# 04. Communicating Through Silence: Unspoken Voice of Charlotte Perkins Gilman in *The Yellow Wallpaper*[1]

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## Abstract

This paper focuses on Charlotte Perkins Gilman's The Yellow Wallpaper (1892) and explores the role of silence in the text as a subversive communication strategy. Most existing interpretations attribute the protagonist's social withdrawal to the onset of mental illness or frame it as a passive outcome of patriarchal oppression. Building on feminist narratology, this study re-examines her silence by arguing that it is not an unthinking, passive predicament, but rather an unspoken voice that she actively preserves under the constraints of the rest cure. The tension between her outward compliance and her secret acts of writing, particularly the maintenance of her diary, reveals a deliberate form of resistance through which she negotiates the restrictions imposed upon her. Her silence therefore functions not simply as an absence of speech, but as a communicative space in which she observes, interprets, and gradually reconstructs her sense of self. Through this unspoken voice, the protagonist challenges the authority of her husband and the medical discourse that defines her experience for her. The study ultimately contends that her apparent withdrawal conceals an active process of self-assertion: although she achieves a form of personal agency, that agency remains structurally interpreted as madness by the dominant institutional and patriarchal order.

**Keywords:** *The Yellow Wallpaper*; Unspoken Voice; Silence; Feminist Narratology; Patriarchal Medical Discourse

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# Sessizlik Yoluyla İletişim: Charlotte Perkins Gilman'ın *The Yellow Wallpaper* Adlı Eserinde Söylenmeyen Ses[3]

## Öz

Bu çalışma, Charlotte Perkins Gilman'ın The Yellow Wallpaper' (1892) adlı eserine odaklanmakta ve metinde sessizliğin yıkıcı ve dönüştürücü bir iletişim stratejisi olarak oynadığı rolü incelemektedir. Mevcut yorumların büyük bir bölümü, başkahramanın toplumsal geri çekilişini ruhsal hastalığın başlangıcına bağlamakta ya da bu durumu ataerkil baskının pasif bir sonucu olarak değerlendirmektedir. Feminist anlatıbilimden hareketle bu çalışma, onun sessizliğini yeniden ele alarak bunun düşüncesizce benimsenmiş pasif bir durum olmadığını, aksine istirahat tedavisinin (rest cure) dayattığı kısıtlamalar altında bilinçli biçimde koruduğu sözsüz bir ses olduğunu ileri sürmektedir. Dışarıdan gösterdiği itaat ile gizlice gerçekleştirdiği yazma eylemleri, özellikle günlüğünü sürdürmesi arasındaki gerilim, kendisine dayatılan sınırlamalarla müzakere ettiği bilinçli bir direniş biçimini ortaya koymaktadır. Dolayısıyla sessizlik, yalnızca konuşmanın yokluğu olarak değil, başkahramanın gözlemlediği, yorumladığı ve benlik duygusunu giderek yeniden yapılandırdığı bir iletişim alanı olarak işlev görmektedir. Başkahraman, bu sözsüz ses aracılığıyla kocasının otoritesine ve kendi deneyimini onun adına tanımlayan tıbbi söyleme meydan okumaktadır. Çalışma, nihayetinde, başkahramanın görünürdeki geri çekilişinin etkin bir öz-iddia sürecini gizlediğini savunmaktadır: Her ne kadar belirli bir kişisel faillik biçimine ulaşsa da bu faillik, egemen kurumsal ve ataerkil düzen tarafından yapısal olarak delilik şeklinde yorumlanmaya devam etmektedir.

**Anahtar kelimeler**: *The Yellow Wallpaper*; Söylenmeyen Ses; Sessizlik; Feminist Anlatıbilim; Ataerkil Tıbbi Söylem

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## 1. Introduction

Within traditional criticism of literary studies, silence has long been lumped together as an inevitable byproduct of absence, submission, or marginalization. This entrenched view that framed silence as the opposite of communication was initially overturned by Picard (1952), who claimed that "silence is the origin of speech." The present study centers on the narrator of Charlotte Perkins Gilman's 1892 *The Yellow Wallpaper*. This narrator withdraws from verbal communication, yet this withdrawal gives rise to an extraordinarily rich internal discourse. Accordingly, this study moves beyond outdated questions from past scholarships to explore three specific dimensions: what the narrator's silence communicates, who it communicates to, and what costs emerge in the process of that communication.

As a first-person novella with semi-autobiographical elements, *The Yellow Wallpaper* recounts the experience of a woman undergoing the "rest cure" (which is the mainstream 19th-century treatment for the so-called "hysteria" (a catchall term for nervous distress in women), promoted by physician S. Weir Mitchell. Bassuk (1985) noted that this treatment required patients to halt all intellectual activity, cut off all social ties, and remain confined at home long-term. In the end, it pathologized the very intellect and creativity of the women it claimed to treat. Gilman herself underwent Mitchell's rest cure to address depression; her 1913 autobiography records that the treatment nearly pushed her into a complete mental breakdown. She eventually stopped the treatment, returned to writing, and achieved full recovery. This work grew directly from her personal experience and directly confronts the medical system that systematically oppressed women under the guise of treatment.

Since the work was brought back into academic research by feminists in the 1970s, relevant studies have consistently centered on three core themes: madness, confinement, and resistance. Sandra Gilbert and Susan Gubar (1979) argued that the narrator's mental collapse is a typical symbol of 19th-century women's oppression under patriarchy. Elaine Showalter (1985) placed the text within the cultural history of women and psychiatric diagnosis in *The Female Malady*, pointing out that "madness" was once used as a tool to suppress women who transgressed social boundaries. With this, Thrailkill (2002) studied the text's connections to clinical authoritative discourses such as neurasthenia, demonstrating the text's formal resistance to the medicalization of women's experiences.

These critical perspectives have provided indispensable insights for interpreting *The Yellow Wallpaper*, but, all existing studies uniformly interpret the narrator's gradual withdrawal from spoken language, cessation of conversations with John, and eventual descent into a silent state outside rational discourse as a single symptom (either of being crushed by oppression, or of succumbing to madness). Most existing criticisms interpret the female narrator's silence in this text as a sign that patriarchy has completely silenced her and that the narrator has suffered total failure. Yet from this perspective, the core meaning of silence as an independent communication system has never been fully explored.

This study focuses on the narrator's silence in Gilman's *The Yellow Wallpaper*. It argues that this silence is not passive loss of the ability to speak, but an active choice the narrator makes to maintain and build her own subjectivity, and to avoid self-destruction that would result from compliance. This research perspective has not received sufficient attention, for the narrator's silence toward her husband John, her secret diary-writing, and her crawling at the story's end (as a coherent, non-traditional communication strategy, rather than a declining trajectory of mental collapse). On this basis, this study aims to answer the following questions;

- How does silence in The Yellow Wallpaper function as a deliberate communication strategy
- How does silence, constrained by the dual frameworks of 19th-century medical and domestic discourses, give rise to a specific narrative subjectivity.

The core argument of this study is that the narrator's silence is by no means empty nothingness; it is an "unspoken voice" that operates within the text's hierarchical power structures of family and medicine. In contexts where verbal communication is no longer feasible or would carry extremely high risks, this study redefines silence as a subversive communication strategy to counter surveillance. This strategy can protect the narrator's intellectual autonomy, and it also opens a completely new perspective for the study of Gilman's text. It challenges the binary framework that equates speech with power and silence with powerlessness, and verifies that silence is an active, strategic form of expression under extreme surveillance.

## 2. Theoretical Framework

### 2.1. Silence as Communication

The core starting point of this study is a complete reconstruction of the concept of silence itself. Silence has been traditionally deemed the opposite of speech, treating it as an empty gap between meaningful utterances. This study seeks to challenge this long-held assumption. Susan Sontag (1969) proposed that silence is not an absence of communication, but a communicative act embedded in specific aesthetic and social contexts; it is a refusal to integrate into the dominant meaning-making system that underpins mainstream public discourse. She highlights that silence is still a form of speech. Similarly, the narrator's cessation of verbal communication with John is an active rejection of the medical and family discourses that define and constrain her.

Glenn (2004) argued that silence carries a historically constructed gendered nature: it is both a symbol imposed on women to mark the virtue of compliance, and a strategy women can use to resist and protect themselves. In Glenn's definition, silence is a purposeful action and thus has rhetorical properties; it exists along a continuous spectrum that extends from forced compliance to active choice. Based on this framework, it is identified the narrator's silence falls at both ends of this spectrum: it is both a condition imposed on her by her husband John, who leverages medical authority, and a strategy she actively adopts to guard her inner private world.

This framework can accommodate both dimensions without erasing the uniqueness of either end. Considering that silence in interpersonal communication is never a neutral state (Tannen, 1994), the silence of the less powerful party is a means to preserve the relationship, a self-regulatory strategy adopted to avoid the risks that come with direct, explicit expression. The narrator's exercised silence during conversations is not a failure of communication, but an active negotiation of this extremely unequal power dynamic.

### 2.2. Silence, Power, and Discourse

Foucault in *Discipline and Punish* (1977), and *The History of Sexuality (Volume 1)* (1978) argued that suppressing individuals' ability to speak is a core mechanism of institutional control. He further added that silence is merely a boundary of discourse; instead, it is a constitutive element that coexists with what is articulated. Based on that, this paper grants that the narrator's silence is not merely a submission to John's authority. Rather, it aligns with Foucault's proposition: it functions as an active component

both within and in opposition to the dominant medical discourse of that era, generating profound meaning within a context where her expression is restricted.

Showalter (1985) grounds these concepts in the unique historical context of 19th-century psychiatric practice. She notes that diagnoses such as neurasthenia and hysteria once served as institutional tools to suppress individuals who deviated from social expectations of women's intelligence and behavior. In the clinical settings of that time, women's ability to speak out was often labeled a symptom of mental illness, while only silence was seen as proof of recovery. The contradictory double bind created by this clinical authority (basically where both speaking and remaining silence were framed as pathological) was exactly the situation the work's narrator faced.

Gilbert and Gubar (1979) explored specific literary dimensions of women's silence. They argued that 19th-century women writers, trapped in a patriarchal literary field that stripped their writing of legitimacy, were forced to adopt an indirect, rather covert mode of expression (p. 73). The narrator is a typical example of this predicament: the secret diary she writes in private, hidden from her husband's view, is precisely the subversive textual strategy the two scholars identified as a representation of women's literary agency. Her outward silence and hidden writing are not contradictory at all. Instead, they are two interconnected sides of a delicate balance between self-preservation and authentic self-expression. Ultimately, silence in *The Yellow Wallpaper* will not prove to be a straightforward, single-dimensional phenomenon. On the contrary, it constitutes a highly complex mode of communication: it carries deliberate rhetorical design, is shaped by institutional forces, and holds profound literary significance.

### 3. Silence under Patriarchal Medical Authority

Within the norms of the "rest cure," silence was enforced as a clinical necessity, stripping female subjects of their narrative voice. This part analyzes how patriarchal medical discourse pathologizes women's speech, turning the narrator's forced muteness into a site of surveillance, while concealing her emerging internal resistance.

### 3.1. John's Control of Speech

In the 19th century, the "rest cure" enforced imposed silence as a clinical order, completely depriving female patients of their narrative subjectivity. John reframes the narrator's request to leave the residence, which stems from her medically documented psychological anxiety, as a logistical matter concerning the remaining three weeks of the lease and home repairs (Gilman, 1892, p. 30). In doing so, he dismisses the severity of her suffering. This process reduces an individual's authentic lived experience to a quantifiable variable within a bureaucratic system. This subtle dismissal constitutes a far more profound negation of a person's emotions than outright rejection.

John's assertion: "You are really getting better, dear, whether you can feel it yourself or not. I am your doctor, and I know this is true" (Gilman, 1892, p. 30). The phrase "whether you can feel it yourself or not" in this line hides the suppressing force of clinical discursive power. Showalter (1985) points out that in 19th-century psychiatry, female patients' self-perceptions were generally classified as symptoms of their illness, rather than valid testimony about their condition. The husband (patriarch) used this set of norms to construct a cognitive framework in which medical expertise overrides individuals' real lived experiences, fundamentally stripping women of the legitimacy to assess their own health status.

The narrator does not resort to emotional, subjective accusations. Instead, she takes the initiative to list her own verifiable physical conditions as empirical evidence, constructing a carefully calculated counterargument. Glenn (2004) proposed that women positioned within patriarchal systems of communication often adopt mainstream rational discourse to establish their own credibility. However, her attempt to speak using the medical terminology of her husband John, who serves as her attending physician, ends in complete failure. John completely disregards all the physical facts she lays out, and only brushes off her demands with affectionate yet condescending remarks as if she were an infant.

When the narrator voices her concerns, the husband dismisses her right to speak by using belittling descriptions such as "bless her poor tiny heart" (Gilman, 1892, pp. 30-31), reducing her to an immature figure. Not only are her objections dismissed from a condescending position, but her logical arguments are also directly ignored. Tannen (1994) points out that this kind of discursive erasure, which involves refusing to engage with another's words, is a powerful mechanism for establishing dominance in communication. The narrator's disjointed conversations serve as a typical example that fits the framework of "forced silence transforming into internalized self-censorship" (Glenn, 2004).

The narrator's unfinished statements are regarded as a structural turning point where patriarchal authority stifles the narrator's ability to speak. John never explicitly forbids the narrator from talking,. This detail perfectly aligns with the principle of disciplinary surveillance that Foucault discussed: power leads subjects to voluntarily silence under an authority's gaze, eliminating the need for explicit coercion. Additionally, John demands that the narrator fulfill her responsibilities to her husband, her child, and herself (Gilman, 1892, p. 31), framing the suppression of her independent thinking as a moral obligation. The narrator's interrupted line of thought, cut off before it could develop, was an attempt to distinguish between physical healing and mental healing (rather, an idea that had barely emerged before John dismissed it as a foolish, wrongheaded delusion).

As Gilbert and Gubar (1979) note, the patriarchal framework of the 19th century persistently pathologized women's internal psychological activities, framing women's spiritual worlds as inherently dangerous and destructive. The language used by John precisely reproduces this pathologizing logic. Even the most basic cognitive activity (like letting a thought enter one's mind) is diagnosed by him as a medical threat. He calls such ideas "particularly misleading" and claims they will harm "a temperament like yours." (Gilman, 1892, p. 31) In this way, the narrator's intellectual capacity is directly labeled the root of her illness, and silence is mandated as the only acceptable treatment.

The narrator's line carries profound hidden meaning: "Then of course I will never bring this up again." (Gilman, 1892, p. 31). The weight of the phrase "of course" in this line is especially worthy of focus. It does not express reluctant, unwilling compliance; rather, the narrator has fully internalized the discursive boundaries imposed on her. She feels no resentment, dissatisfaction, or sense of unfairness, and instead views this silence as a natural, inevitable rule. As Showalter (1985) argues, this is the ultimate victory of medicalized patriarchal control: it not only forces female subjects into silence but also normalizes that silence completely. Without any external coercion, this silence becomes part of women's own understanding of what counts as "acceptable speech." The depiction of the "rest cure" (1892, p. 6) further clarifies how this mechanism operates: John "hardly lets me move around without special permission," stripping the narrator of all autonomy over her body and her right to express herself. This "special permission" acts as a chain, stifling all her personal desires before they can arise. Meanwhile, the "scheduled prescriptions" that map out every hour of her day enforce this control on a temporal level, letting medical and patriarchal oversight dominate every second of her life, and erasing

any space for her to develop an independent voice.

The care imposed by the husband, in the form of an utter control over all the narrator's aspects reduces the person to a passive object under surveillance. The narrator's sense of unease about being "despicably ungrateful", which arises because she cannot cherish this care confirms that the discipline has taken effect. Her silence ultimately turns into a forced spiritual emptiness. Within this framework, the "care" of patriarchal medical institutions essentially aims to erase the patient's individuality and capacity for self-expression.

### 3.2. Silences and Writing Bans Constructed by Medical Discourse

The narrator's opening statement directly links medical authority to the erasure of her true personal circumstances, framing her husband's professional credentials as an insurmountable barrier that prevents her from speaking up for herself. She emphasizes a paradox at the core of this logic: the person who diagnoses her condition holds dual dominance, both within her family and in formal social institutions. She writes:

> John is a physician, and perhaps (I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind)—perhaps that is one reason I do not get well faster. You see, he does not believe I am sick! And what can one do? If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do? (Gilman, 1892, p. 2)

The narrator identifies this 'highly respected physician' as the central force that urges her into silence. John uses clinical medical discourse to dismiss her real experiences, reducing her condition to nothing more than a "slight hysterical tendency." Her repeated rhetorical question, "what is one to do?", highlights the "power-knowledge" paradigm: her husband's professional status grants him absolute power to define what may be deemed truthful. Because he "does not believe" she is truly ill, the personal accounts of her suffering are completely invalidated from the clinical medical perspective. In simple terms, she is trapped in a situation where she can only turn to a secret outlet for expression.

This binary division between "living people" (who represent open, social verbal communication) and "lifeless/dead paper" (that images private, written expression) renders her diary a haven. It becomes an alternative space that shields her from the authoritative narrative that had already taken away her voice within the family. The exchange between the narrator and John is an example of medical discourse functioning as a tool to enforce silence. John's declaration that "I am a doctor, dear, and I know," (Gilman, 1892, p. 30) frames his medical expertise as an unchallengeable authority that is rather independent of his patient's own experiences. His claim that he "knows" shuts down any other possibility of meaningful dialogue.

A key significance of this text lies in the narrator's attempt to counter this repression with verifiable facts. She pushes back with specific, measured observations rooted in her real bodily state: " I don't weigh a bit more, nor as much; and my appetite may be better in the evening, when you are here, but it is worse in the morning when you are away" (Gilman, 1892, p. 30). She deliberately presents these quantifiable facts, adopting a communication style aligned with clinical medicine to claim space for her voice within John's own professional framework of logic. Yet, John never responds to her well-reasoned account on any medical level; instead, he dismisses it with a patronizing tone that treats her like an infant saying, "Bless her little heart! She shall be as sick as she pleases!" (Gilman, 1892, p. 30). He even elevates this demand for silence into a moral and family obligation: "I beg of you, for my sake and for

our child's sake, as well as for your own, that you will never for one instant let that idea enter your mind" (Gilman, 1892, p. 31).

Additionally, it becomes proof of her required loyalty to her husband and children. Before she can even finish articulating her psychological distress, the thought is preemptively labeled an “absurd and foolish fantasy” (Gilman, 1892, p. 31). Medical establishments of the nineteenth century routinely denied women’s capacity for introspection. They framed women’s self-assessments as symptoms of mental illness rather than reliable personal experiences. In the end, John’s statement about his wife trusting him as a physician for he knew better (Gilman, 1892, p. 31), binds his clinical expertise completely to the role expectations of their marriage. As a result, if the narrator continues to push back, she would be guilty of two offenses at once: defying medical authority and betraying her marriage vows.

At the start of this semi-autobiographical narrative, the main character’s silence stems directly from “overwhelming opposition,” and the act of writing itself becomes a hidden act of resistance against patriarchal surveillance. She admits she must act “extremely covertly”; this need pushes her desire to express herself into a hidden space, turning her creative voice into a draining, secretive task. This exhaustion arises from the conflict between her innate longing for “social interaction and stimulation” and John’s authoritative medical order, for he repeatedly emphasizes that the worst thing she could do is dwell on her status (Gilman, 1892, p. 3). By banning self-reflection, John effectively seeks full control over her inner world, and the enforced silence leaves the narrator saying all the while that she feels wretched (p. 3).

A jarring interruption appears when the narrator states: “There comes John, and I must put this away, —he hates to have me write a word” (Gilman, 1892, p. 4). The unspoken voice manifests here as one notices the shift from open self-expression to hiding her diary with her own hands highlights the deep mark patriarchal control leaves on women’s ability to speak. John’s explicit hatred of her writing ‘even one word’ amounts to a direct ban on writing, turning the narrator’s act of composition into a defiant transgression. As Lanser (1992) argued, this forced silence is far more than a lack of communication; it is a calculated survival strategy. The narrator protects her own cognitive autonomy by remaining silent in public. This consequently safeguards her private true feelings from the oppressive “clinical gaze” that seeks to discipline them.

## 4. Silence as Alternative Language

Despite the idea that clinical discourse attempts to reduce the narrator to a passive object of observation, her retreat from verbal communication allows a complex "unspoken voice". Silence acts as an alternative speech act, which allows the narrator to clearly express a transgressive identity that breaks discipline through covert writing and visual analysis.

### 4.1. Secret Diary as Substitute Speech

The diary in possession is referred to as "dead paper" (Gilman, 1892, p.2) which helped the protagonist in one way or the other. Unable to communicate with any living, receptive being, her mode of communication has undergone a complete transformation. Within the male-dominated medical hierarchy, seeking verbal recognition is completely meaningless. Turning to private writing is solely to gain deep-seated comfort. This act is not merely an emotional release, but a psychological liberation, one through which she reclaims the autonomy of her own speaking subjectivity.

The female protagonist's silence within her family is not about lacking the ability to think, It is, instead an active choice to redirect her cognition toward a private writing space that remains undisturbed. One shall find that the fragmented line I don't know why I should write this. I don't want to. I don't feel able" (Gilman, 1892, p. 25) may initially appear to signal a breakdown in communication. Her declaration that she must, in some way, put down her feelings and thoughts (p. 25), reframes the context, redefining the earlier hesitation as deliberate self-reflection. The word "must" in this line is evidence of the irrepressible urge to communicate that she cannot suppress even amid her exhaustion and the constraints imposed on her.

Considering that silence is inherently a rhetorical strategy that can be used to protect subversive ideas from attacks by hostile audiences (Glenn, 2004), when the narrator writes in the text that "John would think this is absurd" (p. 25), her secret diary serves exactly as a hidden space for communication that can evade patriarchal denial. The "release" she gains from John is essentially the outcome of reclaiming her autonomy. Her silence in front of John is never an act of submission; instead, it is a deliberate, active choice to keep her own voice from being erased, and the diary is far more than just a simple narrative technique. She never abandons communication. She only shifts the setting of her self-expression to the haven of her diary, where her words will not be framed as pathological, dismissed as silly and/ or foolish fancies" (Gilman, 1892, p. 31), or swallowed up by the patriarchal ideology of the rest cure.

The patriarchal 'medical' system misinterprets the female protagonist's quietness and outward compliance with John's various assessments as obedience, but this judgment is completely divorced from the facts. Factually; she navigates two modes of expression: one is maintaining silence within the family setting, and the other is resorting to written words to voice her rebellion. Her diary is not just a simple substitute for oral speech; rather, it is an authentic, undiluted form of her oral expression.

### 4.2. The Wallpaper as Symbolic Discourse

When the diary can no longer contain all the repressed expressive desires of the narrator, her urge to express shifts to another symbolic medium: the wallpaper itself. The protagonist's compulsive analysis of the wallpaper is a non-linguistic act of communication. The narrator channels her repressed desire to express into a rigorous, private practice of visual interpretation after losing the right to manifest her ideas within the family sphere. She notices that the wallpaper had one prominent strangeness… that no one but her seems to have noticed (Gilman, 1892, p. 34). This is merely a sign of delusion or detachment from reality; instead, it is proof that she establishes her unique authoritative interpretation. When she claims that she "always watch for that first long, straight ray… That is why I always watch it (p. 34), she further elevates passive observation into an active and sustained intellectual effort. In the end, the silence she maintains in front of John and Jennie creates the exact conditions necessary for this alternative symbolic framework to take shape.

Throughout the writing as whole, the protagonist discovers that no matter what kind of light she sees the wallpaper under, it always takes the shape of bars, and the figure of a woman behind it grows increasingly clear (Gilman, 1892, p. 35). This moment marks the peak of the protagonist's internalized expression of her voice; the wallpaper has long ceased to be mere interior decoration and has become a symbolic carrier that conveys her own trapped situation. Building up on the idea that marginalized women writer's rebel through coded hidden symbols (Lanser, 1992), the protagonist's silence allows her to evade the censorship of patriarchal medicine.

To read the given passage from page 42 as mere psychotic hallucination is to replicate the very interpretive violence that John performs throughout the text. The narrator's declaration that "the front pattern does move—and no wonder! The woman behind shakes it!" (Gilman, 1892, p. 42) asserts, through symbolic discourse, what she has been systematically prohibited from offering directly: that women within patriarchal domestic structures are imprisoned and actively resist their confinement. The detail that the imprisoned woman tries to climb out of the wallpaper but is strangled by its pattern confirms the oppressive nature of the medical and domestic environment the protagonist is trapped in. Meanwhile, her monologue I'll tell you why—privately—I've seen her!" (p. 42) builds an independent audience beyond the reach of her husband John, and her forced silence ends up spawning a self-directed channel for her own expression.

The narrator's wordless discourse is embedded in the intricate patterns of the wallpaper, and for that it is critical to overturn the common misreading that interprets the wallpaper as a representation of the narrator's psychological collapse. Instead, it is proposed that the wallpaper is the concrete carrier that gives form to her suppressed voice. The narrator's spoken words are dismissed as symptoms of illness, and her writing is explicitly forbidden. As her physician, her husband John exercises medical control over her. In response, she develops a third channel of communication: she constructs meaning through in-depth analysis of the wallpaper. This helped turning her own reality of imprisonment into a symbol that her husband cannot decipher, regarding silence as a deliberate form of communication directed at a specific audience (Sontag 1969).

It must be pointed out that the narrator sends covert narrative signals to readers that ask them to bypass her husband, allowing readers to gradually perceive the narrator's subversive intent. The trapped, constantly scratching woman hidden behind the wallpaper is exactly a reflection of the narrator's authentic self. Rather than using language that John would dismiss as 'silly and foolish fancies', the narrator chooses visual symbols that John is completely unable to comprehend. In the end, the yellow wallpaper becomes the carrier of this wordless narrative, which hides behind a mask of insanity to evade all the control mechanisms that seek to suppress it.

Moreover, the narrator's interpretation of the wallpaper is not a sign of cognitive decline, but a rational process through which she constructs a counternarrative to resist mainstream medical authority. The narrator first notices a vague figure trapped in the wallpaper that seems to be struggling to break free from the paper's patterns (Gilman, 1892, p. 29). It argues that the wallpaper acts as a symbolic medium for the narrator's repressed reality: the imprisoned situation she cannot state directly to John, her thoughts of resistance, and her painful emotions all gradually emerge within the wallpaper's patterns. Similarly, the scene where the narrator admits that she lies still for hours at a time, studying whether the top and underlying patterns of the wallpaper move in sync (p. 32) can be used to refute interpretations that frame this behavior as a sign of cognitive decline, and to demonstrate that this is in fact a highly focused, logical intellectual activity.

Long before this point, the narrator had already been stripped of the chance to speak her mind, and her private writing had become increasingly restricted; she could only devote all her analytical capacity to this solitary task of interpreting the wallpaper. In the end, her interpretation of the wallpaper is by no means a sign of worsening mental state, but an evolving counternarrative that John's medical authority is completely unable to suppress.

The narrator's cognition follows a clear trajectory: at first, she only vaguely perceives a figure in the

wallpaper that seems to shake the surface pattern, but in the end, she is certain that the pattern is indeed moving, and that the woman hidden behind it is the very agent that shakes the pattern. This shift means she transforms from a hesitant observer into a dominant figure with absolute interpretive power. She weaves the reality that cannot be articulated through suppressed discourse into the visual framework of the wallpaper: the striped pattern mirrors her own situation of imprisonment, the shaking woman embodies her will to resist, and the wallpaper becomes an irreplaceable carrier of expression. It is never noticed by John, yet it is evident to readers, and it also breaks free from the constraints of the "rest cure".

### 4.3. Internal Narration and External Silence

There is an acute contradiction between the narrator's silence and her vivid internal monologues. This combination embodies the extreme use of silence as a deliberately planned communication tool. This strategic dual state is not a marker of mental collapse. Rather it helps the narrator maintain a certain intellectual independence and build an alternative narrative power that can elope the censorship of patriarchal institutions. The narrator admits that she cries for no reason, most of the time, which directly disproves the assumption that she is emotionally detached: what she hides is never her emotions themselves, but the public expression of those emotions (Gilman, 1892, p. 21).

She immediately adds, "Of course I don't cry when John is there, or when anyone else is there; I only cry when I am alone" (p. 21). Our analysis starts with the modal particle "dāngrán" (of course) in the text. This particle reveals that the character has long internalized concealment as an instinct. The character strictly controls his words and actions whenever he is in front of John and only dares to show his true self when he is alone. This split communication pattern is by no means a sign of weakness; instead, it is a threefold survival resistance strategy he has constructed through his silence in public spaces, his private diary, and his suppressed tears.

In reinterpreting *The Yellow Wallpaper*, the long-standing mainstream interpretation that frames the narrator's silence as a passive decline of her mental faculties or unreserved compliance is being overturned. This silence is an epistemological strategy the narrator actively designed. This silence is inherently a strategic defense she uses to safeguard her own right to interpretation. The protagonist observes a woman crouching and creeping behind the wallpaper (Gilman, 1892, p. 29), and what to be rejected is framing this description as a simple delusion. Instead, it is arguably a symbolic expression of an unshared reality. The protagonist shows understanding of her own dilemma of being trapped and chooses outward silence toward John as compulsory cost to protect her cognitive freedom.

### 4.4. Nonverbal Communication Trauma

When language is completely stripped of its legitimacy as an effective form of expression, the body becomes the ultimate alternative medium of communication. The protagonist of *The Yellow Wallpaper* forms an empathetic bond with the woman trapped behind the wallpaper, and her subsequent act of "crawling" is a complex set of nonverbal expressions that accurately conveys the trauma of her forced silencing. This bodily performance does not signal the loss of individual subjectivity; on the contrary, it is the most profound and radical declaration of that subjectivity.

The protagonist once observes that "the faint figure behind seemed to shake the pattern, just as if she wanted to get out" (Gilman, 1892, p. 29). The trembling of the woman behind the wallpaper in *The Yellow Wallpaper* is by no means an act of uncontrolled chaos as stated in previous common

interpretations. Instead, it is a deliberate act of communication with a clear purpose, and more than that, a form of nonverbal resistance that fully aligns with the narrator's empathy. This movement accurately reflects the narrator's repressed desire to break free from the constraints of domestic discipline and the medical framework. The narrator recognizes this identical resistance hidden beneath her own mask of silence precisely from that act of trembling. This identification of shared identity allows her to externalize her own trauma and legitimize it, constructing a personal testimony, through nonverbal symbols, of the suppression she has endured under her husband John's medical hegemony.

In different instances, the narrator's silence is not slightly voluntary; it is a forced outcome produced by the disciplinary power of the male gaze. her fragmented line "better in body perhaps" (Gilman, 1892, p. 31) marks the exact point where her clinical observation (primarily distinguishing between physical recovery and psychological suffering) was blocked by patriarchal medical authority before it could be voiced. John's harsh, reproachful gaze is precisely this hidden form of discipline, which forces the narrator to censor herself. Unspeakable thoughts eventually shift into the symbolic language of the wallpaper. Suppressed speech never disappears; it can only redirect itself into other channels of communication.

## 5. Silence as Resistence and Self-Assertion

The narrator's silence, far from remaining a passive product of patriarchal medical authority, undergoes a fundamental transformation into an instrument of deliberate resistance and self-assertion. By tracing the narrator's trajectory from enforced reticence to strategic agency, this section argues that her final act of "creeping"—performed before John in the room she has claimed as her own—constitutes the most complete communicative performance in the text, one in which silence and embodied action converge to produce an unspoken declaration of selfhood that no medical authority can diagnose away.

### 5.1. Silence: From Passive Acceptance to Strategic Use

Previous chapters have explored silence along three dimensions: first, a situation forced upon an individual to endure; second, an alternative form of communication; and third, a symbolic discursive practice. In contrast, the narrator's silence in *The Yellow Wallpaper* evolves from a passive outcome of oppression by patriarchal medical authority into a powerful tool to launch deliberate resistance and assert her selfhood. At the end of this semi-autobiographical work, the narrator performs the ultimate act of "creeping" in the room she has claimed for herself, in front of her husband. Silence and physical action eventually merge to grant an unspoken, independent declaration that does not accept negation

The narrator's silence shifts from an initially forced restriction to an actively chosen resistance strategy. Her declaration that "I turned it off with a laugh" (Gilman, 1892, p. 38), diverts her husband John's scrutiny by adopting a compliant appearance that aligns with patriarchal demands, turning acts of obedience originally used to discipline women into a tool for resistance. Furthermore, her mindset that she had no intention of telling him (Gilman, 1892, p. 38) clearly distinguishes the core of this self-determined silence from passive withdrawal. This state of the narrator's perfectly matches Glen's (2004, p. 2) definition of strategic silence as "purposeful and goal-oriented".

Her worry that he would take her away if he knew (Gilman, 1892, p. 38) further confirms that her use of silence at this point is no longer for enduring her confinement, but for sustaining that confinement (the wallpaper, eventually, has become her exclusive space for communication. The shift of silence from a

defensive mechanism to a tool for self-determined action emerges clearly: the narrator's declaration, "I shan't tell it this time!" (Gilman, 1892, p. 46), is a deliberate act of concealing information that directly defies the absolute transparency required for submission to clinical observation under the "rest cure."

Through the judgment that it is wrong to trust anyone too much (p. 46), she builds up a cognitive refuge free from John's intrusive scrutiny. Drawing on Foucault's (1978) observation that silence is never the boundary of power, but an inherent part of power, the narrator hides her ultimate goal (that is tearing the wallpaper off the wall) through her strategic use of silence, which shows that she is no longer the passive object receiving diagnosis, but an active observer. She uses silence to conceal the 'strange things' she has discovered, ensuring that her final act of self-determination stays entirely beyond John's control.

Initially, she would fall silent meekly under John's described look admitting that she would not be saying anything about it (Gilman, 1892, p. 31). By the time she voluntarily declares the latter (p. 46), this shift toward choosing to conceal information completely reverses the originally imposed power hierarchy. What started as a medical mandate has been refashioned by her into a subversive strategy, securing her communicative independence.

### 5.2. Reclaiming Agency

Many literary critics attribute the narrator's silence in The Yellow Wallpaper to a mere clinical disorder, but this judgment alone is inaccurate. Factually, her silence evolves from a passively endured burden into a core cognitive pillar that supports her in reclaiming her subjectivity. She deliberately hides her "scientific hypothesis" about the wallpaper from her husband, who happens to be her doctor. Through this act, she takes back the power to interpret her world, which had been monopolized by patriarchy, and turns silence into a space where she solely defines the truth. This breaks the long-held assumption that only active speech can allow a person to escape self-imprisonment.

In her silence, she shifts fully from passive endurance to active action, and from observation to physical assertion. Through this, she turned the room that once trapped her into an autonomous space ruled entirely by her own will. Her declaration that "I pulled and she shook, I shook and she pulled, and before morning we had peeled off yards of that paper" (Gilman, 1892, p. 48) creates a rhythm of synchronized, collaborative resistance. The woman in the wallpaper is no longer a simple projection, Moreover, she is an embodied existence connected to the narrator's own body. The apparent use of "we" turns the narrator's deep loneliness into a collective force of shared resistance. Measuring the amount of paper that was peeled "yards" marks an achievement. It shows that she has replaced passive acceptance with active intervention. The wallpaper that was once regarded as a symbol of imprisonment, is deliberately damaged, and she practices freedom through action rather than words.

Immediately following this, her declaration "no person touches this paper but me—not alive!" (Gilman, 1892, pp. 49–50) extends the agency she has reclaimed beyond the psychological sphere to absolute control over her body and space. The power to issue prohibitions, once held firmly by John, is fully transferred to her. When she tells that "It was so quiet and empty and clean now" (Gilman, 1892, pp. 49–50) then locks the room and throws the key onto the path in front of the door, the first act demonstrates her capacity of manipulate what/who once ensnared her, while the second is an independent choice to draw boundaries and block outside interferences. Finally, the room is rendered a space fully ruled by her will. Instead of interpreting the narrative subjectivity shift in *The Yellow Wallpaper* as a sudden outburst, the argument is that the narrator's recovery of her subjectivity is the

outcome of a series of sustained communicative acts of resistance.

Her actions along the text's narrative timeline are traced from the initial statement that "I am too wise," to her deliberate use of silence, secret diary writing, and decoding the symbolic patterns of the wallpaper, and finally to the ultimate act of locking her bedroom door and throwing the key onto the path in front of the house. Through these steps, she gradually dismantles the patriarchal cognitive power structure set up by her husband. The locked room was deemed the protagonist's exclusive autonomous space. It isolates her from medical supervision, family obligations, and patriarchal control. The female protagonist further transforms the discipline imposed on her into a catalyst for freedom. The act of throwing away the key is a silent declaration that the patriarchal medical system can no longer manipulate her space, body, or right to expression.

### 5.3. Paradox of Liberation through Silence

The process through which the narrator reaches liberation paves the way for a paradox worthy of deep reflection: to realize genuine self-assertion, she must abandon the patriarchal linguistic system, yet this very act ends up confirming the clinical diagnosis of "madness" that was originally used to oppress her. She does attain liberation, but this liberation exists only within a framework that her oppressors can never define as rational. The narrator's line, "It is no use, young man, you can't open it!" (Gilman, 1892, p. 54) is her direct verbal declaration of her own authority, and it is arguably the weightiest expression of authority she utters throughout the entire narrative. However, the power of this statement does not stem solely from the spoken words themselves; it grows out of the long, deliberately sustained silence that preceded it. The firmly locked bedroom door, the hidden key, and the hidden true motives she kept concealed for months all together build the dramatic tension behind this declaration.

Her declaration How he does call and pound! Now he's crying for an axe" (Gilman, 1892, p. 54) highlights this reversal of power. Her physician husband, who once could subdue her with nothing more than a "stern, reproachful look" (Gilman, 1892, p. 31), now falls into a state of physical disarray, reduced to shouting, pounding on the door, and begging. John's frantic demand for an axe is exactly the proof that the clinical interpretive power, discursive dominance, and even physical control he once held over the narrator have all completely collapsed.

The closing imagery of the narrative pushes this core paradox to its extreme Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time" (Gilman, 1892, p. 55). The narrator's rhetorical question about John's fainting reveals that she has entirely broken free from John's cognitive framework. Her genuine confusion at his reaction stems from having fully stepped outside the logical system that would have labeled her actions abnormal. The most striking detail is that John collapses in the space the narrator has claimed to be her sovereign territory, yet she refuses to halt her own movement to accommodate him.

This act of creeping over John is a communication symbol of immense weight. The woman who was once stripped of her voice now uses physical action to step over the physician who forced her into silence, and this gesture completely dismantles the hierarchy of subject and object constructed by clinical medicine. John is reduced to a mere physical obstacle in a space he can no longer control. As Showalter (1985) observed, a physician fainting before his own patient symbolizes the total failure of a medical paradigm that relies entirely on female compliance.

The silence once used to repress people has now been actively repurposed to break shackles, and the entire system that underpinned patriarchal control has begun to collapse as a result. Yet even if the narrator's liberation is genuine, her act of liberation (sneaking closer, then circling and stepping over the fallen figure who represents patriarchy) will still be labeled as clinical insanity by the medical system. Far from weakening her subjectivity, this paradox highlights the violence embedded within the medical system: for women to realize their self-determination, the only available path is to sink into a profound silence that oppressors cannot comprehend. This silence carries an unspeakable tragedy, while also holding immense power to upend the established order.

### 5.4. Final Scene as Communicative Performance

Interpreting the ending of *The Yellow Wallpaper* as the narrator's complete surrender to insanity was often taken for granted. However, this paper argues that this scene represents the most prudent and complete act of communication the protagonist achieves: by combining silence, physical movement, and spatial control, she issues a declaration of autonomy within patriarchal boundaries that spoken language cannot accomplish. Her observation that "It would be a shame to ruin that fine door" (Gilman, 1892, p. 54) is not to be deemed a genuine plea to protect the door; it is an unmitigated declaration of control.

She speaks to John in her "softest voice," repeatedly telling him the key is "down by the front doorsteps" (Gilman, 1892, p. 54). This softness is not a sign of submission, but a strategy she actively chooses. The fact that this line leaves John silent for a good while (Gilman, 1892, p. 54) proves exactly how persuasive power she can generate when she uses language strategically. Furthermore, her repeated claims that she "can't" are not simple expressions of helplessness; they are calculated acts of resistance: she sets the conditions for entering the room, controls the location of the key, and regulates who may enter this space. Her repetition delivered "very softly and slowly" (Gilman, 1892, p. 54), turns language into a tool to delay and to dominate.

Most critically, the narrator turns the "performative femininity" that John's medical authority demanded she embody into a weapon. Her "softest voice" is nothing more than a rhetorical veil, hiding her absolute control over the spatial boundaries of the room. She successfully stops John from breaking down the door, forcing him to comply with her conditions to enter, and makes the husband who held patriarchal authority obediently follow her instructions. This completely reverses the inherent subject-object relationship of the clinical gaze. John shifts from the detached observer to the one being commanded. When John breaks down and cries out, "For God's sake, what are you doing!" (Gilman, 1892, p. 55), it marks the total failure of medical discourse as an interpretive tool. The physician who once proudly declared, "I'm a doctor, dear, and I know" (Gilman, 1892, p. 30) is now trapped in bewildered confusion, his clinical dominance rendered useless in the face of a reality that exceeds all his diagnostic vocabulary.

The narrator turns herself into an object unrecognizable to the medical gaze, creeping and glancing over her shoulder at John (Gilman, 1892, p. 55), dismantling the very foundation of that authority from its roots. Her final cry, "I've got out at last, in spite of you and Jennie! And I've pulled off most of the paper, so you can't put me back!" (Gilman, 1892, p. 55) marks the protagonist's possession of absolute, uninterrupted subjectivity. This line contains none of the dashes, hesitations, or submissive phrasing such as "of course I said no more". Her strategic silence fulfilled its purpose: it protected her autonomy until it could give rise to an irreversible act of self-assertion.

The long silence she maintained within the folds of the narrative secured a communicative foundation for her. This allowed her to finally escape the threat of suppression and express herself with absolute freedom. Following Showalter's (1985) observation that 19th-century medical authority relied on the surveillance, diagnosis, and confinement of female subjects, John's fainting signals the total end of that system of control. The physician becomes the patient; the examiner becomes the object being watched. The protagonist's line, "I had to creep right over him every time!" (Gilman, 1892, p. 55) encodes this role reversal in physical form. Instead of carefully stepping around John, she creeps directly over his body, reducing this symbol of failed patriarchal control to nothing more than a sheer physical obstacle on the path of her newly achieved autonomy.

In a nutshell, this wordless declaration, forged through deliberate silence, proves that the protagonist's suppressed identity not only survived the "rest cure" but completely overwhelmed the institutional authority that once silenced it. The closing scene of *The Yellow Wallpaper* is a clear declaration, not a mere conclusion. In the final pages, Gilman presents the peak of the narrator's communicative power, not its end. All the calculated silences that preceded it lay the groundwork for this irreversible act of communication. The narrator does not put her liberation into words but rather enacts it with her body. John's collapse highlights that of the entire "rest cure" system: its clinical scrutiny, diagnostic terminology, and patriarchal oversight were all completely defeated by the very silence they sought to impose.

## 6. Conclusion

This paper argues that the narrator's silence in Charlotte Perkins Gilman's *The Yellow Wallpaper* is neither a sign of psychological decline nor a passive outcome of patriarchal oppression. Instead, it is a structured set of subversive communication practices through which the narrator builds and establishes an independent self-identity. Tracing the narrator's trajectory from forced silence to strategic control gained through that silence, we can define this silence as a complex "unspoken voice" (primarily a discourse of silence that is as expressive, logically coherent, and politically meaningful as any verbal dialogue within the text.

This paper adopts a three-stage progressive analytical framework. The first stage examines how patriarchal discourse suppresses the narrator under the guise of medicine, serving as the foundational layer for the entire analysis: the narrator's husband is a clinician with absolute authority, who manipulates the narrator through three specific actions (systematically denying her personal feelings, labeling her inner thoughts as pathological symptoms, and forcing her to carry out active self-censorship within the domestic sphere. The second stage organizes content at the textual phenomenological level, sorting out three alternative channels through which the narrator transforms her repressed desire for self-expression: a secretly written diary, the symbolic language embodied in the yellow wallpaper, and entirely private inner monologues that evade John's surveillance. The final, and arguably most important stage argues that the narrator's silence shifts from an imposed constraint to a strategically employed tool, and the story's closing scene marks the climax of this transformation.

The depth of communication achieved through her nonverbal actions is unattainable by the spoken language constrained by the 'rest cure'. In response to the core academic debate over whether the narrator's state at the end of the story represents a victory or a complete breakdown, this paper introduces that the narrator achieves a genuine victory, yet the cost of this victory is unrecognized by the patriarchal structure; her liberation is real, autonomous, and permanent, beyond John's ability to

reverse it; however, this form of liberation is universally dismissed as mental insanity by all mainstream institutions that uphold the patriarchal order; this paradox exposes a profound systemic failure, rather than a flaw in the narrator's own subjectivity, and ultimately constitutes a sharp indictment of the society that deprives women of their legitimate space to speak.

This paper also advances research in feminist literary criticism by dismantling the traditional binary that "speech equals power, silence equals submission." The "unspoken voice" of the narrator in *The Yellow Wallpaper* is by no means a gap in discourse. Instead, it is a form of communicative action that possesses internal coherence and political influence. This logic can be extended to universal scenarios of literary life: when mainstream discourse systemically suppresses marginalized groups, it is critically important to clarify how silence functions as a mechanism to preserve one's selfhood, mount resistance, and claim rights. More than a century after its publication, this work remains one of the most incisive and profound explorations of this logic. The protagonist does not passively endure oppression; instead, she transforms her forced silence into a unique and powerful form of expression. The content she leaves unspoken is fully capable of undermining the influence of dominant power.

It must be taken into consideration that the protagonist's liberation is not to be regarded merely as "madness", but as a strong attempt to assert her agency against institutionalized structures that constantly denied her 'autonomy'. She reclaimed control over her body, narrative voice, and perception of the sphere surrounding her by refusing confinement to the prescribed domestic and therapeutic roles. Her statement about finally getting out signals a moment of self-recognition where liberation became possible through refusing an identity that was imposed on her. This liberation, nonetheless, remains paradoxical, since the authorities surrounding her have the power to define her 'resistance' as pathological. From John's viewpoint, her refusal to comply does not signify autonomy (it is only classified as evidence of mental disorder).

The protagonist, hence, achieves a certain level of personal agency while, at the same time, remains legible to the dominant medical and patriarchal order as "mad". This narrative uncovers the power of institutions not merely to regulate women's behavior, but also to determine the meaning of their resistance: when a woman refuses the structures that confine her, the very act through which her freedom is asserted becomes the proof of her insanity.

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