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Between Silence and Narrative: Disciplinary Space and the Construction of Female Subjectivity in *The Yellow Wallpaper*

Sessizlik ve Yazı Arasında: *Sarı Duvar Kâğıdı*'nda Disipliner Mekân ve Kadın Öznelliği

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ABSTRACT
This study critically examines Charlotte Perkins Gilman's *The Yellow Wallpaper* as a narrative that exposes the gender-based domination of modern medicine over women and the spatial strategies of disciplinary power. The research employs a qualitative literary analysis and critical discourse analysis approach, drawing on Michel Foucault's theories of disciplinary power and panoptic surveillance as well as Elaine Showalter's concept of the discourse of female madness. The findings indicate that the fixed bed, barred window, and enclosed space in the story not only keep the narrator's body under constant observation but also function as instruments that devalue her subjectivity through the diagnosis of madness. While the prohibition of writing produces an epistemic silence that prevents the articulation of experience, the narrator's secret journaling creates a fragile form of resistance that rejects the role of the suppressed subject. According to the results, the language of the narrative, initially coherent, gradually transforms into a fragmented and contradictory discourse reflecting psychological disintegration. The text reveals how Victorian patriarchal medicine, combined with domestic hierarchies, institutionalizes control over the female body and demonstrates that writing becomes a subjective space of protest against the modern surveillance society.

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Introduction

The social position of women has been shaped throughout history in parallel with transformations in modes of production and the consolidation of patriarchal structures. In hunter-gatherer societies, women assumed domestic roles due to pregnancy and childcare, but with the advent of agriculture, the sanctification of property and the institutionalization of the family relegated them to the private sphere and marginalized them from production (Lerner 1986). The first systematic critiques targeting this long-standing structure, which historically rendered women into passive positions, began to gain visibility with Enlightenment thought. Foremost among these critiques is Mary Wollstonecraft's (2004) radical intervention, which targeted the nature of women's education. Wollstonecraft argued that women possessed the capacity for reason and virtue and asserted that approaches defining them solely through ornamentation, beauty, and docility ultimately corrupted society itself. Her emphasis on women's intellect and freedom would,

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however, be overshadowed in subsequent centuries by a different form of regulation.

The late nineteenth century represents a period in which women's social positions became increasingly determined by medical authority and spatial arrangements. During this period, postpartum psychological collapses, hysteria, and neurosis were defined through gendered diagnoses; thus, women were brought under the scrutiny of modern medicine and their bodily subjectivity was reconstituted within apparatuses deemed legitimate (Showalter 1985). These forms of regulation were not confined to individual therapeutic or rehabilitative efforts; rather, they encompassed the molding of the female body in accordance with social norms and its continual surveillance. Michel Foucault's conceptualization of biopower allows these medical interventions to be analyzed within the broader strategies through which modern societies regulate life and manage populations. According to Foucault, modern power does not primarily operate through structures that enact laws or apply direct coercion. Instead, it consists of practices that manage life, discipline bodies, and shape subjectivity through knowledge (Foucault 2008). Within such a conceptualization, disciplinary mechanisms functioning through medical diagnoses, spatial isolation, and behavioral control confine women to passive domestic roles while simultaneously producing subjects who are continuously observed, categorized, and molded in accordance with normative expectations.

At a time when regimes of control over the female body intensified in the late nineteenth century, Charlotte Perkins Gilman's (2011) *The Yellow Wallpaper* stands as a compelling critique of domestic confinement and medical authority. The story follows an unnamed woman suffering from postpartum depression whose husband—also her physician—isolates her in a country house under the so-called "rest cure." Deprived of social contact, intellectual activity, and mobility, she is confined to a room where the yellow wallpaper becomes both the emblem and agent of her psychological disintegration. The text exposes how spatial restriction and medical discipline intertwine to fracture female subjectivity, a process reflected in the fragmented form of the narration itself. Gilman (2011) explained that she wrote the story "not to drive people crazy, but to save people from being driven crazy." Drawing on her own encounter with postpartum melancholy and the coercive psychiatric practices of her time, she transformed writing into an act of resistance and self-preservation. Paradoxically, the very "treatment" designed to cure her nearly precipitated the madness it claimed to prevent.

Indeed, upon its publication, *The Yellow Wallpaper* was long regarded a Gothic horror story. However, when Elaine Hedges reissued the work through The Feminist Press in 1973, it was rediscovered and reframed within a feminist context (Weinstock 2003; Hedges 1973; qtd. in Notaro 1999, p. 60). Since its publication, the narrative has attracted a wide range of critical interpretations, including biographical criticism, deconstruction, reader-response theory, genre studies, discourse theory, psychoanalytic approaches, New Historicism, and cultural studies (Weinstock 2003). Psychological and medical readings have framed the story in relation to gendered diagnoses such as postpartum depression, hysteria, and neurosis. For instance, Akşehir (2008) defines the text through the concept of "post-traumatic writing," highlighting the process through which the female body becomes entangled in psychiatric discourses.

Spatial perspectives have shown how domestic settings—particularly the room as a site of confinement—function to suppress female subjectivity (Davison 2004; Notaro 1999, pp. 59-68). Building on this approach, Bak (1994) applies Foucault's notion of the panopticon to illustrate the narrator's constant surveillance and her internalized scrutiny of bodily sensations, while Blythe, Sweet, and Szubinska (2003) highlight the dissolution of identity and the fragmentation of selfhood by combining feminist insights with structuralist analysis. Similarly, Delashmit (1991) underscores the layered mechanisms of patriarchal power shaping women's experience. In a different interpretive register, Ford (1985) emphasizes the story's attempt to establish a distinctly

female discourse, and Haney-Peritz (1986) identifies it as an example of "monumental feminism" that challenges dominant literary traditions. Together, these readings reveal the text's intricate symbolic network and its engagement with broader socio-cultural debates.

Approaches grounded in women studies interpret the narrative as a representation of identity suppression and strategies of domination. Alkan (2021), adopting a liberal feminist perspective, focuses on the protagonist's gradual reclamation of subjectivity through ideals of personal freedom, education, and equality. Similarly, Ayan (2008) examines the formation of feminist identity within the text. Researchers such as Lanser (1989) and Hedges (1992) situate the work within its historical context, noting its foundational role in women's literature. Analyses concerned with narrative form and environment have addressed the function of the wallpaper motif in mediating the narrator's psychological transformation (MacPike 1975). The convergence of these diverse viewpoints underscores the narrative's symbolic richness and its capacity to generate critical inquiry across multiple disciplines (Wolter 2009, p. 195).

The study employs a text-centered interpretive method that combines qualitative literary analysis with principles of critical discourse analysis. Two theoretical axes guide the inquiry: Michel Foucault's concepts of disciplinary power and panoptic surveillance, and Elaine Showalter's theory of female madness as a cultural construction. Within this framework, Gilman's *The Yellow Wallpaper* is examined both as a reflection of Victorian medical and patriarchal discourses and as a site of subjectivation enacted through writing. The analysis proceeds by identifying the story's thematic structure—domestic confinement, surveillance, madness, and writing—and relating these themes to theoretical concepts. Formal features such as diary narration, repetition, and fragmentation are examined as linguistic manifestations of discipline and resistance. Selected passages are interpreted as literary articulations of power/knowledge relations and the pathologizing discourse of madness. This methodological approach situates the narrative historically while also framing it within the conceptual logic of modern surveillance society, revealing the story as both an allegory of disciplinary domination and a literary assertion of resistance through the act of writing.

Theoretical Framework

The individual shaped by social structures is disciplined through economic and cultural apparatuses, as well as through discourses directed at the body, spatial configurations, and the legitimacy-producing processes of medicine. Michel Foucault's comprehensive analyses of modern forms of power describe in detail how, within a disciplinary social order, the body is transformed into an entity that is observable, malleable, and obedient. Foucault (1988) interprets the modern medical redefinition of "madness" under the category of illness as an ideological intervention serving the aim of sustaining social order, rather than merely constituting a scientific diagnostic framework. The discourse of madness relies upon an axis of opposition that consolidates the absolute authority of reason; the irrational is positioned as a form of deviance that threatens the stability of order and is surrounded by exclusionary practices. In this context, from the seventeenth century onward, mental hospitals evolved into spatial projections of control mechanisms that, behind their ostensible therapeutic mission, rendered the individual visible, recorded, and constrained in their subjectivity. Such institutions reinforced a persistent surveillance structure aimed at reproducing the desired configuration of society by drawing the body within specific boundaries.

According to Foucault, modern society produces functionality and conformity through forms of power that discipline the body. This order maintains a continuous practice of classification, directing individuals toward particular patterns of behavior and defining them within the categories of "normal" and "abnormal." From this perspective, bodily existence is positioned as a

domain that ensures the continuity of social order and authority (Foucault 2008).

Foucault conceptualizes the emergence of disciplinary society through the management practices developed during the plague epidemics that struck European cities in the late seventeenth century. This period embodied a state of exception that legitimized the direct intervention of power and simultaneously functioned as a historical laboratory laying the groundwork for the formation of modern techniques of control. The threat of plague was not simply a biological catastrophe; it also served as a testing ground for new technologies aimed at regulating the spatial distribution, behavior, and identity of populations.

The measures implemented against the plague subjected urban space to absolute lockdown. Inhabitants were confined within their dwellings; access to public space was restricted to specific representatives of authority, guards, and gravediggers known as "crows." This regime transcended the logic of simple isolation, producing a network of surveillance that continuously recorded the movements of every subject and rendered them visible. Officials patrolled the streets at set intervals, verifying individuals by name, reporting those who failed to appear at their windows. Thus, individuals were spatially segmented and fixed in a position of constant observability and accountability.

Foucault (2019) underscores that this model of confinement cannot be explained solely through public health policies. He argues that such regulation constitutes an early form of the strategies of modern power to manage populations. Though ostensibly aimed at controlling the epidemic, this system was, in reality, a disciplinary regime focused on producing obedience, one that assessed individual behaviors according to normative standards-a prototype of governance by classification.

The techniques accompanying plague quarantine-record-keeping, spatial analysis, and the partitioning of populations-enabled power to operate as a horizontal and polycentric network. In this configuration, surveillance ceases to be a unidirectional gaze; while representatives observe the populace, the populace also observes their operations. Thus, control becomes a practice of reciprocal transparency and internalization. In Foucault's words, this logic of supervision constitutes the nucleus of modern society's modalities of regulation over the body. Over time, this historical conception of control began to manifest itself in more systematic and enduring examples of surveillance mechanisms.

The idea of the panopticon, developed jointly by Samuel and Jeremy Bentham, emerged as a typical model that symbolized the integration of observation and spatial organization. Although the architectural design details largely belonged to Samuel Bentham, the theoretical vision behind the structure was rooted in Jeremy Bentham's concept of surveillance. Designed in 1787, this structure derived its name from the Greek words "pan" (all) and "opticon" (to see, to observe), a designation that fully encapsulated its purpose: total observation. The circular floor plan enabled an invisible observer situated at the center to simultaneously monitor all surrounding cells. Although the individuals housed in the cells could not know precisely from where they were being watched, they carried a continuous awareness that they were always visible. This state of permanent visibility represented the highest degree of discipline: without the need for overt coercion, individuals regulated their own behavior out of the mere possibility of observation. In this way, invisible observation became a potent mechanism that engendered self-surveillance (Tusseau 2003).

Though initially conceived as a project of rational order and social utility, Bentham's architecture of control, in Foucault's perspective, emerges as the emblematic model of the diffuse, pervasive, and anonymized forms of modern power. According to Foucault, the panopticon does not remain confined to the prison project; rather, this model offers a schematic design for the modern

surveillance society extending across factories, schools, hospitals, and military barracks. Its primary function is to situate the subject in a fixed position, to measure their movements, categorize their behaviors, and record their degree of conformity. Discipline, therefore, is not merely a technique of punishment but a process of norm production, differentiation, individualization, and the reconfiguration of subjectivity.

Foucault (2019) contrasts plague management with the practice of leprosy to delineate two distinct models of power. The example of leprosy operates on the logic of expelling the danger entirely from society, banishing the deviant body beyond the boundary and condemning it to invisibility. In contrast, the plague regime introduces a different form of regulation: the threat is not removed but integrated into a cellular system of surveillance and contained within. In this model, the objective is not to exclude deviance but to partition it according to normative criteria and discipline it, marking a transition from exclusion to normalization. The logic of control embodied in the panopticon reveals the epistemological culmination of this shift: the individual becomes both the object of the system and the agent that ensures its continuity. Power thus operates not merely as an exclusionary mechanism but as a configuration that internalizes obedience, producing the appearance of autonomous conduct through the internalization of surveillance.

The operation of disciplinary society organizes itself at the architectural level and extends across epistemic and discursive fields, recording every action, deviation, and behavior—thereby exposing the bond between knowledge and power in its starkest form. This mechanism reflects a mode of power that is simultaneously an agent and a knower, transforming the individual into a measurable object within the medical, moral, pedagogical, and criminal domains. The panopticon stands as the schematic prototype of this regime of control, representing a system in which the individual is surrounded by a constant and unseen authority. Over time, this continuous presence produces a subject who engages in self-surveillance and self-discipline, internalizing the gaze that once operated externally. Power in modern societies thus develops not only through legal regulations, social norms, and systems of knowledge but also through disciplinary practices centered on the body. As a biological and political entity, the body functions as a primary site where power operates on a microphysical scale—both useful and docile, it becomes the most effective instrument through which power sustains its productivity and control (Foucault 2019).

Building upon these mechanisms of surveillance and discipline, Elaine Showalter examines the cultural construction of female madness in Victorian society. She contends that the association of women with insanity cannot be reduced to a medical condition but should be understood in political, class-based, and gendered terms. In her view, dominant discourses portrayed women's bodies and minds to be inherently unstable and pathological in both biological and cultural dimensions. Phases unique to women—menstruation, pregnancy, childbirth, and menopause—were represented in medical literature in the language of "biological crises," while the female life cycle appeared as a pathological sequence perceived to threaten mental stability (Showalter 1985, pp. 170-172). This conception transformed women into subjects requiring continuous observation, regulation, and treatment, reinforcing social hierarchies through medical authority.

Showalter emphasizes that the focus on female madness functioned as a disciplinary instrument deployed when women challenged male-dominated expectations. Circumstances such as poverty, isolation, singleness, or nonconformity were coded as deviance. Many women were confined to asylums not due to clinical necessity but because they transgressed prevailing social conventions. These institutions became spaces of punishment, particularly for women employed in precarious positions—nursing, domestic service, or governess work—where emotional and economic insecurity prevailed.

Expressions of sexuality or resistance to male authority were quickly labeled illness through diagnostic categories like "nymphomania" and "hysteria." This framing reduced women's desire, anger, or defiance to pathology and rendered dissent invisible. Showalter also notes that for some women, madness operated to express repressed impulses or to withdraw from the confining roles imposed on them. Yet this attempt to escape often ended in renewed discipline, eventually returning them to conventional expectations through therapeutic intervention and social pressure (Showalter 1985, p. 171). The discursive construction of female madness is not an exclusively nineteenth-century phenomenon. Showalter (1985, p. 172) observes that in her own time, the rates at which women sought treatment and were hospitalized for mental health problems remained higher compared to men; newer "female-specific" disorders such as anorexia, agoraphobia, and postpartum depression had come to replace earlier diagnoses.

Disciplinary Power and the Female Body in *The Yellow Wallpaper*

In *The Yellow Wallpaper*, Gilman, drawing upon her own experiences, narrates the mental disintegration of a young woman who has recently become a mother, belongs to the upper-middle class, and possesses both a passion for writing and a vivid imagination, under the guise of a "rest cure." The narrator is confined by her husband John, a physician, to a country house far from the city, where she is prohibited from engaging in any intellectual activity, prevented from caring for her baby, and compelled to remain in a state of constant rest.

"John laughs at me, of course, but one expects that in marriage… perhaps that is one reason I do not get well faster. You see he does not believe I am sick!" (Gilman 2011, p. 3). This confession reveals the asymmetry of power within both domestic and medical spheres. As physician and husband, John occupies a dual position of authority that fuses rationalist empiricism with patriarchal control. His dismissal of the narrator's suffering as "a slight nervous depression" exemplifies how nineteenth-century medicine pathologized female emotion while denying women epistemic credibility. By labeling her perception of illness "irrational," John withdraws emotional validation and accelerates psychological deterioration.

Jennie's quiet complicity reinforces the ideal of domestic femininity, sustaining a network of control under the guise of care. Prohibited from intellectual or creative activity, the narrator must conceal her journal—her only form of self-articulation. The so-called "rest cure," intended as therapy, thus functions as a mechanism of silencing that undermines mental stability. Her growing obsession with the wallpaper and the figure she perceives within it externalizes her entrapment: the woman behind the patterns mirrors her own confinement.

When she finally identifies with the figure's escape, the boundary between sanity and delusion collapses. Through John's authoritarian rationalism, Jennie's docile presence, and the medical discourse of the era, Gilman exposes how patriarchal structures suppress female subjectivity. In the late-nineteenth-century context—when women lacked even the right to vote—writing becomes an act of defiance, a fragile assertion of identity against a system that medicalizes dissent and transforms silence into the only acceptable form of reason.

Space and Panoptic Confinement

The story, although appearing to be a pastoral narrative of convalescence, simultaneously suggests that the room confining the narrator constitutes a literary embodiment of Foucault's (2019) concept of disciplinary space. Taken by her physician husband to an isolated country house far removed from the city, the woman is placed in what was once an old nursery. "I don't like our room a bit… He is very careful and loving, and hardly lets me stir without special direction" (Gilman 2011, p. 4). What appears as care in this passage masks a disciplinary regime operating through architecture. In Foucault's formulation, the panoptic order functions as an architectural system

that renders the body visible and subject to control. The narrator's room, ostensibly chosen for her recovery, becomes a microcosm of this mechanism—transforming domestic space into a site of surveillance that regulates her body, thoughts, and sensory perception.

Presented as a "nursery," the room's barred windows, fixed bed, and rings attached to the walls reveal its true nature as a chamber of confinement. As Wolter (2009) notes, it resembles less a nursery than "a prison or an asylum cell." Within such a configuration, power operates not through overt violence but through the spatial organization that disciplines and immobilizes. The narrator's forced stillness exemplifies Foucault's claim that modern power produces the body as both the object and instrument of control, situating the individual at the intersection of visibility, obedience, and docility. "I lie here on this great immovable bed … it is nailed down, I believe—and follow that pattern about by the hour" (Gilman 2011, p. 17). This scene encapsulates how bodily immobility and mental isolation generate ritualized forms of behavior. Foucault (2019) notes that disciplinary power extends beyond spatial confinement to regulate time, rhythm, and conduct within normative schemes. The narrator's repetitive act of tracing the wallpaper pattern signifies the internalization of panoptic control: the fixed bed immobilizes her body, while repetition disciplines her mind through habituation.

What appears as harmless pastime embodies what Showalter (1985) defines as the "ritualized repetition" of female madness—a behavioral symptom reframed by patriarchal medicine as irrational obsession. Yet this compulsion also functions as a coping mechanism that transforms enforced stillness into an act of meaning-making. Her ironic claim that it is "as good as gymnastics" momentarily subverts medical authority, exposing the paradox of resistance within submission. Nonetheless, the obsessive tracing "for the thousandth time" reveals the cyclical nature of control, where confinement reproduces itself through disciplined habit, turning the space of rest into a theatre of regulated behavior.

The window in the story further reinforces the disciplinary nature of the space. Though it appears to offer a potential realm of freedom that opens to the outside world, the phrase "The windows are barred" (Gilman 2011, p. 5) makes clear that the window functions as a symbolic apparatus of isolation. While the narrator can see the garden, the old flowers, and the pruned trees, this observation yields not liberation but disappointment. The sentence *"I can see the garden, those mysterious deep-shaded arbors, the old-fashioned flowers, and the gnarly trees all drawn up as if in protest"* captures the tension between longing and unattainability. According to Foucault (2008), a site of power does not simply limit space; it renders the individual visible, accountable, and subject to surveillance. Wolter (2009) emphasizes that the distance between the window and the external world symbolizes both the narrator's suppressed desires and the patriarchal domination of public space. This form of restriction overlaps with Foucault's theory of bodily control through institutions of confinement.

As the narrative progresses, the narrator's mental disintegration becomes increasingly evident. The sentence *"It must be humiliating to be caught creeping by daylight"* expresses both her internalized surveillance and her shame before social norms. Her observation of women creeping in the garden symbolizes the desire of confined bodies to escape the normative realm. Showalter (1985) describes the Victorian seclusion of women within domestic interiors as a "sentence to watchfulness." This enforced watchfulness accelerates the fragmentation of subjectivity and reveals how the gaze becomes not a practice of freedom but one of perpetually deferred desire.

The Yellow Wallpaper constitutes the narrative's most potent symbol of confinement. Its elaborate pattern reflects the narrator's psychological disintegration and the erosion of her subjectivity. The statement "And it is like a woman stooping down and creeping about behind that pattern." (Gilman 2011, p. 11) reveals how spatial restriction generates an internal division of identity. Showalter

contends that female madness frequently functions to symbolize resistance against repression. The wallpaper's chaotic configuration permits interpretation both in terms of psychic fragmentation and in the context of patriarchal inscription. Wolter (2009) maintains that describing the wallpaper merely in aesthetic terms fails to capture its pathogenic force, which endangers the woman's mental and physical integrity. Through tearing and reassembling this surface, the narrator reclaims a voice within the setting that enforces her silencing.

The spatial configuration also contains a significant literary allusion. The nursery evokes the figure of Bertha Mason, the "madwoman in the attic" confined to the upper floor in Charlotte Brontë's *Jane Eyre*. The fixed bed, the stripped wallpaper, and the barred windows call to mind the cell reserved for someone with mental illness. This resemblance strengthens the impression that John's insistence on keeping his wife in this room parallels Rochester's act of concealing Bertha. In this way, the space becomes a threatening plane that, in addition to its disciplinary function, contains a literary memory of how female mental health has been controlled by patriarchal authority.

The Medical Domination of the Female Body

Charlotte Perkins Gilman's *The Yellow Wallpaper* represents the domination of modern medicine over the female body in a multilayered way. The narrator is subjected to the "rest cure" following a diagnosis of postpartum depression. However, this treatment does not constitute a process of individual recovery; rather, it is a systematic form of silencing aimed at bringing both the body and the mind under control. "If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter…a slight hysterical tendency—what is one to do?" (Gilman 2011, p. 3). John's discourse positions medical knowledge as an unquestionable truth. As both husband and physician, he personifies the fusion of domestic and institutional power that invalidates the narrator's experience on every level. Her conviction that "congenial work… would do me good" is dismissed as further proof of hysteria, illustrating how patriarchal medicine transforms women's self-knowledge into pathology.

Foucault's theory of power/knowledge elucidates how medical authority not only disciplines the body but also defines the boundaries of rationality and deviation. Through diagnosis, male physicians claim epistemic supremacy, determining which emotions and desires are legitimate. John and his brother, both medical figures, thus embody the gendered hierarchy of knowledge that silences female subjectivity. The narrator's enforced passivity reflects the broader mechanism by which scientific discourse in the nineteenth century conflated care with control, rendering women docile under the guise of treatment.

Showalter (1985) demonstrates that pathologizing a woman's desire for self-determined recovery reveals the gendered operations of the discourse of madness. This apparatus disciplines behaviors, desires, fantasies, and any form of articulated experience. The narrator becomes a subject positioned at the intersection of modern knowledge and patriarchal norms, suspended between fragile resistance and enforced compliance.

The narrator remarks that she sometimes believes "if I had less opposition and more society and stimulus…but John says the very worst thing I can do is to think about my condition" (Gilman 2011, pp. 3-4). This reflection exposes that her psychological deterioration stems not only from confinement but also from an epistemic domination that invalidates her own perception of illness. The narrator senses that social engagement and mental activity would foster recovery, yet John's insistence that such impulses equate to overthinking enforces a disciplinary authority over both body and mind.

As Foucault (2019) explains, nineteenth-century medical discourse extended control from the

physical to the mental domain, defining which emotions and thoughts were legitimate. John's declaration that "thinking about her condition" is harmful exemplifies this power–knowledge dynamic, where the male physician monopolizes the right to interpret reality. Consequently, female subjectivity becomes pathologized as irrational and unsafe.

Her admission that "it makes me feel bad" indicates both the internalization of repression and an awareness of its harm. Showalter (1985) contends that Victorian women's supposed fragility was not inherent but culturally produced. Gilman's narrator embodies this contradiction—trapped between her intuitive self-knowledge and the silencing language of medical authority—revealing how patriarchal medicine transformed care into a subtle form of control.

Gilman's narrator notes that "after the wall-paper was changed it would be the heavy bedstead, and then the barred windows, and then that gate at the head of the stairs" (2011, p. 6). The domestic space thus appears not as a neutral site of healing but as a disciplinary enclosure. In Foucault's (2019) account of plague management, spatial elements function to immobilize the subject and ensure constant visibility; likewise, the wallpaper, bedstead, and bars confine the narrator within a regime of surveillance. Her request to alter the wallpaper expresses a symbolic yearning for agency over her surroundings, yet this desire is medicalized as a symptom of "nervous illness." As Showalter (1985) argues, female protest in the Victorian era was often redefined as pathology, rendering resistance unintelligible. Consequently, the narrator's attempt to reclaim space and selfhood is dismissed as mere caprice—an act stripped of its critical potency.

The narrator recalls that John warns her not to "give way to fancy," insisting that her "imaginative power and habit of story-making" must be checked by "will and good sense" (Gilman 2011, pp. 6-7). Imagination here becomes a mental practice of escape that medical authority seeks to regulate. As Foucault (1988) observes, modern medicine classifies nonconforming thought as a deviation threatening normative order; thus, even creative imagination is pathologized. John's admonition reinforces the binary between reason and madness, constructing the female intellect as an "irrational tendency." Showalter (1985) similarly notes that Victorian discourse equated women's imaginative capacity with instability, transforming narrative creativity into evidence of hysteria.

When the narrator pleads to visit her cousins, John's refusal—couched in affection—illustrates the fusion of patriarchal and medical authority. "I was crying before I had finished" (Gilman 2011, p. 10) captures both emotional repression and the fracture of subjectivity. Domestic affection operates as a technology of discipline in which care and control converge. As Foucault's (2008) panoptic model suggests, surveillance no longer requires coercion; it is sustained through relational intimacy. Later, the narrator admits, "I heard him ask Jennie a lot of professional questions about me… She had a very good report to give" (Gilman 2011, p. 16). The domestic sphere becomes a microcosm of disciplinary power—John's medical oversight reinforced by Jennie's "compassionate" vigilance. Each gesture of defiance, even "to jump out of the window," is reinterpreted as pathology (Gilman 2011, p. 17). Within this regime, the rest cure immobilizes both body and voice, erasing experiential knowledge and silencing subjectivity. Yet the narrator's furtive acts—writing, biting the bedstead, maintaining an inner monologue—constitute subtle forms of resistance. Through these gestures, Gilman stages the persistence of suppressed agency: a fragile narrative space where language momentarily subverts the disciplinary silence and the female self reasserts its existence against the panoptic gaze.

The Prohibition of Writing and the Resistance of Subjectivity

In *The Yellow Wallpaper,* the narrator's journal becomes the most crucial means of escaping the passivity imposed by medical authority. Although John enforces the "rest cure," a regime of silence and immobility, writing enables the creation of an inner domain of freedom. Her confession, "I think sometimes that if I were only well enough to write a little it would relieve the press of ideas

and rest me." (Gilman 2011, p. 7), marks an explicit act of defiance against patriarchal control that denies women epistemic agency. Writing thus functions not merely as expression but as a mode of reclaiming voice and validating experience.

The narrator admits that she writes "in spite of them," though secretly and with "heavy opposition" (Gilman 2011, p. 3), revealing the extent of the disciplinary gaze that polices her thoughts. As Foucault (1988) explains, such prohibitions exemplify the intertwining of knowledge and power: to control discourse is to control subjectivity. Showalter (1985) likewise observes that Victorian medicine pathologized women's intellectual activity as hysteria, equating self-expression with disorder.

When the narrator remarks that "there is nothing to hinder my writing…save lack of strength" (Gilman 2011, p. 5), she recognizes how external prohibition has become internalized. Her sense of weakness and guilt reflects what Foucault (2019) describes as panoptic self-surveillance, in which authority operates within the mind itself. Writing, therefore, represents both a transgressive and redemptive act—one that momentarily disrupts the disciplinary logic confining the female body and thought. The narrator remarks, "I must not let her find me writing… I verily believe she thinks it is the writing which made me sick" (Gilman 2011, p. 8). Surveillance here operates not from a single authority but through a dispersed network of gazes. In Foucault's (2019) model of plague discipline, control circulates through multiple agents; likewise, John's medical authority merges with Jennie's "caring" supervision to reinforce the regime of observation. As Showalter (1985) notes, the nurse figure often acts as a secondary instrument of patriarchal discipline, masking coercion with domestic virtue. Jennie's benevolent watchfulness thus functions as a mechanism that neutralizes the narrator's authorship and autonomy.

The narrator later confesses, "I don't know why I should write this… I must say what I feel and think—it is such a relief" (Gilman 2011, pp. 9-10). Her oscillation between guilt and relief exposes the interiorization of surveillance. As Foucault argues, panoptic power operates most effectively when self-policing replaces external coercion. The narrator's hesitation reveals the internalization of prohibition, yet her compulsion to write represents a fragile gesture of resistance—a moment in which suppressed subjectivity reclaims articulation despite the gaze that seeks to silence it.

At the climax of *The Yellow Wallpaper*, the narrator declares, "I've got out at last… in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!" (Gilman 2011, p. 18). Tearing down the wallpaper becomes a symbolic rebellion against both spatial imprisonment and discursive subjugation. In Foucault's (2019) account of disciplinary society, obedience is sustained through bodily immobilization; thus, the narrator's destruction of the room's objects represents a rupture in the mechanism of control. Although labeled madness, this act, as Showalter (1985) contends, embodies a radical resistance to the erasure of female subjectivity. John's collapse and her assertion that she "crept over him every time" mark the temporary destabilization of patriarchal authority. Yet liberation remains ambiguous—a liminal space shadowed by social disrecognition. Having transgressed normative femininity, the narrator becomes both freed and alienated. The torn wallpaper and bodily traces function as testimonies against medical objectification, inscribing meaning where silence once prevailed. In this final gesture, language and corporeality converge as intertwined acts of defiance, revealing how the fragmented subject reclaims visibility within—and against—the disciplinary gaze.

Conclusion

Charlotte Perkins Gilman's *The Yellow Wallpaper* constitutes a compelling narrative that interweaves the gendered domination of late nineteenth-century medical discourse, spatial strategies of discipline, and the discursive violence of epistemic authority. The text reveals how the patriarchal order of the Victorian era suppressed women's capacity to generate their own

experiences through medical norms, moral expectations, and domestic hierarchies. At the same time, it demonstrates that writing—fragile yet persistent—emerges as a form of resistance.

At the narrative's core stands a woman recently affected by postpartum depression and confined under the pretext of a "rest cure." This confinement exceeds its ostensible therapeutic purpose, functioning as a multilayered apparatus of disciplinary control. The fixed bed, barred windows, constant surveillance, and prohibition of writing illustrate how space, intertwined with normative knowledge, is transformed into a mechanism of subjugation. Foucault's concepts of the panoptic order and plague management offer a conceptual lens to interpret this spatial enclosure not simply as isolation but as the implementation of a continuous surveillance regime in which medical and familial authority converge to immobilize subjectivity.

The narrator's endlessly repeated rituals-tracing the pattern, turning toward the window, longing for writing-make visible the process of internalizing discipline. Over time, her mind is drawn into a form of enclosure that mirrors the spatial confinement; desires, memories, and fantasies are relegated to pathologized realms and rendered devoid of value. John's declaration that "there is nothing wrong" embodies the positivist medical approach of the era, which possessed the power to nullify subjectivity, while Jennie's compassionate vigilance reinforces the horizontally proliferating nature of discipline. Thus, the narrator becomes a subject under constant observation, guided to perceive even her own experience as irrationality.

The formal features of the narrative also produce this dissolution on the level of language. The narrator's voice, initially orderly and explanatory in tone, gradually evolves into repetition, abrupt breaks, and contradictory statements as the story progresses. This transformation, as Showalter demonstrates in her analyses of female madness, reflects the fragmenting effects of repressed desire and denied subjectivity. Yet this disintegration of language, while signaling the loss of subjectivity, also bears the persistent insistence on recording experience. The phrase "I ought not to write, but I must write" functions as a declaration of subjective defiance against the politics of silence constructed by patriarchal norms and contemporary medicine. Writing becomes the sole space where the mind can emerge as the body is enclosed and embodies a fragile attempt to reconstruct the narrator's fragmented identity.

The final scenes of the story demonstrate that tension ultimately culminates in both a dissolution of normative identity and a provisional form of emancipation. The narrator's act of tearing down the wallpaper enacts a dual intervention: a material assault on the disciplinary structure and a symbolic rejection of the "reasonable subject" imposed by patriarchal discourse. John's collapse marks a temporary disruption of male authority, while the narrator's declaration- "I've pulled off most of the paper, so you can't put me back!" - signals the emergence of a new alterity situated outside established norms. However, the price of this transgression manifests in the pathologizing label of madness that adheres to her identity. Rather than promising total liberation, the narrative exposes a precarious zone of vulnerability produced by the loss of social legitimacy.

Showalter's interpretation of female madness as both the expression of repressed desire and a strategy of resistance clarifies the ambivalence of this resolution. In this light, the text transcends a simple account of psychological disintegration and becomes a critical examination of the disciplinary logics embedded in modern surveillance society and scientific authority over the female body. Foucault's analyses of the interrelation between knowledge and power offer a rigorous framework for understanding the interaction of spatial confinement and normative discourse. The effects of discipline extend beyond the material domain, penetrating language, imagination, and desire to enclose the subject's interiority. Within this context, writing emerges as a fragile yet forceful testimony that contests the enclosure and affirms a residual claim to agency.

The findings of this study demonstrate that *The Yellow Wallpaper* serves as a significant literary

document critiquing the gendered structure of Victorian medicine. The control generated by spatial confinement presents a miniature of the panoptic order; being held under constant observation disciplines not only the individual's behavior but also their thought. The pathologization of the female body and mind invalidates experience and consolidates the regime of normative knowledge. Nonetheless, the narrator produces a voice that resists suppression through writing. Despite all its fragility, this writing transforms the narrative into a space of political action and challenges the continuity of patriarchal discourse.

Future research may yield new perspectives by examining how translations of the story in different cultures, reader responses, and theatrical adaptations transform its representations of disciplinary power. Additionally, investigating how Foucault's concept of biopolitics regulates women's experiences of fertility and motherhood, or how Showalter's discourse of female madness has assumed new forms in contemporary psychiatric practice, would constitute promising avenues for further inquiry.

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