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Whatever Happened to Jane's Baby? Still Another Examination of 'The Yellow Wall-Paper'

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Despite all the critical ink spilled over Charlotte Perkins Gilman's classic story, one complex question still persists in college classrooms and critical journals: what is the precise condition of the story's narrator and why is the baby presented in such a cursory manner? Several stumbling blocks to answering this question seem to impede commentators' interpretations: 1) the story's obviously unreliable narrator; 2) the tendency, usually called biographical fallacy, to read Gilman's life into the story; and 3) the attempt to filter the story through exclusively feminist lens.

Nonetheless, a handful of theories have been advanced to explain the narrator's problem and the "missing" baby. Rather than use the typical 19th-century diagnosis for such cases as "neurasthenia," Gilman's narrator sets the stage in diary entry I by announcing her physician husband, John, has concluded she suffers from a "temporary nervous depression [with] a slight hysterical tendency" (648). Following this textual diagnosis, Jane Thrailkill references "the apparent epidemic of nervousness during the second half of the nineteenth century" (536). Employing a particularly Lacanian reading, Barbara Suess seems to sum up the majority opinion that the narrator's problem is "a trying emotional period that is now popularly understood to be the fairly common disorder, postpartum depression . . . [ellipses ours] stemming from a psychotic condition that, prior to the birth of her son, was subdued or in control" (84-5). A blurb in the *Psychology of Women's Quarterly* for the 14-minute, 16mm version of "The Yellow Wallpaper" explains that the narrator's "nervous system goes haywire in the end, [and] she escapes into madness" (391). Barbara Hochman attributes the narrator's problems to her "reading habit . . .

[ellipses ours] the practice of reading for escape through projection and identification" (89).

In 2003, we spilt some of our own critical ink, arguing in *Eureka Studies in Teaching Short Fiction* (*ESTSF*) that the story "chronicles the narrator's progression from post-partum depression to what the American Psychiatric Association now identifies as Dissociative Identity Disorder (DID)" (64). Later, in a soon-to-be published article in *Notes on Contemporary Literature*, we, after pointing out "while a woman's birthing experience is a prominent part of the back story . . . [ellipses ours] birthing is the core of imagery in the twelfth and ultimate section of the forbidden diary" (TBA), suggest several possible interpretations that this imagery might support.

Now, with all this critical background, we would like to offer an elaboration on one new possibility we previously only broached. Our hypothesis is that the narrator, who admits to being both a writer (of the forbidden diary) and a reader, quite likely dreams up portions of the story if not its entirety. Because her story is filtered through her obviously troubled mind, the details are suspect, including the narrator's being a wife and a mother. In our previous article "Who Is Jane" (*ESTSF*), we identified the narrator's mental illness as DID stemming from post-partum depression; here, however, we are expanding our inquiry into the woman's illness and positing that instead of the narration being set at a summer rental, the "ancestral halls" of a "colonial mansion" (647), the story actually takes place in a 19th-Century version of a psychiatric ward, and we are arguing that the story provides the reflections of not only a woman suffering in general from Dissociate Identity Disorder, but more specifically a woman whose DID hallucinations are manifest also as pseudocyesis.

Pseudocyesis, or false pregnancy, has been previously thought to be a very unusual occurrence. Traditionally, as M. A. Persinger states in a 1996 article in *Social Behavior and Personality*, the term "has been reserved for those rare cases in which women display clinically verifiable (hormonal) signs of pregnancy. However, there is now evidence that most pathognomonic anomalies are extreme manifestations of symptoms and signs that are present subclinically within the normal population"—that is, "psychological pseudocyesis may be more common than suspected" (102). In fact, in his study of university women, over 20% of the population he sampled demonstrated pseudocyesis, believing that "I have at some time

in my life thought I was pregnant and in addition to not menstruating, developed other signs of pregnancy . . . [ellipses ours] only to find out later that I was not pregnant" (103). The women also exhibited the following traits:

- childhood belief "my doll(s) or stuffed animal(s) were alive"
- childhood/teenager fear "my imagining would become so real to me that I would be unable to stop it"
- "at times thought something happened to me, developed physical symptoms, but later found out that what I thought happened never actually occurred"
- 8.5 times more apt to be Catholic than Protestant
- "significantly more . . . [ellipses ours] dissociation" (104-5).

Such women, Persinger details, also report a significant response on the Personal Philosophy Inventory to the following items:

- "I have had experiences when I felt as if I were somewhere else."
- "There is something wrong with my mind."
- "At least once a month, I experience intense smells that do not have an obvious source."
- "Sometimes in the early morning hours between midnight and 4:00 a.m., my experiences are very meaningful."

A 2006 article in the *New York Times* elaborates upon pseudocyesis, tracing it back to Hippocrates in 300 B.C. and suggesting its occurrence "at a rate of 1 to 6 for every 22,000 births. Women suffering from the condition "fervently believe they are pregnant, but they also have bona fide symptoms to back up their claims like cessation of menstruation, abdominal enlargement, nausea, and vomiting, breast enlargement, and food craving" (D1, 6). A few even test positive on pregnancy tests (D1, 6). One cause has been suggested: "pseudocyesis occurs in patients who desperately want to become pregnant" (D6). The article ends by quoting Dr. Paul Paulman, a family practitioner at the University of Nebraska Medical Center, who sums up pseudocyesis as: "one of the classic examples in medicine of how the mind affects the rest of the body" (D6). We believe that Gilman's story is about that rare case of a woman who was never pregnant and never had a child but believes she

did and that the true emotional effect of the story lies in the distance between her apperception and what really happened.

To sum up the research, neurologists have concluded that people's personal beliefs and societal expectations profoundly affect their "interpretation of reality" (Persinger 101). Indeed, the narrator responds with pseudocyesis to her society's values that equate marriage and motherhood with respectability. More precisely, the narrator judges herself according to the standards of what Barbara Welter calls the "True Woman," who is required to be a pious, pure, and submissive, and, above all, a wife and a mother (Welter 313). Gilman's protagonist follows the same experiential profile as Persinger's volunteers, who reported a host of dissociative tendencies in addition to the being desperate to attain the status of a True Woman through marriage and motherhood.

First, as with pseudocyesis patients, the narrator talks about her vivid imagination dating back to her childhood days. At that time she believed that pieces of furniture were alive, being both too real and too difficult for her imagination to stop:

> I used to lie awake as a child and get more entertainment and terror out of blank walls and plain furniture than most children could find in a toy-store.
>
> I remember what a kindly wink the knobs of our big, old bureau used to have, and there was one chair that always seemed like a strong friend.
>
> I used to feel that if any of the other things looked too fierce I could always look into that chair and be safe. (650)

Obviously, her youthful mind created imaginary playmates and phobic pressures. In fact, she freely admits to an immense imagination that was fostered by gothic novels. In the beginning she notes the similarities of her locale and situation to such romances, but then undercuts her own "romantic felicity" (647). By the end, she imagines a woman, perhaps women, coming out from behind the wallpaper, and there are entire sections, such as diary entry V, in which she may imagine whole conversations (are we to believe that husband John comes into her room to sleep with her in her bed after he has supposedly talked in an earlier section about sleeping in a "near" [648] room?); in entry III, the reader wonders

if she has grounds permission and can walk in the garden, down the lane, or sit upon the porch. The women-helpers whom the narrator identifies as a housekeeper and John's sister are perhaps nurses who "check on her" or spy on her. Finally, the cousins who briefly come to call are consistent with family who come to visit a patient, and, significantly, their visits are marked by little or no conversation with her.

Second, in the manner of pseudocyesis patients, the narrator is very much aware that something is wrong with her mind. She believes "there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency" (648). By entry II she is "getting dreadfully fretful and querulous. I cry at nothing, and cry most of the time" (650). By entry IV, she is "awfully lazy and lie down ever so much" (651), and she admits "It is getting to be a great effort for me to think straight" (652). By the last entry, XII, she admits, "I am getting angry enough to do something desperate" (655).

Third, she experiences intense smells, believing their source to be the wallpaper. In entry I, she notes in passing the wallpaper's "sickly sulphur tint" (649). By entry VIII, she claims "there is something else about that paper—the smell! I noticed it the moment we came into the room, but with so much air and sun it was not bad. Now, after we have had a week of fog and rain, and whether the windows are open or not, the smell is here" (654). Later, her synesthesia kicks in as she notes a "yellow smell" (654).

Fourth, between midnight and four a.m., the narrator undergoes some of her meaningful experiences. By section V she claims while John sleeps, she stays awake to watch "the moonlight on that undulating wallpaper till I felt creepy" (652). In entry VI, she describes how "the moon shines in all night when there is a moon" (653). By entry VIII, she admits, "I don't sleep much at night" (653-4), but does during the daytime. All these habits are consistent with the DID group in Persinger's study.

In addition to the narrator's manifestation of pseudocyesis' basic traits, details in this narration about the setting—her experience in general and the yellow wallpapered room in particular—support our thesis that the narrator is not a vacationer but a patient. For example, according to the narrator, despite her wanting the room downstairs that "opened into the piazza" (648) and after John pointed out some problems, "we took the nursery at the top of the house" (648). Why would a woman *without* a baby be placed in a nursery? Would a doctor really prescribe a

nursery for a woman who in the narrator's state of mind has just had a baby? Wouldn't a nursery serve to remind the narrator of the child she is not allowed to be with? Wouldn't almost any other room be a better choice? Or, are we to assume that Dr. John is basically a dominating male who cruelly taunts his wife on a moment-by-moment basis about the very child she can't see even after she says he told her "the very worst thing I can do is to think about my condition" (648)?

In fact, is the narrator-described nursery really a nursery? The narrator hedges a bit on this one with a qualification; "It was nursery first, and then playroom and gymnasium, I should judge, for the windows are barred for little children and there are rings and things in the walls" (648). Isn't there a more believable explanation than the narrator's rationale about the bars being child-proofing? Isn't it possible that the narrator can't/doesn't want to recognize the bars and rings for what they are? The bars prevent her exit and her hurting herself, and the "rings and things in the walls" are used for restraints. Can't the narrator be describing a nineteenth-century room in an insane asylum? Perhaps the paper is peeling because it was once a boy's school room, but couldn't it be peeling from her actions as well as previous patients in the room? The narrator admits to looking out the window, where "I always fancy I see people walking in these numerous paths and arbors" (649). Does she see other patients with a lesser risk factor who are allowed the privilege of the grounds? Later, she further admits that the room has no furniture in it, which sounds more like something an asylum would do than the re-arranging of a summer rental by the renters. In fact, the only item in the room is a "nailed-down" (650) bed, which again sounds more like a fixture in a high-risk patient's room. One last detail about the room looms important. At the end the narrator admits, "I am securely fastened now by my well-hidden rope" (656). Since it is difficult to believe that someone as seemingly diligent as Dr. John would allow her to obtain a rope—especially because suicide would seem to be an obvious "solution" for her "slight hysterical tendency" (648)—perhaps the rope is actually another restraint for a thoroughly depressed patient.

Most importantly, the potential key evidence of the narrator's pseudocyesis is found in the very lack of details about the baby, both in her physical description of it and her lack of interaction with the child. As nineteenth-century wives were valued as mother-wives—and she admits she and John are "mere ordinary people" (647)—the normal

expectation is that the narrator would proudly describe the fruits of her labor, but other than noting the baby's sex as male, she provides no details as to height, weight, skin color, hair color, smiles, eating habits, even the age; in fact, in her first diary entry, she never mentions the baby. Her first reference to her newborn comes two weeks later in a passing note in entry II: "It is fortunate Mary is so good with the baby. Such a dear baby! And yet I cannot be with him, it makes me so nervous" (649). Her next reference to the baby, appearing in entry IV, seems a rationalization for her not being with her child: "There's one comfort, the baby is well and happy, and does not have to occupy this nursery with the horrid wallpaper. If we had not used it, that blessed child would have! What a fortunate escape! Why, I wouldn't have a child of mine, an impressionable little thing, live in such a room for words" (652). She references the child again in the next entry by supposedly quoting John as referring to his pleading for her to get well "for our child's sake" (652). And that's it—only three references to the baby in the entire diary that covers a three-month period. Importantly, too, at no time does she ever describe an interaction with her newborn or express a desire to do so.

One of the peculiar characteristics of Persinger's study is his discovery that the contemporary women who exhibit a tendency toward psedocyesis are likely to be Roman Catholic. Persinger explains this phenomenon by hypothesizing that it results from "this tradition's state-dependent behaviors (rituals) and the encouragement to accept logical incongruities" (109). Curiously, there was a strong dependence on rituals in the 19th century America, where Gilman's story presumably takes place. Similarly, American women of that period were expected to live up to the ideal of Welter's "True Womanhood." This concept was as full of logical incongruities as the Roman Catholic tradition. For example, women were supposed to be religious, pious, and sexually restrained, yet prolific. Similarly, they were supposed to be strong yet dainty. Barbara Welter sums up these incongruities as "It was a fearful obligation . . . the nineteenth-century American woman had—to uphold the pillars of the temple with her frail white hand" (313). Gilman's narrator, already predisposed toward DID, is caught in the demands of the True Womanhood ideal, which scorned indulging in creative pursuits, and glorified motherhood. Welter quotes Mrs. Sigorney, a women's magazine columnist, who claims that "in becoming a mother, you have reached the climax of your happiness, you have also taken a higher place in the scale of being . . . you have

gained an increase in power" (325). It is easy to conclude, therefore, that the narrator had a very strong desire to be married and have a requisite baby, and that much of her story is likely wishful thinking. She develops a strong attachment to her young doctor and fantasizes about being married to him and having his baby. By the end of the story, importantly she no longer refers to him as her husband or a doctor, but as "that man" (656).

Overall, our reading of the story does underscore the socio-cultural interpretations. In other words, we do see the story as a social commentary on a suppressive culture full of fallacies and "bewildering array of advice" (Welter 322). On the other hand, we have chosen to focus on the story's unreliable narrator and ambiguities that open its details to a wide variety of interpretations. For example, given Gilman's unreliable narrator, the yellow wallpaper with its "recurrent spot where the pattern lolls like a broken neck and two bulbous eyes stare at you upside down" (649) could be a Rorschach Test-like description of her real son, who emerged still-born . . . but that's another article.

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