



## HYSTERIA, WITCHES, AND THE WANDERING UTERUS: A BRIEF HISTORY OR, WHY I TEACH "THE YELLOW WALLPAPER"

April 5, 2017 By Terri Kapsalis

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I teach “The Yellow Wallpaper” because I believe it can save people. That is one reason. There are more. I have taught Charlotte Perkins Gilman’s 1891 story for nearly two decades and this past fall was no different. Then again, this past fall was entirely different.

In our undergraduate seminar at the School of the Art Institute of Chicago, we discussed “The Yellow Wallpaper” in the context of the nearly 4,000-year history of the medical diagnosis of hysteria. Hysteria, from the Greek *hystera* or womb. We explored this wastebasket diagnosis that has been a dump-site for all that could be imagined to be wrong with women from around 1900 BCE until the 1950s. The diagnosis was not only prevalent in the West among mainly white women but had its pre-history in Ancient Egypt, and was found in the Far East and Middle East too.

The course is titled “The Wandering Uterus: Journeys through Gender, Race, and Medicine” and gets its name from one of the ancient “causes” of hysteria. The uterus was believed to wander around the body like an animal, hungry for semen. If it wandered the wrong direction and made its way to the throat there would be choking,

coughing or loss of voice, if it got stuck in the the rib cage, there would be chest pain or shortness of breath, and so on. Most any symptom that belonged to a female body could be attributed to that wandering uterus. “Treatments,” including vaginal fumigations, bitter potions, balms, and pessaries made of wool, were used to bring that uterus back to its proper place. “Genital massage,” performed by a skilled physician or midwife, was often mentioned in medical writings. The triad of marriage, intercourse, and pregnancy was the ultimate treatment for the semen-hungry womb. The uterus was a troublemaker and was best sated when pregnant.

“The Yellow Wallpaper” was conceived thousands of years later, in the Victorian era, when the diagnosis of hysteria hit its heyday. Medical attention veered from the hungry uterus and was placed on a woman’s so-called weaker nervous system. Nineteenth-century physician Russell Thacher Trail approximated that three-quarters of all medical practice was devoted to the “diseases of women,” and therefore physicians must be grateful to “frail women” (read frail white women of certain means) for being an economic godsend to the medical profession.

It was believed that hysteria, also known as neurasthenia, could be set off by a plethora of bad habits including reading novels (which caused erotic fantasies), masturbation, and homosexual or bisexual tendencies resulting in any number of symptoms such as seductive behaviors, contractures, functional paralysis, irrationality, and general troublemaking of various kinds. There are pages and pages of medical writings outing hysterics as great liars who willingly deceive. The same old “treatments” were enlisted—genital massage by an approved provider, marriage and intercourse—but some new ones included ovariectomies and cauterization of the clitoris.

It is no accident that such a diagnosis took off just as some of these same women were fighting to gain access to universities and various professions in the US and Europe. A decrease in marriages and falling birth rates coincided with this medical diagnosis criticizing the New Woman and her focus on intellectual, artistic, or activist pursuits instead of motherhood. Such was the downfall of Gilman’s narrator in “The Yellow Wallpaper.”

“The uterus was believed to wander around the body like an animal, hungry for semen.”

Good chance you read the story in school, but in case you didn’t or have forgotten, here is a synopsis. Following the birth of her first child, the narrator says she feels sick, but her physician husband has dismissed her complaints as a “temporary nervous condition—a slight hysterical tendency.” He has rented a country house and has put her to rest in the former nursery. She explains,

So I take phosphates or phosphites—whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to “work” until I am well again.

Personally, I disagree with their ideas.

Personally, I believe that congenial work, with excitement and change, would do me good.

But what is one to do?

The narrator’s work is that of a writer. She sneaks paragraphs here and there when she is not being observed by her husband or his sister who is “a perfect and enthusiastic housekeeper, and hopes for no better profession.” The story documents the narrator’s frustrations with her so-called treatment and her husband’s resolve that she only needs to exercise more will and self-control in order to get better. ““Bless her little heart!’ said he with a big hug, ‘she shall be as sick as she pleases.’”

We witness the narrator’s steady decline as she becomes increasingly obsessed with the room’s ghastly wallpaper: “the bloated curves and flourishes—a kind of ‘debased Romanesque’ with delirium tremens—go waddling up and down in isolated columns of fatuity.” Gilman—a prolific writer of fiction, poetry and profound and progressive books, including *Women and Economics*, a woman who drew large crowds as she made the national lecture circuit in her day—is masterful at showing us how things fall apart for her protagonist. In the final scene of the story, the narrator creeps along the edges of the former nursery amidst shreds of wallpaper, stepping over her crumpled husband who has fainted upon discovering his wife in such a state.

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A number of 19th-century practitioners gained fame as hysteria doctors. S. Weir Mitchell, a prominent Philadelphia physician, was one of them. He championed what he called “the rest cure.” Sick women were put to bed, ordered not to move a muscle and instructed to eschew intellectual or creative work of any kind, fed four ounces of milk every two hours, and oftentimes required to defecate and urinate into a bed-pan while prone. Mitchell was so renowned he had his own Christmas calendar.

Mitchell was Charlotte Perkins Gilman’s physician. His rest cure was prescribed to some of the great minds of the time, including Edith Wharton and Virginia Woolf. Scores of white women artists and writers were diagnosed as hysterics in a period when rebelliousness, shamelessness, ambition, and “over education” were considered to be likely causes. Too much energy going up to the brain instead of staying in the reproductive organs and helping the female body do what it was supposed to do. As Mitchell wrote, “The woman’s desire to be on a level of competition with man and to assume his duties is, I am sure, making mischief, for it is my belief that no length of

generations of change in her education and modes of activity will ever really alter her characteristics.”

Transgressing prescribed roles would make women sick. British suffragettes, for instance, were “treated” as hysterics in prison. Outspoken proponents for women’s rights were often characterized as the “shrieking sisterhood.” In our seminar discussion, we made the comparison to the numbers of African American men diagnosed as schizophrenics at a State Hospital for the Criminally Insane in Ionia, Michigan in the 1960s and 70s as documented in psychiatrist Jonathan Metzl’s powerful book *The Protest Psychosis: How Schizophrenia Became a Black Disease*. A diagnosis can be a weapon used as a way to control and discipline the rebellion of an entire demographic.

As we discussed “The Yellow Wallpaper” and its historical context, I could see that Allie was becoming more and more outraged. She looked as if she might bolt from her classroom seat. Her hand shot up, “Would you believe that my high school English teacher told us, ‘If this woman had followed her husband’s instructions, she wouldn’t have gone crazy?!’”

If I’d had a mouth full of something, I would have done a spit take. In all my years of teaching the story, I cannot remember ever hearing this jaw-dropping explanation. But Allie opened the flood gates. Bec raised her hand, “We read it in eighth grade. We were all concerned and confused, especially the girls. And disturbed by the ending. No one understood what was wrong with the woman. The story didn’t seem to make any sense.”

Max added, “In my A.P. Psychology class, our teacher asked us to use the DSM 4 to diagnose the woman in “The Yellow Wallpaper.” I remember a number of student guesses, like Major Depressive Disorder, General Anxiety Disorder, as well as OCD, Schizophrenia, and Bipolar with Schizotypal tendencies.”

Noëlle said she remembered a fellow high school student describing the narrator as “animalistic” and the teacher writing it on the board. There was no discussion of what “hysteria” actually meant.

Keeta encountered the story in a college literature seminar titled “Going Mad.” Class discussion focused on the insane and unreliable narrator. “A missed opportunity for me to learn about something very real and current, and in some ways I feel wronged by that,” Keeta said. They explained that they had a similar feeling when watching the film *Beloved* in middle school. “Here’s your heritage, and it’s dumped in your lap, and you have no idea why this enslaved woman killed her child. If you had more information about the history of slavery and reproductive resistance, then you would be able to make better sense of what you were seeing.”

“So-called witches were accused of making men impotent; their penises would “disappear” and it was claimed that witches would keep said penises in a nest in a tree.”

Cristina hadn't read “The Yellow Wallpaper” before but said, “In the fourth grade in my all-girls Catholic school in Bogotá, my religion teacher told the class that we should only show our bodies to our husbands and doctors. Meaning they are the only ones that can touch our bodies. I think there is some connection here, no?”

I am always moved by the associations students make between the history of hysteria and their own lives and circumstances. We discussed how it is startling to learn about nearly four millennia of this female double bind, of medical writings opining cold, deprived, frail, wanting, evil, sexually excessive, irrational, and deceptive women while asserting the necessity of disciplining their misbehaviors with various “treatments.”

“What about Hillary?” Bec chimed in.

This wasn't just any fall semester. There couldn't have been a more appropriate time to consider the history of hysteria than September 2016, the week following Hillary Clinton's collapse from pneumonia at the 9/11 ceremonies, an event that tipped #HillarysHealth into a national obsession. Rudolph Giuliani said that she looked sick and encouraged people to google “Hillary Clinton illness.” Trump focused on her coughing or “hacking” as if the uterus were still making its perambulations up to the throat.

For many months, Hillary had been pathologized as the shrill shrew who was too loud and outspoken, on the one hand, and the weak sick one who didn't have the strength or stamina to be president on the other. We discussed journalist Gail Collins' assessment of the various levels of sexism afoot in the campaign. On the topic of Hillary's health, Collins wrote, “this is nuts, but not necessarily sexist.” We, in the *Wandering Uterus*, wholeheartedly disagreed. But, back in September, we did not understand how deeply entrenched these sinister mythologies had already become.

We returned to the Middle Ages to help us understand what we were witnessing unfold during the campaign. By way of the church, the myth flourished that women were evil. Lust and carnal pleasures were the problem with women who were, by nature, lascivious and deceptive. Female sexuality, once again, was the problem. So-called witches were accused of making men impotent; their penises would “disappear” and it was claimed that witches would keep said penises in a nest in a tree. Unholy spirits were the cause of bewitchment, a condition that sounded a lot like earlier descriptions of hysteria. Its “treatment” led to the death of thousands of women. In their 1973 groundbreaking treatise, *Witches, Midwives, and Nurses*,

Barbara Ehrenreich and Deirdre English argue that the first accusations of witchcraft in Europe grew out of church-affiliated male doctors' anxieties about competition from female healers. The violence promoted by the church allowed for the rise of the European medical profession.

In class, we continued to discuss the construction of she-devil, foul-mouthed Crooked Hillary who extremists berated with hashtags like #Hillabeast and #Godzilla and #Witch Hillary. How could we not compare the campaign season to the witch-hunts when folks at rallies started chanting "hang her in the streets" in addition to the by-then familiar "lock her up." In short order, we witnessed a shift from the maligned diagnosis of a single individual to an all-out mass hysterical witch-hunt against a woman who dared to run for presidential office. We discussed the brilliant literary critic Elaine Showalter whose book *Hystories*, written in the 1990s, focuses on end-of-the-millennium mass hysterias. Prior to the existence of social media, Showalter presciently wrote, "hysterical epidemics. . . continue to do damage: in distracting us from the real problems and crises of modern society, in undermining a respect for evidence and truth, and in helping support an atmosphere of conspiracy and suspicion."

We discussed the fact that social media had allowed for this rapid circulation of Hillary mythologies. I explained that the witch-hunts in Early Modern Europe happened to correspond to the invention of the social media of their day. First published in 1486, *Malleus Maleficarum* or *The Hammer of Witches* by Reverends Heinrich Kramer and James Sprenger became the ubiquitous manual that spread the church's methods of identifying witches through questioning and torture in large part by means of the contemporaneous invention of the printing press. For nearly two centuries, this witch handbook was reprinted again and again, disseminating sentences that would later inspire the anti-Hillary playbook, "She is an imperfect animal who always deceives." "When a woman thinks alone, she thinks evil."

By midterm presentations, we talked about the ways in which hysteria had gone viral with other women candidates, like Zephyr Teachout, a law professor and activist running for Congress, who found herself on the receiving end of attack ads that featured a close-up of her face with a red-lettered CRAZY stamped on it.

Upon closer investigation, this form of political slander was not limited to the current election season or the US. In Poland, women who marched against a recent abortion ban were called feminazis, prostitutes, whores, witches, and crazy women. While in 2013, Russian news reports suggested that members of the band Pussy Riot were "witches in a global satanic conspiracy in cahoots with the Secretary of State Hillary Clinton." That should have been a clue to what would follow.

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During the weeks running up to the election we veered from the topic of hysteria and discussed the history of gynecology and enslaved women as experimental subjects, sexual anatomy and disorders of sexual development, and queer and trans health care, but we still began each class by sharing recent developments from the campaign trail: Muslim registries, pussy grabbing/sexual assault, and bullying. We discussed Trump's remarks that soldiers living with PTSD are not "strong enough," echoing medical and military attitudes from the previous century that associated male hysteria with WWI and "shell shock."

The Sunday before the election, I was invited by students belonging to the school feminist group, Maverick, to meet at the Hull-House Museum. We sat on the floor of Jane Addams' bedroom which houses her 1931 Nobel Peace Prize as well as her thick FBI file, evidence of the one-time moniker "most dangerous woman in America." We talked about the founding of the Settlement House, that Addams knew that "meaningful work" was important for this first generation of white women that had received a college education. At the Hull-House, Addams and other young women residents worked together with some of the poorest immigrants to improve living conditions, to promote child labor laws, to build playgrounds. They celebrated various immigrant traditions over large shared meals and Italian opera and Greek tragedy.

I told the group that Charlotte Perkins Gilman visited the Hull-House on a number of occasions. It was at the Hull-House that she developed some of her ideas about women and economics, about group kitchens and shared domestic responsibilities. I told them how amazed I was to learn that, as a young woman, Addams, as well as a number of Hull-House residents, had also been under the care of the famed Dr. Mitchell.

I read them excerpts of Addams' writings during WWI when she was blacklisted for her promotion of peace; her health failed, and she hit the depths of depression. Remarking on her colleagues' suffering, she wrote: "The large number of deaths among the older pacifists in all the warring nations can probably be traced in some measure to the peculiar strain which such maladjustment implies. More than the normal amount of nervous energy must be consumed in holding one's own in a hostile world."

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When our class met two days following the election, we talked about deportations, anti-Muslim hate crimes, LGBTQ vulnerabilities, and climate change. A number of us confessed that we were physically ill as we watched the returns come in. I mentioned one friend who wrote me that he felt as though he were drinking poison. Two other friends were struck down by bouts of diarrhea and dry heaves on election night. When they went to their doctor, she said that she had seen an inordinate number of sick people. Something was going around.

For many of these students, the election results were just an added stress to that of a long-time civil war back home, to having undocumented family, to losses from gun violence, or to being targeted when walking down the street because of race and/or gender presentation and/or sexuality and age. For some of us, this next administration would be yet another thing to get through. For more of us, we were only beginning to understand that our democracy and our rights were fragile things.

I didn't tell them that I was waking up each morning feeling nauseated, my belly distended. I knew I was clenching my gut as if I had been sucker-punched. This clenching plus many surges of adrenaline had set off an old familiar pain in my gallbladder area. A friend told me about his neck pain. Another said her hip pain had returned. I was reminded of Showalter again: "We must accept the interdependence between mind and body and recognize hysterical syndromes as a psychopathology of everyday life before we can dismantle their stigmatizing mythologies." Who could ever claim that mind-derived illness is not true illness? Pain is not fiction.

The readings for the class immediately following the election included Billye Avery on her creation of the National Black Women's Health Project. She wrote about the importance of really listening to each other, that issues like infant mortality are not medical problems, they are social problems. We also discussed an excerpt from Audre Lorde's *Cancer Journals*, words that were remarkably fresh some 30 years later: "I've got to look at all my options carefully, even the ones I find distasteful. I know I can broaden the definition of winning to the point where I can't lose. . . We all have to die at least once. Making that death useful would be winning for me. I wasn't supposed to exist anyway, not in any meaningful way in this fucked-up whiteboys' world. . . Battling racism and battling heterosexism and battling apartheid share the same urgency inside me as battling cancer." We took heart in Lorde's reference to, "The African way of perceiving life, as experience to be lived rather than as a problem to be solved."

Our syllabus continued to portend current events even though it had been composed back in August before the start of the semester. At the escalation of the Standing Rock water protectors' protests, we discussed Andrea Smith's "Better Dead than Pregnant," in her book *Conquest: Sexual Violence and American Indian Genocide*, about how the violation of indigenous women's reproductive rights is intimately connected to "government and corporate takeovers of Indian land." We discussed Katsi Cook's "The Mother's Milk Project" and the notion of the mother's body as "first environment" in First Nations cultures, which led environmental health activists to the understanding that "the right to a non-toxic environment is also a basic reproductive right."

“For some of us, this next administration would be yet another thing to get through. For more of us, we were only beginning to understand that our democracy and our rights were fragile things.”

The week the students were to begin their final presentations, we discussed the Comet Ping Pong Pizza conspiracy, that a man actually stormed a DC pizza parlor with an assault weapon because of fake news claiming that this establishment was the locus of Hillary’s child sex slave ring. I would not have been surprised if the fake news writers had taken inspiration from the *Malleus Maleficarum* and reported that the parlor also served Hillary the blood of unbaptized children.

Emma said she was tired of Facebook and where was the best place to get news?

A good deal of the election’s fake news had been dependent on the power of a nearly 4,000-year-old fictional diagnosis. Both news and medical diagnosis masqueraded as truth, but they were far from it. How to make sense of this fake diagnosis in relation to the idea that illness can be born from our guts and hearts and minds? Is there anything truer? And yet, psychosomatic illness continues to be deemed an illegitimate fiction.

We know that the social toxins of living in a racist, misogynist, homophobic, and otherwise economically unjust society can literally make us sick, and that sickness is no less real than one brought on by polluted air or water. In actuality, both social and environmental toxins are inextricably intertwined as the very people subject to systemic social toxins (oppression, poverty) are usually the same folks impacted by the most extreme environmental toxins. And the people who point fingers and label others “hysterical” are the ones least directly impacted by said toxins.

Then there are the lies leveled at fiction. What of the fake criticism students had encountered during their former studies of “The Yellow Wallpaper”? Our histories provide us with scant access to the so-called hysteric’s words or thoughts. But Gilman was outspoken about her experience. She wrote about it in letters, in diaries, in the ubiquitous “The Yellow Wallpaper” and in a gem of a 1913 essay titled “Why I Wrote ‘The Yellow Wallpaper.’” In this 500-word piece, required reading for anybody assigning “The Yellow Wallpaper,” Gilman describes her experience with a “noted specialist in nervous diseases,” who, following her rest cure, sent her home with the advice to “‘live as domestic a life as far as possible,’ to ‘have but two hours intellectual life a day,’ and ‘never to touch pen, brush, or pencil again’ as long as I lived.” She obeyed his directions for some months, “and came so near the borderline of utter mental ruin that I could see over.” Then she went back to work—“work, the normal life of every human being; in which is joy and growth and service”—and she ultimately recovered “some measure of power” leading to decades of prolific writing and lecturing. She explains that she sent her story to the noted specialist and heard nothing back. The essay ends,

But the best result is this. Many years later I was told that the great specialist had admitted to friends of his that he had altered his treatment of neurasthenia since reading "The Yellow Wallpaper."

It was not intended to drive people crazy, but to save people from being driven crazy, and it worked.

I teach "The Yellow Wallpaper" because it is necessary to know and to revisit. I teach "The Yellow Wallpaper" because a deep consideration of this story in relation to its historical and medical context teaches us how much more we can learn about every other narrative we think we already know, be it fact or fiction. I teach this story because I believe it can save people.

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The semester is over and New Year's Day 2017 has passed. I am struck with a nasty flu that lingers for weeks. There is a pulling pressure in my head, a stuck feeling in my ears, unpredictable flushes. I can't focus. I can barely write the sentences required to finish the letters of recommendations that are due.

Surfing online scratches some productivity itch. Like an obsessed survivalist chipmunk, I stock up on nuts and canned goods and vitamins that will line basement shelves. I donate to a hodgepodge of organizations and causes. . . NRDC, Standing Rock, IRC, African Wildlife Foundation, and more. I sign online petitions as quickly as they enter my inbox. I cough my way through calls to my members of Congress, imploring them to reject various cabinet picks. I come across an article about the surge of visits to therapists for "post-election stress disorder" and "post-election depression syndrome." The fever continues and still there is that loss of appetite, all laced with a deep sense of foreboding. I sleep through President Obama's farewell speech.

I wake up the next morning from a fever-induced delirium and am convinced that it is of the utmost importance to locate PVC-free window film. Once the right product is identified, I will affix these decorative wallpaper-like opaque sheets to the bottom sashes in the kitchen so that pedestrians on the nearby sidewalk cannot see in. Suddenly, I must have more privacy. But I want privacy and light. I look at various patterns. One pattern is called "atomic energy." It is lovely but would probably prove monotonous. I finally land on "rhythm" for its non-descript pattern. In the end, I decide that the wood blinds that are already there work just fine.

I blow my nose and steam my head through more news of Russian election intervention and continued nasty tweets, this time aimed at civil rights legend John

Lewis. As Inauguration Day inches closer, I lie on the couch under a blanket, looking out my Chicago window at the rain that should be snow.

A friend on the phone tells me that a fever is the releasing of anger. I feel semi-human. I am haunting my own couch. I leave the house only twice in 17 days to see Frank, the acupuncturist, who tells me that he is treating scores of people with the same upper respiratory thing. He has seen an uptick in ailments since the election. Maybe things will be better after the inauguration, he says hopefully, maybe the anticipation is worse.

I hear myself say aloud to my body, “Please work with me here.”

I read about Jan Chamberlin, a member of the Mormon Tabernacle Choir who refuses to sing at the inauguration. A CNN anchor says that her comparison of Trump to Hitler sounds “kind of hysterical. . .”

I recall one student from a few years ago. She raised her hand and said that the diagnosis of hysteria was like being called a “crazy girl.” “I am called that all the time,” she said. I was confused. Crazy girl? But as she continued on about that label, many of her classmates nodded emphatically. “If I get upset about something said in conversation or on social media,” she said, “I’m dismissed as ‘crazy girl.’”

Class projects are piled on the floor of my office. There is Max’s poem about the horrifying beating he experienced as a teenager, a hate crime at a mall witnessed by his boyfriend and dismissed by the police. There is Virginia’s small book that she made for her teenage nieces, advice for being a young Latinx person in this country. There is Sylvie’s project, an artist’s book collaboration with her dead mother’s journal writing. Noëlle’s educational coloring book for kids with diabetes that she made with her eight-year-old brother as adviser. I imagine that most, if not all, of these amazing young people would have qualified at one time or another as hysterics because of gender presentation and/or sexuality, and their artistic, scholarly, or activist pursuits. Me too. We are all part of a long history, members of tribes that have been, at times, misinterpreted, misunderstood, or worse.

The misunderstandings have not stopped. Each semester that I teach this class, a few students share stories of bodily symptoms, their own or a family member’s, that could not be explained by organic causes according to conventional Western medicine. Inevitably they were told by a healthcare provider that the problem is all in their heads. These stories contribute to conversations about the power of the mind and how many great ideas and possibilities arise from the very “irrational” place that has been and continues to be so often undervalued.

That is another reason I teach “The Yellow Wallpaper.” Gilman’s text reminds us that we must defy Mitchell’s treatment; we must use our minds, our critical faculties, and our imaginations more than ever to question and to act.

The fever has lifted, but I still cancel my trip to DC. Standing in the cold for hours would be a bad idea given what my body has been through. I know I must rest. But I can finally focus again. And write. I am so grateful. As Gilman says, “work, the normal life of every human being; in which is joy and growth and service.”

I refuse to tune in for the inauguration. I cannot bear to watch it by myself. After it is over, I read the transcript of the apocalyptic “carnage” speech and witness comparison photos between the last inauguration and this one, proving the small number of people in attendance, a fact that will become the focus of more lies. These “alternative facts” are aided and abetted by Trump’s adviser Kellyanne Conway who will be increasingly subject to strikingly familiar misogynist bitch and witch-based attacks of her own. Hysteria is a bipartisan weapon.

The following day, I watch videos and livestream of millions of participants assembled for Women’s Marches all over the world. A proliferation of photos collect online in a blink. My stomach releases a bit.

From my couch, I work on my syllabi for spring semester while reading Hannah Arendt on tyranny, Michel Foucault on defending society, and bell hooks on love. I am not teaching “The Yellow Wallpaper” this semester. But it will be on my syllabus next fall. And the following fall. And again. And again.

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Terri Kapsalis is the author of Jane Addams' Travel Medicine Kit, The Hysterical Alphabet, and Public Privates: Performing Gynecology from Both Ends of the Speculum. A co-founder of Theater Oobleck and a collective member at Chicago Women's Health Center, she teaches at the School of the Art Institute of Chicago.