Teaching the Taboo: Reading Mental Health and Mental Illness in American Literature
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Though college English instructors do not often discuss the fact, we are the gatekeepers for the topics addressed in our courses. Choosing a particular focus includes the elimination of alternative emphases. Recently the trend has been towards "significant instructional counsel against disclosure of personal trauma" (Tietjen), yet our students who have experienced these traumas are struggling with ways to make sense and learn from these events. While obviously our classrooms are not counseling centers, we can decide to offer opportunities in which the students can find relevance and encouragement as well as vocabulary and perspective on their personal difficulties. In a literature course, we can do this through addressing challenging and complicated topics by incorporating literary texts dealing with the issues into our classes.

The Impetus

Sometimes the hardest of life's experiences can lead to a reclamation of literature as a source of affirmation and articulation. A few years ago a close family member was temporarily confined to a psychiatric ward. Because of my educational background and position as an English instructor, others in the family looked to me expecting some brilliant insight or even appropriate vocabulary. I didn't have either. Eventually, though, I began to develop them, after I turned to literature to help me think about and process the experience.

As I read through literature looking for words of wisdom and people whose tales paralleled that of my family, I was reminded that I was not alone. My feelings of isolation and their relief through literature in turn led
me to consider including works which facilitated thoughts on mental health and mental illness in my reading lists so that my students could experience the relevance of literature to their own lives.

Since faculty at my university are encouraged to follow theme as an organizing principle in the literature courses, it was not hard to add stories that focused on various aspects of psychological well-being. Originally I envisioned a chain of readings that logically led into each other. What I created instead were small clumps of readings that were related with a final reading which was a jumping off point for a new group of readings. These units became part of my syllabus as a result of my family member's mental health crisis. Mental illness is rarely discussed with our close friends, much less with academic strangers. But I wanted to create a literary oasis where people like me who had experienced the devastation of mental illness could see that our experiences were not isolated, so I did. In the syllabus I title this unit "Mental Health/Mental Illness."

The Introduction

To introduce this unit, I usually tell the students of the traumatic experience I have had with insanity, when one of my close relatives suddenly began to rave and became violent. I explain that she was in a psychiatric ward for several weeks before medications were found which kept her quiescent. I say that she no longer talks much, nor is she ever sparkingly happy, but that she is able to function in society again. I do not give them too many salacious details, but I tell them enough to catch their attention and to identify myself as someone who has experienced the problems related to mental illness.

Following my story, the students and I talk about definitions of crazy. We discuss common uses for the word, such as the practice of using the word as a replacement for risky or foolish. From there we brainstorm other
words people use for psychological difficulties. The lists have included the colloquial terms of mad, insane, and retarded, as well as psychologically accurate terms such as bipolar, schizophrenic, and psychopathology.

Once we have brought up multiple vocabulary terms and active thinking on the topic has taken place, I have the students freewrite about their experience with mental instability in any form. I have them write for a few minutes about the most unstable person or action they have encountered. After the freewriting, I ask if anyone wants to volunteer to relate their experiences to the class as a whole. Usually one to three people will do so.

If no one volunteers to share, or if I do not feel comfortable discussing my private life with my students, I have other less personal tales that I can relate. For example, I can share a colleague's story of his uncle who as an eighteen year old was committed to an insane asylum in the early 1930s for grand mal seizures. At the time no one knew what those were and he was diagnosed as being possessed by demons and was taken away to keep everyone else safe. He was on track to be the high school valedictorian and the first in his family not only to graduate from high school but also to attend college. As a result of his treatment in the state hospital, however, he was soon unable to communicate or care for himself. Another story I can share is of a history major who began taking a new medicine for migraine headaches and a few days after began to think he was a soldier in the Civil War. Thankfully he was carrying books in his backpack and not a musket, so no one was hurt. Like the first man, he was also taken to a state hospital, but his family refused to sign the commitment papers, instead urging the doctors to take him off the migraine medicine. Within two days of the cessation of the medicine, the college student was fine and able to return to classes. Having missed a
little more than a week of courses, he still was able to finish the semester and maintain his high GPA.

Following the introduction, discussion of vocabulary, and freewriting, we begin reading literature specifically related to mental health and mental illness.

The Readings

Even though mental illness is traditionally a taboo subject in polite society, there is a significant canon of literature dealing with madness. Nineteenth century authors particularly made the topic part of their corpus of ideas, Americans just as readily as European authors. Louisa May Alcott, for example, wrote *Work: A Story of Experience* in chapter five of which a family finds out that their family is prone to mental illness. Different members of the family offer various responses to this news, ranging from committing suicide to joining the priesthood. Another example is Walt Whitman who also touches on the topic in "Bervance." For this unit, I wanted to concentrate on typically anthologized stories that commented on mental health and therefore I limited the readings to short stories by Hawthorne, Poe, and Gilman.

The first work we read is "Young Goodman Brown." Although not usually discussed from such a perspective, the short story lends itself to a reading in which the main character has a life-changing hallucination. Under this interpretation, Brown has experienced a mental breakdown and acts according to his mentally broken understanding, not in conjunction with reality. The devil Brown encounters and the entire village he sees in some satanic ritual are all products of hallucination. Acting on the hallucination, he withdraws from his wife, keeps children away from the village elders, and rejects the wisdom of those he had previously respected. Yet despite the lack of reality and the major changes he makes
in his life, Brown is able to live what others not intimately involved in his life would view as a good life. This interpretation sees the short story describing a functional level of mental illness.

As a clearer example of functioning mental instability, I present Poe's "The Cask of Amontillado." Within this work Montresor appears originally as a competent though grumpy man, yet as the work progresses the reader becomes aware that something is not quite right. Despite this unease, most readers are surprised when Montresor finally murders Fortunato by bricking him up in the catacombs. Certainly there is no question that Montresor is wrong to do this and the students wonder whether or not the character is intended to be a sociopath.

The next text in the mental health grouping is another Poe story, "The Tell-Tale Heart." It is the tale of insanity from the perspective of the crazed. A seemingly normal person carefully plans and commits murder to destroy an "evil eye." After he hears sounds no one else hears, he confesses. In-class discussions have included questions such as whether the main character continues to hear the beating heart in prison or whether having confessed he finds himself released from this aural hallucination.

The final work in the mental health grouping is Gilman's "The Yellow Wallpaper." This short story can easily be read as a psychological case study. When the narrator goes to live in the country and resides on an estate, she writes of her situation and eventually reveals through her journaling the depth of her psychosis. In this story Gilman created a fictional first-person account that described from an insider's perspective the kinds of people whose works and lives were being analyzed through the writing in their journals by psychiatrists of the time (Hrdlicka).

Though these four stories are collected in a unit on psychological health, I do not ignore the more traditional critical approaches to the
works. As these stories precede the critical research paper, I take advantage of the different schools of criticism to talk about the stories and show the students that a single story can be interpreted in various ways and still have all those interpretations make sense; therefore I also discuss the stories or assign critical readings using those other approaches. This has the advantage of helping the students to grow accustomed to competing and sometimes contradictory analyses, a common issue for their research paper. When we discuss "Young Goodman Brown," for example, the discussion is not limited to Brown's instability, but also covers the story as a religious allegory, its gothic elements, and its portrayal of Puritanism. The emphasis for these stories in my class, however, is on the psychological aspects.

**Historical Background**

Although we are reading literary works on the topic of mental health, I want the students to understand that these stories did not appear in a vacuum. The scientific community had gone through several phases in its approach to mental illness, including permanent incarceration and abandonment in lunatic asylums in which patients were chained to beds and bathed by having cold water tipped onto their heads (Gamwell and Tomes). Because of this, and the applicability to the stories we read in this unit, I introduce American historical writings related to mental illness in the class, as a supplement to the literary texts. These additional readings relate most closely to Gilman's short story. Since "The Yellow Wallpaper" acts as the finale of this unit in my syllabus, introduces the next unit on women in literature, and has a smaller body of criticism than the other readings, I have created a body of related works.

Some of the readings relate to the historical explanations for insanity. The narrator of "The Yellow Wallpaper" writes about being
censured for writing and thus her decision to hide her writing. This probably added authenticity for the intended audience due to the continued belief that reading and writing induced insanity in women. One historical example of this comes from the journal of Governor John Winthrop on 13 April 1645:

Mr. Hopkins, the governor of Hartford upon Connecticut, came to Boston, and brought his wife with him, (a godly young woman, and of special parts,) who was fallen into a sad infirmity, the loss of her understanding and reason, which had been growing upon her divers years, by occasion of her giving herself wholly to reading and writing, and had written many books. Her husband, being very loving and tender of her, was loath to grieve her; but he saw his error, when it was too late. For if she had attended her household affairs, and such things as belong to women, and not gone out of her way and calling to meddle in such things as are proper for men, whose minds are stronger, etc., she had kept her wits, and might have improved them usefully and honorably in the place God had set her. (271)

This belief persisted into the nineteenth century; Beck's "Statistical Notices of Some of the Lunatic Asylums in the United States" from 1830 includes a notation of eight patients who became ill from "excessive study" and "one from novel reading" (75). Another report from Pennsylvania in 1853 includes "intense study" (Gamwell and Tomes 105) as a cause of insanity. While these earlier reports might have been consigned to psychiatric history by Gilman's era, Dr. Edward Clark published Sex in Education: Or, A Fair Chance for Girls in 1873, which argued that a significant cause of female mental instability was the over-education of girls. This view remained a mainstay of American psychiatry until after the turn of the twentieth century.

First person accounts of women's mental health issues that are
accessible via the web can add perspective to the class as well. Written in 1887, *Ten Days in a Mad-House* by Nellie Bly offers a uniquely sane first person's account of societal understanding and treatment of insanity. As a newspaper reporter in New York, Bly volunteered to be committed in order to expose the situations within asylums. Chapter VI and VII offers an easier, less traumatic, view into the diagnosis and treatment, by showing her experience at Bellevue Hospital. Chapters VII, X, and XI-XVI offer a horrific glance into care in the nineteenth century. Chapter XVII tells of the grand jury investigation, which changed the way insane women were treated in New York. Some of these chapters are only a few pages long and their addition to the readings done in the class offer a realistic portrait of the identification and treatment of mental health issues around the time Gilman wrote her short story.

A discussion of another popular understanding of the day, that women would go mad if they lost the men in their lives who were important to them (primarily lovers), would help the students understand some of the discussions and decisions of those who commit Bly to the asylum. Smith's *Love's Madness: Medicine, the Novel, and Female Insanity 1800-1865* offers a careful discussion of this topic.

Another author who spent time in an insane asylum, though not voluntarily, was Elizabeth Parson Wares Packard, who was committed to an insane asylum for three years by her husband because she disagreed with his religious beliefs. At the time she was incarcerated marital commitment did not require a doctor's agreement. Her children sued to have her released and won the case. She wrote *The Prisoner's Hidden Life, or, Insane Asylums Unveiled*, a somewhat objective description of her experiences and the trial, and *Modern Persecution, or Insane Asylums Unveiled*, a more personal discussion of her story, what it meant to her and to her family, how she was treated in the asylum, the results of her
exoneration for insanity, and her fight to make marital commitment against the law.

These primary and secondary sources offer the students different entry points from which to examine the story from the perspective of psychological wellbeing. They also show the relevance of the fiction to real life, even for those students or classes in which no one has personal experience dealing with mental instability.

**Psychiatric Background**

The treatment described within "The Yellow Wallpaper" is a close match for popular treatments of the era. Gilman's own bout with mental troubles brought her into contact with Dr. Weir Mitchell, as she mentioned in the 1913 issue of *The Forerunner*, thus the source for the treatment described within the story is most probably Mitchell's.

An examination of Mitchell's suggested treatment shows that the narrator's experience in "The Yellow Wallpaper" matches it closely. In his book *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria*, Mitchell said that nutrition, rest, and removal from familiar surroundings would cure his patients. This treatment was often taken by patients from the upper classes in the summer (17), as the narrator did in the story. In addition, Mitchell's treatment included possible months of lying down after eating (50), which is described as prescribed by the husband for the narrator in "The Yellow Wallpaper." Also Mitchell suggested eating meat almost raw (87), which matches the narrator's "rare meat;" though he did not consider alcohol essential (88), she drank "ale and wine." Finally the narrator's "tonics and things" may be equivalent to Mitchell's tonics, milk, and malts, which are listed in a recommended patient's daily food regimen (43). Clearly Gilman took advantage of her
experience with Mitchell to create a story with strong verisimilitude.

Gilman's description of mental illness in "The Yellow Wallpaper" intrigues partially because of what it does not match. It matches neither the description of her illness in her 1913 article, which appears fairly benign, nor her description of her illness in her autobiography, which is significantly more debilitating. According to her autobiography, Gilman suffered from depression (The Living of Charlotte Perkins Gilman 87), nervous prostration, and melancholia (90). While Gilman's description of her illness in her autobiography is significantly more traumatic than the 1913 article on the impetus of "The Yellow Wallpaper" implied, it is not as incapacitating as what Gilman described in her story.

In the short story Gilman created a tale of slowly worsening madness, without ever naming the insanity. Medical journals of the day published case studies as part of their ethnographic attempt to establish categories of insanity, but no one has yet found one that matches Gilman's equally detailed case study. Looking at American psychology texts is not particularly helpful. Bucknill and Tuke's A Manual of Psychological Medicine, published in 1879, analyzes the various groupings of insanity as defined by different psychiatrists. None of these descriptions match Gilman's narrator's illness.

Gilman's description most closely matches dementia praecox, as described by Emil Kraepelin. A comparison of the psychiatric effects detailed in "The Yellow Wallpaper" and the description of dementia praecox in Kraepelin's contemporary psychiatric textbook offers significant insight into the textual accuracy of Gilman's work. However, Gilman would not have had the work as a source for the story because the first German edition came out in 1892 and Kraepelin's Clinical Psychiatry was not published in English until 1902. Regardless of the fact that she did not have access to his book, the text is important because Kraepelin's is the
definitive description of nineteenth century mental illness and Gilman’s short story matches his description of dementia praecox on almost every point that Gilman’s narrator discloses. Some things are not mentioned in the short story; there is no discussion of the actual onset of the problem within “The Yellow Wallpaper” and little description of physical manifestations of the illness. However, what Gilman describes in her short story is clearly dementia praecox, since it matches perfectly at least thirty-five descriptors which Kraepelin gave. While he called the illness dementia praecox, we know it better by the name given to it in 1911, schizophrenia (Wallace and Gach 393).

An interesting exercise is to give the students a list of the descriptors of dementia praecox and have them find quotes from the story that match the descriptors. (See a sample in the appendix.) This lets the students analyze the text in a way that engages them in an unusual manner with the author’s portrayal of a character. It can also give them a stronger appreciation for the artistry that created the account of a person suffering from schizophrenia before the illness had been identified by the medical community.

While "The Yellow Wallpaper" is a well-written literary piece, a psychological case study, and an early feminist work, the story can also be relevant to the lives of our students. Even if the students have had no previous experience with schizophrenia, this story and its examination offer vocabulary and base-line familiarity in the event that the students eventually do encounter schizophrenia in the lives of their friends or family and offers an opportunity to experience vicariously and in a limited way the difficulties of living with mental illness. For those who have dealt with mental illness in their lives, the story offers affirmation of the validity of their experience through its recognition that such occurrences are a part of life.
The Ending

Because the students have seen the marital and legal limitations for women in this time period through the supplemental materials, this unit easily leads into a unit on women writing women. Gilman’s “The Yellow Wallpaper” is a good transitional work, because it deals with both mental health/mental illness and because it has a female author and a female main character. The two works that we read next are “The Story of an Hour” by Chopin and the play “Trifles” by Glaspell.

Moving from the still-taboo topic of mental illness to readings on the once-taboo topic of women’s unhappiness allows the class to discuss, in addition to everything else, the transition between what is accepted and acceptable and what is not. Once again American literature provides not only a beginning place for this discussion but also evidence and affirmation of the process. The stories in the mental health/mental illness unit are worthy of literary study, but presenting them as only well-chosen words on a page restricts literature solely to academic study. Instead we should take advantage of the stories to offer literature as a useful tool and worthy pursuit to our students in their lives outside the halls of academia.
Works Cited


### Appendix

**Dementia Præcox**

<table>
<thead>
<tr>
<th>Some write about their illness (259).</th>
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<tbody>
<tr>
<td>Patients know where they are (222)</td>
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<td>Related to child-bearing (222)</td>
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<tr>
<td>Begins with mental depression (242)</td>
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<tr>
<td>Early on, depressed (226)</td>
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<tr>
<td>Onset is developmental, not sudden (230)</td>
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<tr>
<td>See a change in their condition at first (233)</td>
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<td>Change in disposition (225)</td>
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<td>Hallucinations (223)</td>
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<td>Hallucinations &quot;at first are distressing and result in fear&quot; (223)</td>
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**"The Yellow Wallpaper"**

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<tr>
<th>I think sometimes that if only I were well enough to write a little it would relieve the press of ideas and rest me.&quot;</th>
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<tr>
<td>&quot;a colonial mansion, a hereditary estate&quot;</td>
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<td>&quot;It is fortunate Mary is so good with the baby. Such a dear baby!&quot;</td>
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<td>&quot;[T]here is really nothing the matter with one but temporary nervous depression&quot;</td>
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<td>&quot;I get unreasonably angry at John...&quot;</td>
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<tr>
<td>&quot;I'm sure I never used to be so sensitive.&quot;</td>
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| "There are things in that paper that nobody knows but me, or ever will."
| "The baby... does not have to occupy this nursery with the horrid wallpaper." |
| "If we had not used it, that blessed child would have!" |
Hallucinatory smells (232)  
"Foul vapors may be thrown into their bedding" (258).

Visual hallucinations possible (223)

"There is something else about that paper—the smell... Such a peculiar odor too."

Difficulty dealing with changed circumstances (235)

"When the sun shoots in through the east window—I always watch for that first long, straight ray—it changes as the light changes."

Loss of personal activity, what the patient liked to do (226)

"I don't like our room one bit. I wanted one downstairs that opened on the piazza and had roses all over the window."

Patients are irritable (244).

"I did write for a while in spite of them; but it does exhaust me a good deal..."

Progressive deterioration of emotions (225)

"I'm getting dreadfully fretful and querulous."

"[S]it unoccupied for the greater part of the day" (226)

"I cry at nothing, and cry most of the time."

Poor appetite (237)

"Half the time now I am awfully lazy, and lie down ever so much."

Apathy (226)

"[M]y appetite may be better in the evening when you are here, but it is worse in the morning when you are away!"

"I don't feel as if it was worth while to turn my hand over for anything..."
Increasing feeling of inability (231)

They have difficulty doing anything useful for long. (240)

Their "field of thought becomes more circumscribed" (240).

Lack of coherence between emotions and thought (228)

"Delusions become a prominent part of the picture" (232)

Believe "someone is watching them constantly" (233)

Patients are distrustful (244)
Believe they are persecuted (234)

"Emotional activity is increasingly self-centered" (235) AND
Begins with depression, "followed by excitement, passing into dementia" (252).

Vacillate between tractability and stubbornness (236)

Do not understand reality (244)
Hallucinations later "do not excite much reaction" (223)

"Yet I cannot be with him (the baby), it makes me so nervous."

"I don't know why I write this. ... I don't feel able."

"It is getting to be a great effort for me to think straight."

"I did not make a very good case for myself, for I was crying before I had finished."

"The fact is I am getting a little afraid of John. He seems very queer sometimes, and even Jennie has an inexplicable look."

"It does not do to trust people too much. ... I believe John is beginning to notice. ..."

And I heard him ask Jennie a lot of professional questions about me."

"Life is very much more exciting now that it used to be. You see I have something more to expect, to look forward to, to watch."

"But I don't mind it a bit—only the paper."
As progresses, patients fail to express emotion (236)

"Senseless wandering about" (238)

"By daylight she is subdued, quiet. I fancy it is the pattern that keeps her so still. It is so puzzling. It keeps me quiet by the hour."

"I kept still and watched the moonlight on that undulating wall-paper till I felt creepy. The faint figure behind seemed to shake the pattern, just as if she wanted to get out."

"I pulled and she shook, I shook and she pulled…"

"I wonder if they all come out of that wall-paper as I did?"

Become contented with environment (244)

"...I asked her in a quiet, a very quiet voice, with the most restrained manner possible, what she was doing with the paper…"

"I quite enjoy the room, now it is bare again."

"So I walk a little in the garden…"
Not Dementia Præcox
Characterized by variations (238)

But does not match:
Inability to pay attention (223)
Do not closely observe items (223)
"[F]ail when given something new" to do (228)
"[S]pend much time in reading" (240)

About their writing concerning their illness: "At first they are quite coherent, but later there is such a wealth of ideas loosely expressed that it is difficult to follow them" (259).