for fifty years without any sense at all" (159). Yet she also realizes that the murder of this body will likely still not alleviate her distress. During her first attempt to cut her wrists, she cannot go through with it as she realizes, "what I wanted to kill wasn't in that skin…but somewhere else, deeper, more secret, and a whole lot harder to get at" (147). Even in piercing slightly the skin on her calf she notes, "I felt nothing" (148), an immediate indication of her estrangement from her own body and the inability to affect the true source of her suffering. She fails as well at hanging herself and attempting to drown herself in the ocean, noting that "[she] knew when [she] was beaten" (161).

Her final, near-successful suicide attempt fully conveys the desperation of the "inner self" to regain agency and freedom from the constraints of the "false self." Her most noble and genuine attempt to take her own life is prompted by a visit to her father's grave, as she recalls that "he would rather have died" than to live his life as a "cripple and invalid" (167). This is a sharp reminder of her own logic, as her suicide attempt represents her inability to live with the conditions of her own broken and "crippled" identity. In a deeply symbolic gesture, Esther

crawls into a hole in the wall, "wrapping [her] black coat around [her] like [her] own sweet

shadow" (169), and takes sleeping pills one by one until she feels herself losing consciousness.

She retreats into a place of complete seclusion and safety, replacing the protection of her "false

self" with a "sweet shadow" of her own making. In this action, she finally gains a sense of

agency over her own life and identity. This literal retreat into herself represents her most

significant attempt to free her "inner self" from the demands of the world around her, as she

watches the "tatty wreckage of [her] life," both "inner" and "false selves," dissolve as she is

lulled to sleep in "one sweeping tide" (169).

Notions of Recovery and the Mending of the Divided Self

The events following Esther's final suicide attempt represent her struggle to recover from

the split in identity brought on by cultural pressures and internal insecurity throughout the

majority of the novel. According to Marjorie Perloff, who also loosely applied Laing's theory of

the "divided self" to the work, "If we take the division of Esther's self as the motive or starting

point of the novel's plot, the central action of *The Bell Jar* may be described as the attempt to

heal the fracture between inner self and false-self system so that a real and viable identity can

come into existence" (509). For Esther, this recovery is not immediate or direct; rather, she

slowly reconstitutes her identity by merely ending her attempts to please others. She initially

wakes up from near-death into a public hospital in "complete darkness" (170), insistent that she

still feels "the same" (172). Even upon first looking at her face in the mirror, she believes it to be

only "a picture," its most "startling" quality being "its supernatural conglomeration of bright

colors" (174). It is only when she smiles and the reflection "cracks into a grin" that she

recognizes the face as her own and drops the mirror to the floor. This moment hints at a

realization of the "cracked" and "supernatural conglomeration" of identity that she has suffered

throughout the novel. This recognition of her true brokenness, though jarring in this moment, prompts a movement of the self back to her initial, less hopeless and powerless state. This is reinforced during her stay at the state hospital, where she regains much of her previous rebellious streak, telling doctors outright that she feels "lousy" rather than the "fine" that they expect to hear (177) and standing up for the other patients when an aide attempts to take their food at dinner. Born of this bluntness and lack of desire to please others is a newfound power and realization of her potential to reconstitute her identity. Nowhere is this clearer than as she holds a drop of mercury in her palm, observing, "If I dropped it, it would break into a million little replicas of itself, and if I pushed them near each other, they would fuse, without a crack, into one whole again" (183). Esther realizes here that she now has the power to fuse herself "into one whole again." She needs only the respectful and productive setting in which to do so.

Having realized at last the fracture that has dictated her identity up to this point, Esther requires the proper therapeutic setting to elicit and reconstitute her "true" self. The integral component of this setting is that it is exclusively female, an all-female ward overseen by female psychiatrists who are sympathetic to her unique needs and the external pressures that she faces as a woman. As Laing notes, "The task in therapy then comes to be to make contact with the 'original' self of the individual, which we must believe is still a possibility…and can still be nursed back to a feasible life" (159). Though Esther is moving toward recovery, she still needs the help of a strong female professional to realize this fact; on the ride to the new facility, she laments that "wherever [she sits]…[she will] be sitting under the same glass bell jar, stewing in [her] own sour air" (185). Her hope is restored through her new female psychiatrist Doctor Nolan, a model of female agency and strength, who shows continual dedication to and empathy with broken Esther. When Esther recounts to Doctor Nolan the torment of the electroshock

treatments that Doctor Gordon administered, Doctor Nolan assures her that she will not receive any shock treatments without forewarning and promises her "it won't be anything like you had before" (189). As opposed to the cruel and dismissive Doctor Gordon, Doctor Nolan genuinely acknowledges Esther's concerns and clearly communicates her intentions, offering Esther a sense of security and stability. Doctor Nolan also cancels Esther's visitation hours upon learning that she can feel the visitors "measuring [her] fat and stringy hair against what [she] had been and what they wanted [her] to be" (202), trusting Esther's judgment of the situation and responding in ways that accommodate her specific needs. Esther confesses that Doctor Nolan simply "seemed to know what [she] meant" (203), a direct acknowledgment of the close bond and trust between the two. Doctor Nolan thus plays an integral role in Esther's recovery, openly recognizing and empathizing with Esther's specific needs as a woman and allowing her to rebuild her "true" self in an atmosphere of acceptance and respect.

Under the guiding female hand of Doctor Nolan, therapeutic treatments have a newly positive role in Esther's recovery. Plath seems to suggest through Esther's recovery that contemporary therapeutic treatments, such as insulin and shock treatments, have the potential to be effective and liberating if exercised under the right conditions for recovery, in an atmosphere of honesty and trust. Each of these therapies are described in terms of rebirth, suggesting that these treatments might be necessary to incite the change necessary to become one's truest self. As Elaine Showalter notes, "For the patient, [ECT] represents a rite of passage in which the doctor kills off the "bad" crazy self, and resurrects the "good" self…upon wakening, [patients] feel that in a sense they have died and been born again, with the hated parts of the self annihilated" (217). Following her most successful round of insulin therapy, which leaves her feeling "light and airy," Esther recalls tasting hot milk "the way a baby tastes its mother" (Plath

200). These images not only suggest Esther's rebirth but also closely associate her improvement with feminine strength and power in the form of a mother's life-giving force. This imagery is intensified and expanded upon in her shock therapy. Doctor Nolan is integral to the success of Esther's shock therapy, guiding her to the treatment "arm in arm, like an old friend" (212) and staying by her side through the whole treatment to ensure that it is administered soundly and effectively. Under the careful guidance of a woman that she deeply trusts, Esther describes how the treatment "wiped [her] out like chalk on a blackboard" and how upon its completion, "all the heat and fear had purged itself" (214-15). This language suggests a fresh start, the fear and insecurity that had previously weighed on her and which she attempted unsuccessfully to dissolve in her suicide attempt, finally, at least temporarily, evaporated. She notes that "The bell jar hung, suspended, a few feet above my head. It was open to the circulating air" (215). For Esther, these treatments, responsibly and respectfully administered by a woman she trusts, appear to be the ultimate catalyst for her recovery, the means of lifting the "bell jar" of the "false self" and opening her again to "the circulating air."

Plath does foster some doubt, however, about the extent of Esther's recovery, suggesting that this improvement is more tentative and delicate than enduring. Though Esther improves in her newfound environment of trust and security, earning freedoms and even making connections with other patients, such as Buddy's ex-girlfriend Joan, she also faces several stark reminders of the tenuousness of her newly reconstituted identity. Before her release from the hospital, Doctor Nolan writes Esther a referral to be fitted with a contraceptive device in hopes of alleviating her fears having a "baby hanging over her head like a big stick" (221) and of "going mad" (222) if left to raise a family. As Esther waits for the procedure, she laments, "How easy having babies seemed to the women around me! Why was I so unmaternal and apart? Why couldn't I dream of

devoting myself to baby after fat puling baby" (222). These doubts are reminiscent of those

which prompted the development of her "false self," as she longs not to feel "apart" from what

she sees as the typical feelings of her gender. While she does reassure herself that she is

"climbing to freedom" and is "[her] own woman" (223), this independence is immediately

threatened when the device causes her to hemorrhage upon the loss of her virginity. She is again

dependent upon and failed by male medicine as she seeks treatment for her injury, almost

bleeding out before reaching the hospital due to the reluctance of countless male doctors to treat

her wound. Her recollection of "a worrisome course in the Victorian novel where woman after

woman died" (232) again highlights the consistent and ever-present danger of a male-dominated

world to the safety of her newfound self. While Esther shows significant improvement in her

confidence and self-assurance, Plath reminds us that she still must live in a world which

constantly threatens to compromise her independence and identity.

Plath also alludes to the tentativeness of Esther's recovery through the character of Joan,

Esther's closest friend in the facility and a symbol of what could have been – and still could

become – Esther's more tragic fate. Esther feels a strange and intimate connection with Joan,

admitting, "[Joan's] thoughts were not my thoughts, nor her feelings my feelings, but we were

close enough so that her thoughts and feelings seemed a wry, black image of my own.

Sometimes I wondered if I made Joan up" (219). Here, Plath seems to closely equate Joan and

Esther, suggesting that Joan might symbolize a darker, "blacker" part of Esther. Shortly before

Esther's release interview, Joan commits suicide on the hospital grounds, the tragic parallel to

Esther's fate and a stark reminder of how close to death she herself came. At the funeral, Esther

wonders "what I thought I was burying" (242) and notes that upon Joan's burial, "That shadow

would marry this shadow, and the peculiar, yellowish soil of our locality seal the wound in

whiteness" (243). Esther is, in a sense, observing what could have been her fate if she were unable to rebuild her identity; yet, her assertion that death "seals the wound" suggests that Joan's fate is not entirely tragic, but another, less hopeful means to heal the fracture in one's identity. Notably, Esther's description of Joan's burial echoes her contemplation of her own fate, in which she notes, "I remembered everything…Maybe forgetfulness, like a kind snow, should numb and cover them. But they were part of me. They were my landscape" (237). Esther shows an awareness here of the similarity and closeness of her fate to that of Joan, as she only narrowly escaped, through an awareness of her brokenness and the guidance of another kind woman, being "sealed" by death rather than rebuilt in life. Only the memory of this experience, of the world beneath the bell jar, of "her landscape," can allow her to live as a whole and empowered woman despite the ever-present threat of the world around her. She reassures herself, "I am, I am, I am" (243).

CHAPTER FOUR

"We Are So Happy:" Life as a "Divided Self" in Shirley Jackson's *We Have Always Lived in the Castle*

As in Gilman's *The Yellow Wallpaper* and Plath's *The Bell Jar*, the disparity between the societal expectations for and personal aspirations of women forms the basis for the identity crisis that unfolds in Shirley Jackson's 1962 novel *We Have Always Lived in the Castle*. Though the feminist undertones of Jackson's story are more veiled and subtle than in the other works discussed in this paper, Jackson nevertheless presents a story of women who, in attempting to reconcile external pressures and judgments with their personal desires, embody Laing's notion of the "divided self." Unlike Gilman and Plath, however, Jackson presents this division through the codependent relationship between two individual sisters, wherein each sister represents a different side of the "divided self." As Jackson herself wrote on an early draft of *We Have Always Lived in the Castle*, the novel's protagonists, Constance and Merricat, are "two halves of the same person…together they are one identity, safe and eventually hidden" (qtd. in Franklin 441). Constance, the elder, embodies the "false-self system," as she represents in every sense the domestic ideal. She cares for, feeds, and protects her wild, eighteen-year-old sister Mary Katherine (Merricat) and their disabled Uncle Julian following the poisoning of their parents, brother, and aunt. She even takes the blame for this horrendous crime to protect young Merricat, who, in her childlike manner, represents the wild, vulnerable, and fantasy-prone "inner self." The relationship between these girls, which occurs in near-seclusion from the male-dominated and hateful town, allows them a relative sense of safety and order in the tumultuous aftermath of Merricat's crime. As in Poe's *The Fall of the House of Usher*, the Blackwood house acts as a unifying umbrella under the protection of which Merricat and Constance coexist and function as

two halves of the same person. Constance engages with polite society and curbs Merricat's more dangerous tendencies, allowing Merricat to feel safe from the blame and condemnation of the town and to indulge her wilder and more creative fantasies. Constance and Merricat, in their codependent and often limiting relationship, represent the split identity embodied by many women of the time, including Jackson herself.

Though somewhat undervalued and underrecognized by her contemporaries, Shirley Jackson crafted a large body of work that placed the growing feminist concerns of the mid-twentieth century within the realm of the horrific and fantastic. *We Have Always Lived in the Castle*, her final work, is no exception, labelled by her contemporaries as "the best writing [she has] ever done,"[4] not only because of its sharp prose and gripping storyline, but also its insight into the unique female psychology of the time. *We Have Always Lived in the Castle* was published in 1962, around the same time as Plath's *The Bell Jar* and Friedan's *The Feminine Mystique*, and it involves a similar study of the identity crisis experienced by American housewives of the time. This sense of emptiness, fostered by feelings of estrangement from a world outside of the domestic sphere, was familiar to Jackson herself. The mother of two children and the wife of the prominent English professor and literary critic Stanley Edgar Hyman, Jackson found herself torn between her own successful literary career and the responsibility of caring for the home and family that she loved. Her work always reflected the division of the two spheres, for while writing and publishing her literary suspense, Jackson also regularly produced comedic articles on family matters for women's magazines. As Ruth Franklin notes in her biography, "Jackson was an important writer who happened also to be – and to

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[4] In her biography *Shirley Jackson: A Rather Haunted Life*, Ruth Franklin describes how *We Have Always Lived in the Castle* garnered widespread praise from not only Jackson's husband, publisher, and editor, but also a range of contemporary critics.

embrace being – a housewife, as women of her generation were all but required to do. The tension between the two roles was both internal and external, based simultaneously in her expectations for herself and in the expectations of her husband, family, publishers, and readers" (5). Jackson's personal experience with the rift in identity brought on by the social climate for women of the mid-twentieth century shapes both the storyline and characterization of *We Have Always Lived in the Castle.*

Jackson's novel charts a descent into psychosis similar to that mapped by both Plath and Gilman's works. Unlike *The Yellow Wallpaper* and *The Bell Jar*, however, which dramatize the gradual division of their protagonists throughout the work, the main characters of Jackson's story are fully "divided" from the beginning of the story. They manage to live relatively stable and comfortable lives within the confines of their protected home, where both the "inner self" and "false-self system" work together to allow a functional and relatively stable routine. It is only when Constance, the "false self" and Merricat's protector, considers pursuing a life outside of the safety and seclusion of their family home that the system which they have set up begins to crumble. Notably, it is their selfish and patriarchal cousin Charles who threatens this arrangement, as his domineering male presence in the house soon becomes the catalyst for the collapse of Merricat and Constance's safety and comfort. In this sense, Jackson is able to emphasize the threat of external, specifically male, pressures to the tenuous identity that women are able to sustain. Thus, *We Have Always Lived in the Castle* follows a similar pattern to *The Yellow Wallpaper* and *The Bell Jar,* as it highlights the dangerous disintegration of the "inner self" and "false-self system" that can occur when individuals become completely alienated from the world around them. Jackson's *We Have Always Lived in the Castle* emphasizes the possible consequences of this alienation when, like Gilman's narrator, Constance and Merricat only

retreat further into themselves, driven to a brand of freedom that paradoxically constrains and limits them. Like both *The Yellow Wallpaper* and *The Bell Jar*, Jackson's final novel emphasizes the dangers of the constraining female identity which, when it intensifies and eventually implodes, proves ultimately inescapable.

A Hateful Male Village: Causes and Uses of "The Divided Self"

Constance and Merricat's fractured identity represents a defensive reaction to the hatred and isolation imposed upon them by their unique environment. While the horrific and ambiguously motivated poisoning of the Blackwood family may be the most shocking element of the story, the bulk of *We Have Always Lived in the Castle* centers instead on the lifestyle and identity of both Constance and Merricat following the crime. The murders, committed by twelve-year-old Merricat six years before the story begins, merely provide a backdrop for the brief function and subsequent dissolution of the girls' split identity. The most significant effect of this crime, for which the village blames Constance despite her legal acquittal, is that it isolates the sisters from the rest of the village; they spend the majority of the story confined to their home with their Uncle Julian, the invalid sole survivor of the poisoning. This isolation is not merely self-imposed; the villagers confine the girls to the house with their mockery and anger, resenting them both for their wealth and for the lack of punishment for the murders. As Merricat notes in the opening lines of the story, "the people of the village have always hated us" (Jackson 424). Even Merricat's brief journey into the village for groceries results in her being mercilessly harassed and mocked, with locals Donnell and Dunham trapping her in the coffee shop and children "shrieking and shouting" nursery rhymes about her family's poisoning that she imagines their parents taught them "with loving care" (435-36). Constance cannot even "go past her own garden" (421) without feeling threatened and persecuted. Each of Merricat's descriptions of the

village evoke images of contamination and danger, as she describes the "village grime" (422), its "slow rot" and "ugliness," and notes that "whatever planned to be colorful lost its heart quickly in the village" (426). For the girls, the village and its inhabitants become an active and constant threat to their safety and security.

The villagers' overt cruelty is not the only way they threaten the young women; Jackson's descriptions of the village and its inhabitants present it as a symbol of the masculine pressures which prompt the girls' split identity. As Lynette Carpenter suggests in her feminist reading of the text, Constance and Merricat "are confronted with [patriarchy] in the form of a village controlled by men, by fathers" (34). Jackson explicitly notes that the men of the town are most active in their cruelty and aggression, stating, "In this village the men stayed young and did the gossiping and the women aged with grey evil weariness and stood silently waiting for the men to get up and come home" (423). Where the women are merely complicit in the abuse of the girls, an allusion to women's lack of power even within this society, the men actively seek out opportunities to torment Merricat and Constance. This fact is demonstrated by the Merricat's confrontation with Jim Donell and Joe Dunham in Stella's coffee shop, where the men trap her at the counter with their "legs stretched out so [she] could not get past [them] and outside" (433). During the confrontation, Stella is the only one who attempts to stop the mocking, but has little success and eventually joins in with their laughter, reflecting the pervasive power of the male perspective within the community. Merricat even imagines the men, rather than the mothers, teaching their children to mock the girls, with "Jim Donell and Dunham and dirty Harris leading regular drills of their children" (435). In the village, the men are most actively cruel to Constance and Merricat, and Donell and Dunham's trapping of Merricat at the diner echoes their larger confinement of the girls to their secluded home. The male-dominated village actively contributes

to the isolation and insecurity of the girls, and – not insignificantly – prevents them from venturing out from what society views as their proper feminine place, the home.

The persistent threat of the villagers to the girls provides the model condition for Laing's "divided self" to develop. As Laing notes, "[The schizoid] feels at this phase persecuted by reality itself. The world as it is, and other people as they are, are the dangers" (80). As she walks through the town, Merricat explains, "I always thought about rot when I came toward the row of stores; I thought about burning black painful rot that ate away from inside, hurting dreadfully." Though she also "wishes it on the village" (426), this violent notion speaks to the dread and pain that the village elicits from "inside" herself. Merricat describes also the "flat grey faces" of the villagers and their "hating eyes," which not only alludes to feelings of persecution, but also grants the villagers a sort of uniformity to which Merricat and her sister do not, and cannot, conform. Merricat's fear is so intense that the thought of even crossing the street terrifies her, as she imagines villagers swerving toward her "just to see her jump" and "then the laughter, coming from all sides…all of them watching and gloating" (425). In order to cope with her paranoia, Merricat resorts to games and imagined scenarios in which the villagers are "all dead and [she is] walking on their bodies," a clear defense mechanism against the perceived threat of the village and its inhabitants. She even explicitly describes her retreat further into herself, a typical reaction of the "divided self," noting, "It was strange to be inside myself…to be inside and know they were looking at me; I was hiding very far inside but I could hear them and see them still from one corner of my eye" (435). This inward mental retreat is paralleled by her imagining herself back within the safety of her house, the sisters' safeguard against the danger and cruelty of the town. As she collects her groceries under the watchful eyes of the townspeople, she imagines herself "in the garden" and recalls Constance's advice to "Never let them see that you care…If

you pay any attention it'll only get worse" (428-29). As the hatred of the village encourages her fantasies and violent tendencies, Merricat turns to both Constance and their home for feelings of protection and control.

"One Identity, Safe and Eventually Hidden:" The "Inner Self" and "False-Self System"

Though the pressures and hatred of the village encourage the confinement of Constance and Merricat to their family home, the home also functions as a safeguard for the girls, where their "divided self" is able to function comfortably, independent of the outside world. The Blackwood home is extensively secured from the rest of the village, sealed with "signs and gates and locks" so that outsiders "can't ever get in anymore; the path is closed forever" (437). As Merricat notes, "Once the padlock was securely fastened behind me, I was safe" (438). Thus, in one sense, the home functions as an extension of the "false-self system," as it allows the girls to be "excluded from direct participation in the individual's relatedness with other persons and the world" (Laing 82). The house protects the sisters from the outside danger and threat of the village, as it allows them to field their interactions with the external world. Within the house, isolated and secure, they are able to operate freely without self-consciousness and with limited threats to their identity. In this environment, Constance and Merricat each chiefly represent and function as an aspect of the "divided self." Constance, the responsible and domestic figure, represents the compliant and functional "false self," while Merricat, prone to fantasies and generally lacking self-control, acts as the unruly and rebellious "inner self." As a result, the girls – along with their Uncle Julian for whom they care – learn to live relatively productive lives in spite, and even because, of their split identity. Responsibilities are delegated between the two girls, and they are able to operate in self-sufficiency as a function of their "divided" and, in their case, more regulated and controlled state.

Constance, as the more deferential and reserved of the two sisters, functions as the "false self" within the Blackwood house, as she cares for and subdues the wilder and more rebellious tendencies typical of the "inner self," Merricat. She displays, as the "false self," an "excess of being 'good'…never asserting or betraying a counterwill of one's own" (Laing 98). For the mid-twentieth century woman, being "good" amounts to being domestic and feminine and to caring for others in a traditionally maternal role. As scholar Eunju Hwang notes in her feminist reading of the text, "Constance plays the role of the 'good' mother: she is the nurturer who satisfies all the individual needs of her family" (123). Constance possesses a host of ideal domestic characteristics, as she not only takes responsibility for the majority of the house's cooking and cleaning, but seems genuinely to enjoy participating in traditional domestic activities. She cans fruits and vegetables, referring to the process as a "poem by the Blackwood women" (460), gardens and reads cookbooks for pleasure, and prepares all of the family's food "with quiet respect" (439). In the company of others, Constance is a model of deference and self-control, as she "[sits] quietly on the sofa; she never fidget[s], and her hands [are] neatly in her lap" (443). When the society woman Helen Clarke comes to visit for her weekly tea, Constance models her polite behavior after the sisters' late mother, another domestic model, as Merricat notes, "Our mother had always served tea to her friends from a low table at one side of the fireplace, so that was where Constance always set her table" (442). Even when family friend Helen Clarke brings an unexpected guest, enraging rebellious Merricat, Constance "is perfectly composed" and allows Helen to sit uncomfortably close to her despite the fact that she "detested having anyone near her but [Merricat]" (444). To Merricat, Constance serves as a buffer and source of self-control. She sets rules for the unruly "inner self," telling Merricat she is "not allowed to prepare food" (439) or gather ingredients from their land, controlling Merricat's tendency towards

violence and fantasy. Any situation that might cause danger to Merricat or the house's other inhabitants, including entry into certain rooms and handling knives and matches, is also "not allowed" by Constance, as in her role of the "false self," she ensures that Merricat's wild and rebellious nature is sufficiently subdued.

Merricat, on the other hand, embodies the rebellious and fantasy-prone nature of the "inner self." In contrast to reserved and responsible Constance, Merricat feels herself constantly threatened by the world around her and internally rebels against the external pressures of society through her private thoughts, indulgence in fantasies, and violent tendencies towards others. As is typical of the "inner self," her primary actions within the story involve mental "observation, control, and criticism," as she attempts to change and control aspects of her life through magical charms and fantasies, with little direct engagement with the outside world (Laing 69). Much of Merricat's inner world is conveyed through her first-person narration of the story, which grants readers unique insight into the mental strategies that she uses to feel protected from world around her. Merricat frequently imagines her "little house all by [herself] on the moon" (433), where she "[does] not speak [the world's] language" and "[looks] down on the dead dried world" (435). Mentally distancing herself as far as possible from the ever-present threat of reality, Merricat attempts to control events in her life by creating lists of "words of strong protection" (461) and burying and hanging different objects around the property about which she believed, "so long as they were where [she] had put them, nothing could get in to harm [the sisters]" (459). Merricat's preoccupation with fantasy and control are underscored by her morbid and violent tendencies, which she uses as another mental defense against the outside world. She frequently imagines the villagers "rotting away and curling in pain" (435) and often goes on destructive streaks, shattering anything she can find, when she does not get her way. These tendencies are mitigated

but not erased by the controlling hand of Constance, who guides her away from her violent thoughts and outbursts. When her violent outward behavior is relatively subdued by the "false self," Merricat fixates instead on securing the safety of Constance, Uncle Julian, and their home, and inwardly rebels against any threat to their isolated and generally content way of life.

"Our Wall of Safety Had Cracked:" Dissolution of the "Divided Self"

The delicate balance that Constance and Merricat maintain in order to survive the ever-present threat of the external world begins to crumble as Constance shows an increased interest in venturing outside of the Blackwood home. For the sisters, being committed solely to the house and to each other is necessary for the sustenance of their identity, as they become estranged from the outside world and reliant almost solely upon each other for survival. As Laing notes, "a self is liable to develop which feels it is outside all experience and activity…Everything is there, outside; nothing is here, inside. Moreover, the constant dread of all that is there, of being overwhelmed, is potentiated rather than mitigated by the need to keep the world at bay" (80). Merricat, as the volatile "inner self," is especially reliant on the consistency and comfort of their relative isolation within the family home. She confesses to Constance one night, "Where could we go…What place would be better for us than this? Who wants us, outside? The world is full of terrible people" (472). Merricat can feel, though, that "a change [is] coming" (458), as Constance shows an increased interest in and capability of leaving their home, a departure that would be detrimental to the survival of both selves. As Merricat realizes "after all this time of refusing and denying, [Constance] had come to see that it might be possible, after all, to go outside," she is overcome with physical and emotional pain, explaining, "I could not breathe; I was tied with wire, and my head was huge and going to explode" (446). For Merricat, as the "inner self," the threat of being open and exposed to the world is the threat of "being destroyed by life" (Laing

90). Therefore, Constance's desire to venture into the outside world presents not only a potentially devastating risk to the tenuous identity that the girls have sustained, but also an active failure by Constance to fulfill her responsibility of protecting that identity.

The novel's greatest source of tension, then, is the arrival of their cousin Charles Blackwood, another symbol of the dangerous patriarchy who in his determination to collect the hidden family fortune encourages and makes fully possible Constance's movement into the outside world. Merricat describes how on the night that Charles arrives, Constance "[leaves] the heart of [their] house unguarded" (472), and how "[their] wall of safety had cracked" (475). Charles's entry into the house is not only a great threat to Merricat as the "inner self," but also demonstrates a betrayal by her "false self" Constance. She notes, "He was the first one who had ever gotten inside and Constance had let him in." Constance's failure to protect Merricat is further emphasized by Merricat's echo that she feels physically endangered by the situation, as "held tight, wound round with wire, I couldn't breathe" (475). This reiteration of Merricat's physical suffering due to the threat of the outside world, and especially within the walls of her own home, shows the degree to which an interaction with others endangers the fragile "inner self" which Merricat embodies. Charles does present an active threat to the wellbeing and livelihood of the girls, as the most direct male influence on Constance's "false self." Intent upon collecting the family fortune, Charles takes on a traditionally patriarchal role in the house, taking up residence in their father's room and sitting "in Father's seat" at the table, and as Constance notes, he "even *looks* like Father" (486). He consistently demands that Constance obey his wishes and ignore the needs of her family, and most aggressively tries to convince her that it is time for her to leave the house. Constance at one point confesses to Merricat, "We should have faced the world and tried to live normal lives; Uncle Julian should have been in a hospital all

these years…We should have been living like other people" (497). As the "false self," Constance complies with his request, Merricat noting that "it was as though she had been expecting all her life that Cousin Charles would come, as though she had planned exactly what to do and say, almost as though in the house of her life there had always been a room kept for Cousin Charles" (480). It makes sense that the traditionally domestic "false self" has saved a place for this male figure in her life, as he allows her to conform to the social pressures of marriage and a more suitable domestic life.

As the threat of Constance venturing out into the world becomes more realistic, the "inner self" Merricat stages increasingly extreme and fantastical interventions in an attempt to protect herself and the home from Charles's intrusion. She notes, "If I could re-seal the protection around Constance and shut Charles out he would have to leave the house. Every touch he made on the house must be erased" (485). She nails her father's objects, which she now identifies with Charles, around their property for protection and goes on destructive rampages in her father's room. As the "inner self," however, she is limited to indirect attacks on Charles's possessions, as she is unable to engage with him directly. Finding little success in her charms, she confesses that she can feel "Time [is] running shorter, tightening around our house, crushing me" (500). Charles's intrusion and the idea of Constance leaving the house is a physical threat for Merricat, and as she becomes more desperate, she becomes – whether purposefully or inadvertently – more dangerous. She imagines herself capable of breaking through Charles's "tight skin of invulnerability" (501) and indulges in violent fantasies in which "[she] could wish [Charles] dead until he died" (503), mustering the strength to directly address him as "a ghost and a demon" (506). The catalyst for Merricat's final strike against Charles is his insistence that she should be punished for the destruction of his room. Emphasizing her punishment as the

impetus for her poisoning of her family six years ago, Merricat asks Charles, "Punish me? You mean send me to bed without my dinner" (509). In a final act of rebellion, determined at last to be rid of the threat of Charles, Merricat pushes his lit pipe into the wastebasket and sets fire to the house.

The burning of the Blackwood home represents the consequences of the effort of the "divided self" to escape its seclusion and attempt to live in the world. Like Gilman's liberation of the woman behind the wallpaper and Esther Greenwood's attempted suicide, Merricat's setting fire to their home is a desperate attempt of the "inner self" to escape the imminent danger that the "false self" is facing. As Laing notes, this act represents the self's "desire to escape from its shut-upness, to end the pretence, to be honest, to reveal and declare and let itself be known without equivocation" (147). For the Blackwood sisters, the reason for this event is twofold. On the one hand, Constance prompts the disintegration of their arrangement with her threat to return to the external world, ignorant of the fact that the "divided self" of the sisters is reliant upon the isolation and safety of their home. This then prompts Merricat, as the "inner self," to rebel and "let [herself] be known" in a desperate attempt to protect them from being torn from their house and relatively comfortable lifestyle. The disruption in their relationship, which provides them with a semblance of consistency and self-control, results in the complete intrusion of the outside world. The town arrives with "the disgusting noise of sirens" and "lights [moving] into the driveway and up to the steps," almost all of the villagers coming to see the burning of the house. As Merricat hides with Constance in the shadows, she describes how the villagers "[bring] filth and confusion and danger into our house" and how "the front of the house was white and pale and uncomfortable at being so clearly visible" (516). Merricat's commentary speaks to the complete exposure of the girls to the threats of the outside world upon breaking free of their

protected situation; this is only solidified by the villagers' demands to "let it burn" (518), followed by their complete pillage of the home. The villagers confront them directly as they try to escape and instead are exposed fully to the dangers of the world, Merricat noting that "Above it all, most horrible, was the laughter" (519). When the village finally lets them go after learning that Uncle Julian has died in the fire, Merricat and Constance retreat into Merricat's hiding place, where "they would not see us" (524).

What speaks most to the collapse of the girls' "divided self" is their retreat into their pillaged home at the conclusion of the novel. As Laing notes, "[the schizoid] descends into a vortex of non-being in order to avoid being" (93). After assessing the safety of their house the morning following the fire, the girls return to find that "all the wealth and hidden treasure of our house had been found out and torn and soiled" (528). Rather than leaving the home, however, the girls merely attempt to reassemble its pieces and resume their lives there. Though Merricat notes that "time and the orderly pattern of our old days had ended" (530), she quickly finds that "there were a great many things to do, and a whole new pattern of days to arrange" (538). This "new pattern," however, is merely a more isolated and hidden life than their old one. They seal the windows and barricade the sides of the house, and even "vines [grow] over the burned roof" (553) to seal the girls into their home. They never directly address neighbors who drop off food at their door, but rather exist as silent and passive ghosts within the confines of their home. Though they survived the fire, they cease to exist within the world, and rather become completely shut off from anything outside of their home. Many of the villagers even doubt that they still live in the home, one even remarking that the house "looks like a tomb" (553). This self-imposed isolation, within the confines of their ruined home, speaks to a similar fate that Gilman imagines in *The Yellow Wallpaper*, as the protagonists of both stories "free" themselves

by retreating completely into psychosis and isolation from the world. Prevented by a hateful male village and their fractured identity from truly existing in the world, Merricat and Constance must retreat further into themselves for a sense of safety and belonging. Living amongst the "broken" and "scattered" (557) ruins of their home, the girls are only able to survive if they are dead to the rest of the world. Perhaps the most tragic confession of the novel, and one that speaks to the girls' final descent into psychosis, is Merricat's closing assertion that, finally fully trapped within their seclusion and non-existence, "we are so happy" (559).

CHAPTER FIVE

Conclusion

When R.D. Laing wrote *The Divided Self* in 1960, his goal was "to make madness, and the process of going mad, comprehensible" (10). Laing's work represented one of the first efforts to truly understand and unpack the experience of schizophrenia and psychosis, for the benefit of both psychiatrists and laymen alike. Along with the other anti-psychiatrists of his era, Laing rejected the cold impersonality of most existing treatments for mental distress and disorder. Throughout his work, he insisted on the personhood of those who struggle with their mental health, arguing that the most effective treatments for these conditions include a genuine view of the patient as another human being, rather than as an "organism" or research subject. As he noted, "The science of persons is the study of human beings that begins from a relationship with the other as a person and proceeds to an account of the other still as a person" (21). His focus was not about labelling or quantifying mental phenomena, but truly understanding the experience of the person who displayed them. For Laing, the most difficult and integral task within the field of psychiatry was to understand such mental disorders within the sociocultural context with the power to shape and form them. In a field which, at the time, turned to long-term confinement and invasive medical procedures as its chief treatments for psychiatric distress, this shift in perspective was much-needed. As Laing noted in the introduction to his book's second edition, "Psychiatry could be, and some psychiatrists are, on the side of transcendence, of genuine freedom, and of true human growth" (12). He saw the potential of a science of persons which aimed to truly understand the people which it studied through a commitment to a more individualized and personal perspective of mental health and illness.

A similar goal influences the literature of madness, and particularly female madness. The works of Charlotte Perkins Gilman, Sylvia Plath, and Shirley Jackson all speak to the unique causes, experiences, and consequences of going insane – or believing yourself insane – in a sane world. Over the last one hundred and fifty years, female mental health has been largely shaped by social and cultural attitudes towards both gender and mental illness. The works of Gilman, Plath, and Jackson each examine how such factors influence the woman who believes herself to be or who truly goes mad. The division of female identity in these texts is in large part the product of society, which has the power to shape and even determine the fate of women who are so consistently subject to its changes. Gilman's narrator, Esther Greenwood, and Merricat and Constance Blackwood all share the difficult choice between what society demands and the new opportunities that society suggests are possible but are still nevertheless, at least in some sense, unattainable. The new roles that society presents to women, while progressive and productive in some ways, only intensify the difficulty of truly defining a consistent identity based on goals that feel truly tangible and attainable. For these authors, this division has dire and inevitable consequences, leading to the literal and metaphorical death of the woman's true identity, perhaps before it can even really take shape. Even Plath's vision of recovery in *The Bell Jar* is tenuous and impermanent, as she highlights the potential of such improvements to buckle under social and cultural pressures that persist despite one's individual recovery. The works of these women are informed and shaped by their own experiences with mental distress and disorders, and they speak to the larger realities of struggling with one's mental health in a world which already dismisses the female experience. In this way, *The Yellow Wallpaper*, *The Bell Jar*, and *We Have Always Lived in the Castle* are motivated by a similar cause to that of Laing – to offer an individual, personalized account of the experience of female madness.

In this vein, these works can help us to better understand the forces that impact and shape women's lives. Understanding the psychology of the "divided self" present within these texts gives insight into the great influence of culture and society on a woman's sense of self and identity, as she is torn constantly between traditional social expectations and society's expanding opportunities. These works illuminate the outcomes at the individual level of such mass cultural movements as that of the "New Woman" and the "problem with no name" that Betty Freidan discusses in *The Feminine Mystique*, giving voice to those whose identity and sense of self were shaped indelibly by these movements. Though integral to the formation of the more independent and hopeful attitudes that shape women's identity in the present, these movements had a complex, multi-faceted impact on those women who lived through them. The madness explored within these works is merely one of these impacts, but one which is greatly misunderstood and becomes clearer through the complexity and depth that this literature is able to provide. Just as Laing's *The Divided Self* explains and advocates for the larger experience of madness and psychosis, these works by American female authors help us to understand and empathize with the unique causes and consequences of women's madness. In doing this, Gilman's *The Yellow Wallpaper*, Plath's *The Bell Jar*, and Jackson's *We Have Always Lived in the Castle* thus advocate for the same understanding of identity and mental health as Laing's *The Divided Self*: a delicate awareness of individual experience as invaluable to the comprehension and growth of all persons.

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