Gothic fiction or Puerperal Psychosis? : “The Yellow Wall Paper” as an example of Literature under the effects of a certain given psychopathology


The Yellow Wallpaper” by Charlotte Perkins, has been considered both an example of psychological realism and gothic fiction. The attempts to portray the mental deterioration of the narrator classifies the story as a part of the genre of psychological realism, as well as the inclusion of horror, suspense and the supernatural are considered conventions of gothic fiction. It seems reasonable that Charlotte Perkins could have included these gothic elements intentionally in order to create a certain atmosphere within her narrative; however, it would be interesting to consider these gothic elements as part of the symptomatology of puerperal psychosis.

Following the birth of her first daughter, Charlotte Perkins suffered a severe postpartum depression or postnatal illness. Postnatal illness is a term which covers three degrees of mental illness. The mildest and shortest lived of these is the baby blues, and the most severe form is puerperal psychosis. Between these two extremes lies postnatal depression (PND), which can itself vary in severity. There exist clear evidences that Charlotte Perkins suffered from postpartum depression, but, did she reach the next degree of mental illness? In order to state that she suffered from puerperal psychosis, it should be considered first the fact that she underwent a postnatal depression. Postpartum depression is depression that occurs soon after having a baby. No specific cause of postpartum depression has been found; nevertheless, poor social supports from friends and family, as well as conflicts in the marriage, are considered among the risk factors. Despite of the fact that Charlotte Gilman was...
supported by her husband, he seemed to be too overprotective. As she had been educated in a family of strong feminist convictions, this could have developed feelings of frustration in her marriage. Most of the symptoms of a woman suffering from postpartum depression are reflected or literary expressed by Charlotte Perkins in her novella: sad mood, sleep disturbance, weight loss, loss of energy, agitation or anxiety, feelings of worthlessness or guilt, thoughts of death or suicide, and a feeling of rejection. However, as these symptoms are also typical of postnatal depression and puerperal psychosis, they will be related to the text when it is being talked about the symptomatology of puerperal psychosis.

Under the treatment of the noted neurologist S. Weir Mitchell, Gilman underwent his famous “rest-cure”- a regimen of total bed rest, confinement and isolation. Taking into account the above risk factors, the therapy proposed by this prominent nerve specialist seems totally counterproductive. Considering the “rest-cure” the basis for the “Yellow Wallpaper”, and comparing this therapy to which is nowadays assumed the best self-care at home, it seems obvious that almost all the indications followed by Charlotte Perkins were completely against prescription. Parallel to the specialist’s indications it is advisable for women suffering from postpartum depression to be surrounded by supportive family members. According to “The Yellow Wallpaper”, the narrator, or Gilman, was not permitted to do so: “When I get really well, we will ask cousin Henry and Julia down for a long visit” (Heath Anthology of American Literature, Vol.3, p 581. Further references hereafter in the text). It is also recommendable to take care of themselves as much as they can; nonetheless Charlotte Perkins seems to be completely subordinated to her partner’s cares: “hardly lets me stir without special direction (…) he takes all care from me”. (p. 579), “Then he took me in his arms and called me a blessed little goose (…) but he is right enough about the beds, and windows and things” (p. 581). This play of learned roles in which women were subordinated to men led Gilman to assume she should just follow the instructions given by male educated men, this contributing to her feeling of not being self supportive. It is advisable, as well, not to spend much time alone, but her husband’s job forced her to a lack of company: “John is away all day, and even some nights when his cases are serious” (p. 580). Therefore, it is also positive for someone suffering from postnatal depression to do something she enjoys, to feel some pleasure along their difficult days; however, one more time Charlotte is forbidden to do so: “(…) and I am absolutely forbidden to “work” until I am well” (p. 579), “he hates to have write a word” (p. 580). In addition, the rest-cure proposed by Dr. S. Weir Mitchell ignored the importance of healthy sleep and alimentary habits: “but I sleep a good deal in the day time” (p. 586), “I lie down ever so much now, John says it is good for me (…) it is a very bad habit I am convinced, for you see I don’t sleep” (p. 586), “Your exercise depends on your strength, my dear, and your food somewhat on your appetite; but air you can absorb all the time” (p. 580), “I don’t weight a bit more (…) and my appetite may be better in the evening when you are here, but it is worse in the morning when you are away” (p. 584). All these counterproductive instructions contributed to intensify the symptoms of a postpartum depression, possibly leading her to a next stage of mental illness: Puerperal Psychosis. It is, in almost all cases, a mood disorder accompanied by features such as loss of contact with reality, delusions, hallucinations, severe thought disturbance, and abnormal behaviour. The symptoms of puerperal psychosis vary. Manic or depressive symptoms tend to dominate, but occasionally there may be schizophrenic symptoms (which are the responsible of delusions and hallucinations) or a combination of these. If the mother becomes manic, she will seem excited and elated. This state may affect language and style writing, so that she will often talk very quickly, not
completing sentences or jumping from one subject to another. There are some examples of that use of language within the text. The most usual is the quickly change of subject:

“I wish I could get well faster. But I must not think about that. This paper looks to me as if it knew what a vicious influence it had” (p. 581), “There is one that commands the road, a lovely shaded winding road (...) A lovely country, too, full of great elms and velvet meadows. This wallpaper has a kind of sub pattern in a different shade (...)” (p. 582), “We shall sleep downstairs to-night, and take the boat home to-morrow. I quite enjoy the room, now it is bare again. How those children did tear about here! This bedstead is fairly gnawed! But I must get to work; I have locked the door and thrown the key down into the front path. I don’t want to go out, and I don’t want to have anybody come in, till John comes. I want to astonish him. I’ve got a rope up here that even Jennie did not find.” (p. 589).

The use of short sentences and lack of coherence is also frequent in some moments of her writing: “I don’t know why I should write this. I don’t want to. Don’t feel able. And I know John would think its absurd. But I must say what I feel and think in some way- it is such a relief! But the effort is getting to be greater than the relief. But the effort is getting to be greater than the relief.” (p. 583), “Now he does call and pound. Now he is crying for an axe. It would be a shame to break down that beautiful door” (p. 589). In addition, another example of lack of coherence and quick change in opinion lays in page 584 when Gilman states: “It’s lucky that John kept me here after all, I can stand it so much easier than a baby, you see (…) I don’t like it a bit. I wonder-I begin to think- I wish John would take me away from here”. Finally, the text also mirrors some excited and abnormal behaviours that may accompany those women suffering from this psychosis and that, in the other hand, could also been classified as gothic literary elements: “I tried to lift and push it until I was lame, and then I got so angry I bit off a little piece at one corner- but it hurt my teeth” (p. 589), “But here I can creep smoothly on the floor, and my shoulder just fits in that long smooch around the wall, so I cannot lose my way” (p. 589). Often a manic phase may be followed by a severely depressive phase. Most of the symptomatology is one more time described along the narrative. The mother may spend long periods of the day crying: “I cry at nothing, and cry most of the time” (p. 582). Her appetite may also be affected, as well as her sleep patterns are frequently disturbed: “half the time I am awfully lazy, and lie down ever so much” (p. 583). She is likely to feel inadequate and guilty: “he takes all care from me, and so I feel basely ungrateful not to value it more” (p. 579) and may become suicidal: “I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise” (p. 589). Occasionally, woman suffering from puerperal psychosis experiment obsessive thoughts, delusions and hallucinations. These symptoms may be the responsible of the gothic shade of the novella. Thus suffering from delusion, which is a belief that though false has been surrendered to and accepted by the whole mind as a truth, Charlotte Perkins becomes completely sure about two main ideas. The first one is that there is something mysterious about the house: “I would say a haunted house (…) still I will proudly declare that there is something queer about it” (p. 578), “there is a delicious garden!(...) there were greenhouses(…).There was some legal trouble (...).The house has been empty for years. That spoils ghostliness, I am afraid, but I don’t care- there is something strange about the house- I can feel it” (p. 579). The second wrong obsessive thought was related to some kind of strange property of the wallpaper: “I don’t mind it a bit, only the paper” (p. 581), I never saw so much expression in an inanimate thing before” (p. 581), “this paper looks to me as if it knew what a vicious influence it had” (p. 581), “the front pattern does move-and no wonder! The woman behind shakes it!” (p. 587), “I don’t wonder he acts so(...) It only interest me, but I feel sure John and Jennie are secretly affected by
it” (p. 588). This delusion can also been observed under the point of view of her husband in page 584: “He says no one but myself can help me out of it, that I must use my will and self control and not let any silly fancies run away with me”. As the narrative goes on these delusions seem to turn into hallucinations, it is to say, abnormal sensory perceptions unrelated to outside events and that take place while the person is awake and conscious: “and I laid there for hours trying to decide whether that front part of the pattern and the back part of the pattern really did move together or separately” (p. 585), “I didn’t realize for a long time what the thing was that showed behind, that dim sub pattern, but now I am quite sure it is a woman” (p. 585). The fact that Gilman saw a woman that in the end of the novella we know it clearly represents herself, could be easily explained if we consider that depersonalization is a symptom usually associated to depression, psychosis and schizophrenia. She would be feeling that it is not her the woman she sees, that it is a different person, although in the end we know that when she describes that woman she is actually describing herself. The following passages describe her own behaviour, despite the fact that she does not recognise it as her own “Then in the very bright spots she keeps still, and in the very shady spots she just takes hold of the bars and shakes them hard. (p. 587), “as soon as it was moon light and that poor thing begun to crawl and shake the pattern (...)” (p. 588). Furthermore, the next fragment clearly joins herself and the woman she sees in a same and unique person: “If the woman does get out, and tries to get away I can tie her! (...) But I am securely fastened now by my well-hidden rope” (p. 589).

After having considered the several evidences along the text of a clinical picture of postpartum depression and a possible puerperal psychosis as well as a possible depersonalization, it seem reasonable to consider the possibility that the inclusion of gothic fiction in the novella could have been more than a deliberate gothic shade. It could be the written expression of the hallucinations and delusions consequence of a puerperal psychosis and a depersonalization associated to this depressive disorder. ●

**Bibliografía**

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