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THE “HYSTERICAL GIRL”: FEMALE MENTAL HEALTH AND
STRUGGLES IN VICTORIAN GOTHIC FICTION

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*“Lock up your libraries if you like; but there is no gate, no lock, no bolt that you can set
upon the freedom of my mind.”*

-Virginia Woolf.

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Introduction

Through the investigation framework in the Seminar “The Gothic in English-Speaking Fiction: Terror, Horror, and Other Aesthetic Forms of Fear”, this research focuses on two literary works from the Victorian period, “The Yellow Wall-paper” (1892) by the feminist writer Charlotte Perkins Gilman, and *Carmilla* (1872) by Sheridan Le Fanu. In this research, we intend to explore what we consider to be female struggles during the Victorian Period and how this is reflected in Gothic fiction. In this case, we consider it to be a female’s struggle: mental health, sexual repression, gender repression, and motherhood, which can be found in both literary works. Also, depicting that most of the female’s struggles were classified under “hysteria”, we highlight that the lack of understanding of women’s bodies can be linked to the decaying mental health of Victorian women. Therefore, *we argued that mental illnesses in women were caused by male domination and the patriarchal understanding of female bodies and minds.*

For the purpose of this research, the concept of hysteria plays a central role in our investigation; thus, through the ‘New Historicism’ theory, we intend to review the important aspects that shaped the concept from Antiquity until the Victorian Period, which both literary works were written. It is important to mention that our investigation on hysteria focuses on what was thought as possible causes, a short review of symptomatology, the treatments that were used during different periods, and the effects that it had on hysterical patients, along with different techniques that were thought to be useful for the treatment of hysteria.

The second studies that are relevant to the investigation are 'Gender Studies'. We focus on the dynamics presented in the Victorian period, as well as the roles that women had to endure to achieve the standard imposed by society on the domestic space, such as being a housewife and a mother that could submissively obey or in the case of *Carmilla*, an obedient daughter, and how when women questioned their gender roles, this would depict them as hysterical. Last but not least, the 'Studies on Trauma theories' gave us a better understanding of how the concept progressed from being focused on the female body to the mind, as some of Freud's investigations on the psyche, which help us to unravel the concept as a psychological burden.

The relevance of the topic is due to the lack of connection between the patriarchal society and men as the producers of mental illnesses in women in Gothic Literature. At the same time, we supported other investigators that had claimed that hysteria was the misconception of mental illnesses such as depression, postpartum depression, and anxiety. We go further to try to understand that the pressure to achieve the different standards of society while submitting to men had an important role in the deterioration of female health in "The Yellow Wall-paper" and *Carmilla*. For this, we also take into consideration the real treatments that were used to treat hysteria and the misconception of the origins of mental health issues. Also, in the case of "The Yellow Wall-paper", we consider the real-life experience of the feminist author in order to portray the suffering and the lack of understanding of female roles and bodies. On the other hand, *Carmilla* is analyzed through the repression of sexuality and how women

that challenged the male-dominated system were portrayed as monsters that could pervert women that cooperate in the system.

As for historical accuracy, we will be exposing and reviewing material from doctors and philosophers that had an important role in the concepts of hysteria, such as Hippocrates, Silas Weir Mitchell, and Freud. Nevertheless, we are going to emphasize Mitchell's treatment through his essay on hysteria, *Fat and Blood*, which allowed us to understand further the treatments prescribed to both heroines of the literary works and make a connection between vampirism and hysteria.

The structure of the research is going to be divided into three chapters, in which each will have an individual analysis of "The Yellow Wall-paper" and *Carmilla*. The first chapter analyzes the historical background of hysteria, from the different approaches supported by doctors and physicians that dedicated their careers to the investigation of hysteria as a female illness.

The second chapter analyzes the gender roles that can be identified in both literary works, and how they can reflect heteronormativity and sexual repression, affecting the heroines in the role of females in society. Nevertheless, the analysis of both texts will have a different perspective depending on the literary work, while the analysis of "The Yellow Wall-Paper" will be focused on the bourgeois family dynamics and how the protagonist disrupts them. On the other hand, in *Carmilla*'s analysis, the focus will be on heteronormativity of the society and sexual repression, and how women's queer

desire was portrayed by vampires —perceived as monsters— that came to corrupt young ladies.

Last but not least, the third chapter focuses on motherhood and the differences that both texts have in the absence of the mother. While in the yellow wallpaper, Jane becomes the absent mother due to hysteria, in *Carmilla*, Laura is predisposed to suffer mental illnesses that in the Victorian period would be categorized as Hysteria, due to the absence of her biological mother in her life.

I. Diagnosis of the Female Body and Mind in the Victorian Era.

In Gothic novels, it is usually found in its narratives that 'The Heroine' is an innocent and defenseless young lady from a comfortable economic situation who requires the protection of a male figure. In the words of Ellen Ledoux, she explains what is Gothic literature, describing it as "narratives that focus on the struggles of a virtuous heroine often portray her as suffering within Gothic spaces" (3), an idea that is connected to a more specific brand of Gothic literature, which is Radcliffean Gothic.

Furthermore, the portrayal of female heroines is often situated within the domestic space and the danger that comes with being a woman, the female anxieties. In this context, is when a male figure would appear to save her from dangerous external forces constantly chasing after her. Nevertheless, Charlotte Perkins Gilman's "The Yellow Wall-paper" and Sheridan Le Fanu's *Carmilla* are not only literary works in which male characters are working to free the heroine from danger, but these stories are also a demonstration of how masculine characters are accidentally the instigators of the danger in which women are trapped in, not because they are the villain in their plots, but rather because they are average men: ineffectual and incompetent. In this sense, an effect that has consequences on female mental health; therefore, how female bodies and minds can cause great danger to themselves. Instead of external forces, the leading source of danger for women came from society, where the Gothic world symbolizes the patriarchal power that the heroine has to face as a version of the oppression women lives

every day (Ledoux, 3), for this reason, we believe that society creates this condition that can generate illnesses that included symptoms such as post-traumatic stress disorder, anxiety, depression, and even infertility —among others—, which were identified only in women and recognized as “women hysteria”. However, we need to be careful about considering the two literary works as feminist, since Le Fanu was a more conservative writer; regardless, we think that his novel helps us to depict our statement through his traditional point of view on society in contrast with Charlotte’s feminist point of view, that can be portrayed what women were suffering as a consequence of the social ideologies.

For this chapter the medical diagnosis of both heroines will be explained through the historical point of view from the Antiquity of hysteria to the Victorian period, since doctors from that time diagnosed hysteria to the heroine of “The Yellow Wall-paper”, Jane; and prescribed the same treatment to help the ‘heroine’ in *Carmilla* named Laura, despite not having a clear understanding of Laura’s disease and the causes.

Jane was diagnosed with temporary depression and a slight hysterical tendency, she had symptoms that she described as feeling nervous, crying over small things, weakness, and mental frustration that seems to be influenced by her husband's lack of ability to listen to her opinion: “John is a physician, and perhaps— [...] perhaps that is the one reason I do not get well faster. You see he does not believe I am sick!” (“The Yellow Wall-paper”, 179). Here, Jane appears to feel frustration about her diagnosis as she blames John for her slow recovery process and criticizes his profession for his incapability to understand her opinions over her health condition.

In *Carmilla*, on the other hand, Laura can acknowledge the changes her body has been suffering for the last weeks, as she describes her current physical appearance: “I had grown pale, my eyes were dilated and darkened underneath” (30). Veeder mentions a characteristic typical of women in the Victorian period, which also would affect Laura, considering she is a Victorian lady: “Le Fanu...attributes to Carmilla a trait characteristic of Victorian ladies: ‘nervous.’ Carmilla's vulnerability to the ‘hysteria’ which threatened women in Victorian life and literature and which afflicts Laura through the story”. (214)

However, Laura recognizes these symptoms and might have an idea that they are a sign of weakness rather than illness. Although Laura tried to reassure her father that her health condition was good, he called a doctor to check on her state and verify the truthiness of her words, to which Laura became alarmed: “although I felt very weak, I did not feel ill” (*Carmilla*, 34). Laura was able to identify the physical changes in her body, despite not having medical knowledge. Nevertheless, Laura does not clearly know why she is feeling so weak but is confident about how she feels rather than what the male figures claimed around her, but still, she was diagnosed with hysteria and became distressed by the doctor’s diagnosis since her opinion was being constantly ignored.

Therefore, Jane and Laura fall sick under unlikely circumstances since the source of origin of their illness is entirely different from each other, one being social and the other supernatural. Although they belong to different groups of the higher class, Jane, a bourgeois married woman who recently underwent childbirth feels pressure to fit in the

image of the ideal Victorian woman; meanwhile, Laura, a descendant of nobility, is still considered a child under the protection of her father, who experiences supernatural events. Nevertheless, health professionals of the Victorian period were apathetic to these cases, as it is referred by Showalter: “cases of female insanity, doctors usually described women who were disobedient, rebellious, or in open protest against the female role” (172), they diagnosed the illness as hysteria mostly because of attitudes instead of symptoms; consequently, Jane and Laura have been prescribed a full ‘rest treatment’ that consisted in isolation and avoiding any activity as we will discuss later. Since hysteria made it almost impossible for women to look after themselves, Jane and Laura’s plenary guardianship was under the male figures in their social circle: Jane’s husband (and doctor) and Laura’s father.

Hysteria: The Evolution of the Concept over the Years

To fully understand the concept of hysteria, it is crucial to consider the historical point of view of the development that hysteria has had over the years. In the work “Women And Hysteria In The History Of Mental Health” (2012) the concept of hysteria was first defined by the philosopher Hippocrates in Greece, the 5 BC, as the uterus movement —*Hysterion*— caused by female health problems; he describes that women are more likely to have health problems than men and "asserts that a woman's body is physiologically cold and wet and hence prone to putrefaction of the humors (as opposed to the dry and warm male body)"(Tasca et al, 111). During this period and onwards,

several physicians and important figures with medical knowledge agreed that the uterus was the cause of these symptoms; however, they differed dramatically in the treatments for the cure of hysteria. Some physicians, including Hippocrates, expressed that women should maintain the uterus "happy" by having an active sexual life to clean the body, in opposition to other figures, such as the Greek physician Soranus, claiming that women should adopt perpetual virginity and abstinence as the hysterical cure. (Tasca et al, 111)

During the Early Modern Period (16th Century), after a great medical development, several pieces of research demonstrated that hysteria might be related to the nervous system rather than the uterus, and was compared to hypochondria and other ideas describing that brain malfunctions were developing hysteria, an idea further developed by the English physician, Thomas Sydenham (Tasca et al, 113). Nevertheless, neuroscience inquiry could not dethrone the persisting notion of "uterine fury". Regardless of the scientific evidence, the demonological perspective did not change that much, since there were still cases in Puritan communities such as Salem in which they described "younger women and unmarried" doing circles of initiation and witchcraft, actions that were a violation of the Puritan doctrine, and had consequences in those women as it is mentioned by a doctor of that time, William Griggs: "The symptoms described were staring and barred eyes, raucous noises and muffled, uncontrolled jumps, sudden movements, etc." (Tasca et al, 114)

Going back to the Victorian period, when physicians and doctors still believed that the uterus was the cause of several diseases in the female body, most

symptomatology were blamed on uterus problems and diagnosed as hysteria or hysterical neurosis. This diagnosis affected women and created a female struggle over women's mental health treatments since the hysteria cure was applied as a remedy for depression, melancholy, headaches, and even signs of sexual desire unrelated to reproductive purposes, recorded as —abnormal sexuality—. Therefore, a woman's queer desire was also identified as hysteria, because the perception of these symptoms was diagnosed by male doctors “since the treatments for hysteria were practiced to regulate female sexuality and their sexual desire, under the male supervision for its own convenience”. (Baskar, 1)

Among other assumptions over the female body that carried on from Ancient Greece, physicians and doctors presumed that the uterus constantly moves around the body for its desire of child-bearing, therefore, the uterus would leave a space in the abdomen and wander to a different part of the body, obstructing canals important for human functioning; due to this imagined unusual behavior it was believed that the symptoms related to hysteria:

In women again, for the same reason, what is called the matrix or womb, a living creature within them with a desire for child-bearing, if it be left long unfruitful beyond the due season, is vexed and aggrieved, and wandering through the body and blocking the channels of the breath, by forbidding respiration brings sufferer to extreme distress and causes all manner of disorder. (qtd. Addair, 115)

Treatments for Hysteria

This abnormality was identified as a “wandering uterus” or womb and had a variety of different treatments that went from smelling salts that women had to carry around, to fumigations (Faraone, 2). The purposes of the salt were to regain consciousness in case of fainting, and there were also sweet balms that were rubbed in the inner thighs to attract back the ‘Wandering Uterus’ into its original position:

The pleasant and foul smells are to be reversed, however, if the womb has shifted in the opposite direction and fallen out of the vagina. These fumigations are certainly odd, but they do have a clear internal logic: acrid smells in the nose force the wandering womb down and away from the upper body, while sweet unguents below entice the womb back to its proper place in the lower abdomen. (Faraone, 5)

After reviewing the origins of hysteria and the different treatments throughout the centuries, we can have a better understanding of the relevance of the disease during the Victorian period, corresponding to the era in which both “The Yellow Wall-paper” and *Carmilla* were written. Finally, we think it is essential to highlight the work of two physicians who had actively participated in the research on hysteria treatments and how it was reflected in Gothic literature.

Silas Weir Mitchell was a physician, neurologist, and pioneer of the ‘rest cure’ or ‘rest treatment’ that was used to treat patients diagnosed with hysteria. Even though he was not the first to prescribe resting to the victims of this ‘female’ disease, he was the

first to define it as an "effective" method to fight against hysteria. In his essay on hysteria, "Fat and Blood" (1875), he narrates his experience with hysterical patients, including symptomatology of the disease, special diets for patients, and warnings about hysteria. The methodology implemented by Silas Weir Mitchell can be compared to the treatments prescribed to Jane and Laura.

Another neurologist that had an important part in the evolution of the investigation on hysteria and its treatment was Sigmund Freud, who believed that hysteria affected the psyche and was buried in the mind of the patient. He had reviewed Mitchell's studies on hysteria and the 'Rest Treatment' that he applied along with his 'cathartic therapy' or 'talking therapy' as a reform to avoid the secondary effects on the patients, as seen in the case of Charlotte Perkins Gilman and Jane in "The Yellow Wall-paper":

Moreover, I have adopted the habit of combining cathartic psychotherapy with a rest-cure which can, if need be, be extended into a complete treatment of feeding-up on Weir Mitchell lines. This gives me the advantage of being able on the one hand to avoid the very disturbing introduction of new psychical impression during a psychotherapy, and on the other hand to remove the boredom of a rest-cure, in which the patients not infrequently fall into the habit of harmful daydreaming. (Freud, 267)

Hysteria Presented in “The Yellow Wall-paper” and *Carmilla*

A case regarding women’s mental health issues is found in Charlotte Perkins Gilman’s “The Yellow Wall-paper”, where the narrator, Jane, has been diagnosed with hysteria by her brother and her husband, John: “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?” (179). Rather than believing in John's diagnosis of temporary depression, Jane was utterly convinced that she was suffering from a sickness that was impossible to treat with the medication and the treatment prescribed to her. Here, Jane demonstrates a glimpse of consciousness of her body and health state as she tries to make her husband understand it, failing at the process, keeping in mind that she is not completely aware of what is happening to her. Even her own brother agrees and backs up John's judgment since he is “a physician, and also of high standing, and he says the same thing.” (179). Since she has been diagnosed with hysteria, Jane is immediately taken as a woman who cannot reason or be independent, someone who cannot perform a single activity until she gets fully recovered: “So I take phosphates or phosphites—whichever it is, and tonics, and journeys, and the air, and exercise, and am absolutely forbidden to 'work' until I am well again.” (179). Jane is being medicated and forced into a rest treatment, a rest where she is being supervised twenty-four hours a day to restrain her from performing any activity, including recreational activities, such as writing.

It is important to point out that in “The Yellow Wall-paper”, the harmful effects of the rest cure are realistically described since doctor Silas Weir Mitchell was the neurologist that personally prescribed the treatment to Charlotte Perkins, the author of the story. Perkins’ awful experience with Mitchell’s diagnosis and his treatment, is accurately described in Jane’s treatment process. That is to say, all the things that Jane had to endure during the infamous treatment are what Charlotte experienced firsthand during hers. In “The Yellow Wall-paper”, she refers to her time under Mitchell’s care: “John says if I don’t pick up faster he shall send me to Weir Mitchell in the fall. But I don’t want to go there at all. I had a friend who was in his hands once, and she says he is just like John and my brother, only more so!”. (185)

In *Carmilla*, we can interpret that the treatment for hysteria was to prevent or control women's sexuality, in this case, Laura’s sexuality. During the Victorian period, any depiction of women’s sexual desire was considered a disease and had to be supervised by a male physician who could take care of the issue. Most of the time, women patients were diagnosed with hysteria because doctors looked for a symptom without considering context and content since “the nineteenth-century medical texts did not offer any liability towards the cure for hysteria because the purpose of these treatments does not seem like they were intended to cure, but rather to confuse the conception of female body and sexuality or to exploit them sexually or materially.” (Baskar 2)

Since hysteria was thought to be a “vampire disease” that was highly contagious among young women, we can relate Carmilla to a “hysterical woman”, as she presents the symptoms of sickness related to hysteria. As mentioned by Sir Silas Weir Mitchell in his essay: “a hysterical girl is...a vampire who sucks the blood of the healthy people about her; and I may add that pretty surely where there is one hysterical girl there will be soon or late two sick women.” (Mitchell, 24). We can see how Laura was diagnosed with the same disease, which we can infer since it is so contagious, was infected by Carmilla, since Le Fanu’s portraying of a hysterical girl was completely demonstrated through the image of Carmilla, a vampire that can be compared to nothing more and nothing less than a parasite that survives through the blood of its victims as it was stated by Mitchell. Due to this, the rest treatment prescribed was meant to help Laura recover from the disease, which we can interpret as making her recover from her frustrated desire for Carmilla; therefore, queer desire is portrayed as a disease too: “the treatments for hysteria made the female body and femininity obscure, not only for the male physicians but also for the female patients.” (Baskar, 3)

The several cases of hysteria over the years illustrate the reasons behind the diagnosis of Laura and Jane’s illness. For Laura, her sexuality is the cause of her sickness, while for Jane, her slight depression after giving birth is the cause of hers. Both cases of hysteria are represented by physical weakness; however, they are directed to different spheres since men and doctors are intended to dim Laura’s sexual awakening and Jane’s creativity. As a consequence, Laura’s father and Jane’s husband take control

of them by demanding they undergo a rest treatment. This mandatory isolation did nothing more than worsen their symptoms as Laura and Jane were disrupted of their true self to behave under the social norms imposed on both of them.

II. Sexual Repression, Heteronormativity, the Bourgeois ideology

As explained in the previous chapter, hysteria was believed to have a wide range of symptomatology for what was assumed as women's hysterical tendencies. In this chapter, we focus on sexual repression and the heteronormative view of the patriarchal ideology presented in both texts. Nevertheless, we must consider that these topics are intertwined with patriarchal conventions over what was considered and diagnosed as hysteria, and how the diagnosis affected women's lives during the Victorian Period.

Both cases have in common the oppression of men over women as an attempt to control different aspects of their lives such as their sexuality, their experience of motherhood, and their emotions, as is mentioned by Massé in how the heroines are portrayed similarly in both texts: “the silence, immobility, and enclosure of the heroines mark their internalization of repression as well as the power of the repressing force” (688). From our analysis, female sexual repression is a product of the bourgeois society and its expectations of women to achieve certain standards, that is to say, obey their husbands, and take a submissive role in society, motherhood, and marital duties: “Women, then, become the means of alliance, the ‘supreme gift’ that binds men together

and creates social order. For Levi-Strauss, marriage most significantly reveals men's complete control of women.” (qtd. Signorotti, 607)

But these womanly roles —from the Victorian point of view— left little to no space for sexual activity that was not meant for reproductive purposes, from which we can infer that homosexuality and queer relationships were not possible as part of women’s sexual expression since “‘compulsory heterosexuality is a product of male kinship’ because ‘women . . . can only be properly [valued] by someone 'with a penis' (phallus). Since the girl has no 'phallus,' she has no 'right' to love her mother or another woman”” (qtd. Signorotti, 608)

So both literary texts, *Carmilla* and “The Yellow Wall-paper” show how the masculine and dominant figures are simple-minded towards women's needs, desires, and wishes, affecting women’s lifestyles and the influence of men’s perspective about hysteria and its link with women. Male opinions are powerful enough to repress women in various aspects of their life, like their sexual expression, freedom of choice, and the ability to do activities whenever they want. This repression is so persistent and invasive to female characters that they feel misunderstood and powerless, experiencing their recreational activities in secret. However, at the same time, they still have to go on with social norms and behave as they should be: submissive and obedient.

***Carmilla*: The Hysterical Femme Fatale**

In *Carmilla*, the vampire character by the same name is a seductive young woman who shows herself as fragile and naive in public, especially if men are around. However, with Laura in intimacy, she is seductive and flirty as she persuades Laura with sweet and passionate words, an obvious homosexual demeanor considered impure or wrong, as Baskar says: “even though lesbianism was rarely stigmatized at that time, Le Fanu portrays Carmilla’s homosexuality as monstrous and ‘unnatural’ as it is definitely not new in the literature that lesbianism has been related to evil.” (9). As it was considered unnatural by society in the Victorian period, it is understood that women should not feel that kind of sexual attraction but rather maintain heterosexual norms dedicated to procreation rather than personal pleasure.

In this way, Laura continuously questions if these seductive interactions are acceptable since she begins to grow confused by these interactions and the vision of heteronormative romantic relationships that she has:

It was like the ardor of a lover; it embarrassed me; it was hateful and yet over-powering; and with gloating eyes she drew me to her, and her hot lips traveled along my cheek in kisses; and she would whisper, almost in sobs, “You are mine, you shall be mine, you and I are one for ever.” Then she had thrown herself back in her chair, with her small hands over her eyes, leaving me trembling. (*Carmilla*, 17)

In this quote, Laura narrates one of Carmilla's seductive approaches. She described this interaction as “over-powering”; however, the side that follows society’s

heteronormativity rules as she has grown up, makes her feel "embarrassed" of herself for feeling sexually and romantically attracted to another woman. She goes to the extent where she creates theories about Carmilla's behavior, going as far as to think that, in reality, Carmilla is a male suitor in disguise: "What if a boyish lover had found his way into the house, and sought to prosecute his suit in masquerade, with the assistance of a clever old adventuress? But there were many things against this hypothesis, highly interesting as it was to my vanity." (*Carmilla*, 18). Here, we notice that Laura has been influenced by heteronormativity to such an extent that she is not allowed to have feelings for a woman; hence, Laura ends up creating this theory about Carmilla to justify her embarrassment for acting against the heteronormativity rules that were imposed on her.

Once Laura starts to come to terms with her feelings for Carmilla, she presents symptoms of illness. All Carmilla's victims meet specific criteria by being young ladies from nobility families or nobility descendants that have been seduced by this strange and beautiful girl who mysteriously, or under peculiar circumstances, came into their lives and then started developing symptoms such as losing "their looks" and health, having appalling dreams and visions of a specter, as well as the sensation of "something like a pair of large needles pierce her, a little below the throat, with a very sharp pain." (*Carmilla*, 45). These similarities allow us to establish a direct connection to Carmilla. Laura would have strange dreams at night, lying in bed when a sudden and bestial presence would be walking around her room, to then proceed to bite her in her breast in

an act that we can interpret as penetrative: “The two broad eyes approached my face, and suddenly I felt a stinging pain as if two large needles darted, an inch or two apart, deep into my breast. I waked with a scream.” (*Carmilla*, 27). These behaviors portrayed in the novel present us with a perspective of the Victorian period, in which homosexuality—in this case, lesbian interaction—is a threat since Laura is being harmed during her homosexual encounter with this presence, which later is found to be Carmilla. In this scene in the novel, as it is stated by Welter: “Carmilla is clearly engaging in a sexual act with the girl, one that combines vampirism and homosexuality. Carmilla has chosen her victim/partner, a role that is reserved for the dominant partner in sexual relationship.” (145)

From this part, we can find several ways in which Laura’s father approved the doctor’s diagnosis and oppressed her after her “sickness”, an oppression that helped in the prevention of her sexuality’s development. “‘Now you can satisfy yourself,’ said the doctor. ‘You won’t mind your papa’s lowering your dress a very little. It is necessary, to detect a symptom of the complaint under which you have been suffering.’” (*Carmilla*, 34). Laura’s father and her doctor acted in a chauvinist way since they avoided sharing any type of information with the patient. Since then, the father and doctor seem to discuss the matter privately, demonstrating how men have power over women by omitting knowledge about their health and capabilities. However, the patriarchal power dynamics seem to be challenged by Carmilla, considering she is a sexual being in an era in which female sexual desire is condemned. Even if she pretends to be a naive young

girl in front of men —like in front of Laura’s father— we can infer that this is just a facade made by Carmilla to deceive men. However, there are a few times during the novel in which the vampire accidentally disrupts her “innocent character”:

“Creator! Nature!” said the young lady in answer to my gentle father. “And this disease that invades the country is natural. Nature. All things proceed from Nature — don’t they? All things in the heaven, in the earth, and under the earth, act and live as Nature ordains? I think so.” “The doctor said he would come here today,” said my father, after a silence. “I want to know what he thinks about it, and what he thinks we had better do.” “Doctors never did me any good,” said Carmilla. (21)

In this quote, Laura describes her father as “gentle”, but during this interaction Carmilla is taking a dominant position by openly contradicting Laura’s father. Rarely do we see during the novel women screaming or defending their point of view over men’s ideas fiercely, in this case, metaphysical ideas, where even Laura’s father seems to be shocked by Carmilla’s reaction. He only speaks “after a silence”. As we had mentioned earlier, Carmilla is an imminent danger in the novel, not only because she is a vampire, but because of what she stands for: a woman who cannot be controlled, the owner of her own sexuality, which could be considered a woman infected with hysteria, as it discussed by Meek: “female patients were often deemed irrational, unruly, deceitful, and sexually depraved” (2). Laura is still a woman repressed to some extent by the society in which she surrounds herself; her interactions with Carmilla give her some kind of

liberation to remove the chains that bound her as a “normal” woman and daughter. Yet, at the end of *Carmilla*, Laura is still oppressed under male dominance, both in her way of thinking and in her credibility after the events that occurred:

Laura’s narrative is constantly interrupted by the male characters that diminish her access to memory and knowledge. Even though Laura’s pursuit for knowledge and her authoritative tone in the final chapter subverts the patriarchal order, she is accused of being “an unreliable narrator, not because she consciously fabricates, but because she unconsciously represses”. (qtd. Baskar, 2)

At the same time, we can see Carmilla’s death and how it was perpetrated as the way the patriarchal order is established again in the book: “a sharp stake driven through the heart of the vampire...Then the head was struck off, and a torrent of blood flowed from the severed neck. (*Carmilla*, 53). The execution of Carmilla made by these men it is to destroy the vampire who puts in danger their society, but on top of that, it can be compared to a rape and the stake being the penetrative action to destroy the immorality of lesbianism: “One must ask which monstrosity they were attempting to kill—the lesbian or the vampire. Both would have been monstrous in their eyes, and both challenged their authority.” (Welter, 145)

“The Yellow Wall-paper”: Submissiveness and Disobedience

On the other hand, in “The Yellow Wall-paper”, as a consequence of her hysteria diagnosis, Jane is physically and mentally repressed against her will by her husband and brother, who forces her to take a rest treatment that she disapproves of entirely: “Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good.” (180). Furthermore, it is relevant to say that Jane tries to resist the domination of her surroundings but she still was infantilized, she is thought of as a woman that cannot function as an adult.

Due to hysteria and depression, Jane’s guardianship falls into the hands of her husband, who is at the same time her doctor: “I have a schedule prescription for each hour in the day; he [John] takes all care from me” (181). In this sense, every decision regarding her condition will be consulted and taken by John, as she is treated as a little girl, which is also how her husband refers to her: ““What is it, little girl?” he said” (188).

However, she tries to resist by secretly doing activities, like writing or not eating, which proves her disconformity over the power and control that John has over her own body and mind: “I did write for a while in spite of them; but it does exhaust me a good deal-having to be so sly about it, or else meet with heavy opposition.” (180). Having to hide her activities from John and Jennie causes her a lot of mental stress, which can translate to mental exhaustion, aggravating her mental state. In the words of Treichler: “Challenging and subverting the expert prescription that forbids her to write, the journal evokes a sense of urgency and danger” (Treichler, 65). An activity that brings Jane relief

quickly turns into an activity full of urgency and danger since recreational writing is forbidden for her in an attempt to hurry her recovery process.

As seen in the previous quote, Jane was not allowed to write, fantasize about the house, or even think by herself in any possible way; consequently, male repression was reaching to control her basic decisions: “I don’t like our room a bit. I wanted one downstairs that opened on the piazza and had roses all over the window, and such pretty old-fashioned chintz hangings! but John would not hear of it” (180). Here, John is denying Jane one relevant matter: her own comfort; she is not even allowed to choose the room to proceed with the treatment and where she can rest, so she does not have the power to go against this decision made by her husband, the one who is in charge of her. In addition, the room that was chosen was a nursery, so the infantilization that Jane suffers is even more evident since the environment of the room is restricted as it was for children: “It was nursery first, and then playroom and gymnasium, I should judge; for the windows are barred for little children.” (181).

Furthermore, Jane is forbidden to perform any activity that instigates her imagination, in the form of writing and holding beliefs since John does not hold any supernatural faith, in opposition to Jane: “John is practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures” (179). Here, Jane is conscious that her husband disregards her belief in the supernatural because he continuously makes fun of it on her face. That is why John refuses Jane to write since it will only stimulate

her imagination and aggravate her illness: “[John] says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies” (183). While Jane sees a form of expression and liberation, to John it is a source of danger that must be repressed to save his wife from madness since “writing, which would allow interior journeys, is also forbidden, and we must assume that this is in large part because it is "unnatural" articulation for a woman.” (Massé, 703)

Taking into consideration the Victorian prejudices on hysterical women and being part of a patriarchal society, Jane will be constantly segregated because of her health. However, she still is conscious of the imposition of John’s power and claims to be against these decisions made upon her as she begins to feel mad at John for isolating her. Nevertheless, due to her gender under a patriarchal system, there is nothing that Jane can openly do to change the circumstances under which she lives. Therefore, she secretly challenges her husband and disobeys him by practicing recreative writing and skipping meals:

perhaps that is one reason I do not get well faster.

You see he does not believe that 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? (179)

In this sense, John's status —being male and a prestigious doctor— gives him the power to control Jane's treatment as he pleases, isolating her from society; this is one of the reasons for the deterioration of Jane's mental illness along with frustration and being trapped in a place that produces her discomfort, as is discussed by Massé: "John— and through him society-cannot hear her protest against the unthinking placidity into which she is being trained." (780). We might add that Jane does not comply with the stereotype of women from the Victorian period, a factor that instigates John to control her even more, arguing that he knows more and that she should not worry about her condition. In this sense, infantilizing her.

In the short story, there is another female character to whom we can make a comparison, which is John's sister, Jennie, who impersonates the stereotype of the perfect Victorian woman that is submissive to the gender roles: "She is a perfect and enthusiastic housekeeper, and hopes for no better profession. I verily believe she thinks it is the writing which made me sick!" ("The Yellow Wall-paper", 184). She is more than pleased to take the role of 'housekeeper', and she agrees with John by thinking that Jane got sick with hysteria for writing. We do believe it is important to notice this comparison between these women since hysteria is most closely related to the social norms and vision of women's behaviors rather than an illness itself, it is unlikely that Jennie would have hysteria considering how well she performs her "female duties", the antithesis of Jane.

In John's eyes, Jennie is suitable to take charge of housing matters since she has no health issues in opposition to Jane, who has been replaced for being incapable of performing wife responsibilities and doomed to an isolated room. We can interpret from the point of view of society that Jennie is a healthy woman because she is submissive and obeys men, which makes her less likely to be diagnosed with hysteria. Since Jane is a victim of society and her desires, ideas, and thoughts are constantly unheard and ignored, it is clear to us that she received great repression due to men, most obvious from John, but also passively from her brother. Both, her brother and husband, cannot be defied because of their professions, prestige, gender, and status in Jane's life: successful and influential male doctors, one being a husband, and the other her brother: "Her powerlessness in the face of John's authority as husband and doctor is overwhelming. His decrees are endorsed by her brother, representative of paternal power, and by the medical system." (Massé, 702). Therefore, Jane's family and friends settled for the word of professional men since "they know what they do", which, unfortunately, was the beginning of the end for Jane's mental deterioration that led her to madness.

The hysteria treatments received by Laura and Jane demonstrated instead of generating an improvement it deteriorated their mental health, as it happened in "The Yellow Wall-paper". In the finale, we witness how Jane is consumed by madness, occasioned by the imposed rest treatment that forced her to be isolated while facing postpartum depression: "I've got out, at last ", said I, "In spite of you and Jane! And I've pulled off most of the paper, so you can't put me back!" ("The Yellow Wall-

paper”, 196). On the other hand, even though Laura does not become insane, she narrates at the end of the novel her experience and thinking about Carmilla: “and often from a reverie I have started, fancying I heard the light step of Carmilla at the drawing room door” (*Carmilla*, 55), which also can be understood that though she received hysteria treatments to remove her sexual eagerness and go through some traumatic events, Laura may still have feelings for Carmilla even after they were separated, yearning for her presence, an idea discussed by Michelis: “even after Carmilla dies the stereotypically spectacular death vampire by having a stake driven through her heart, she still remains part of Laura's life in the form of a haunting memory that will not lose its grip on the psyche of the young woman”. (19-20)

III. Absent Motherhood

There is a common idea that has been presented in several novels of great value in Gothic literature (including the literary works used for this thesis), that gives the heroine of the plot different difficulties and traumas to fight: the disappearance of the mother figure. For this chapter, we are going to be focused on the different aspects of motherhood that are presented in both literary works and how it is connected to hysteria and social norms of the Victorian period. In “The Yellow Wall-paper”, Jane was not able to take care of her child due to her diagnosis, both depression and hysteria, however, we have to contemplate also that there is another reason for her inability to play her role as a mother, and it is that she may not want to fulfill the role of motherhood

due to her hysteria since is a role imposed by the bourgeois society and “a characteristic of the hysterical woman, complained another physician, is that she comes to see her children as a burden and her husband, a tyrant.” (Briggs, 256), so we will focus on how a medical diagnosis and society can create absent mothers. On the other hand, in *Carmilla*, Laura grows up without a mother as she lost her as a child and had different persons who acquire the role throughout her life; yet, she lacks her true mother figure, who according to social norms, would be in charge of teaching her how to be an ideal woman of the time, and with this figure absent, Laura is more likely to be a woman who would suffer from hysteria, and even more after Carmilla’s arrival: “mothers, consistently enough, were urged to bring up daughters with a strong sense of self-discipline, devotion to family needs, and a dread of uncontrolled emotionality” (qtd. Smith-Rosenberg, 667)

By the standards of society, a mother is supposed to be the attachment figure in a child’s life since she is the cause of bringing us to life through the tortuous delivery that finally becomes almost a miracle; in the words of Smith-Rosenberg: “the ideal mother, then and now, was expected to be strong, self-reliant, protective, an efficient caretaker in relation to children and home.” (656). However, most Gothic heroines have not had the opportunity to meet them and form a bond and as is described by Anolik: “the mother figure is conspicuously absent. It is as if the mother and the maternal cannot be contained in the Gothic form” (16).

“The Yellow Wall-paper”: Motherhood and Postpartum Depression

As we already reviewed in the previous chapter, another proposal incorporated in the rest treatment is to avoid any activity, which also includes activities related to motherhood since the cure to hysteria does not allow women to perform their duty as was expected for Victorian women. Since women’s role in society is mainly as a wife and mother, due to the rest treatment, they could not perform activities that could help to distract or relieve themselves from their sickness. However, if this duty is denied, women may fall into a spiral of continuous madness as they dissociate from the role, they must take part in society because they are not allowed to perform it anymore. Some themes in “The Yellow Wall-paper” relate to unfulfilled motherhood and womanhood. Even if the struggles with these themes are not explicit in the literary work, the background information about the author, as mentioned before, Charlotte Perkin Gilman, allows us to have a better understanding of the reasons behind the hysteria and depression diagnosed in Jane. Charlotte was put under rest treatment by the creator of the cure, Doctor Silas Weir, after giving birth to her daughter Katherine. Consequently, her experience with the infamous treatment is what led her to write the short novel “The Yellow Wall-paper”, as she got inspired by her own experience. How she felt, along with the reasons why she had to take the treatment, is what allowed us to understand motherhood and womanhood better.

As happened to Charlotte, Jane was isolated in a room after giving birth. Her experience with motherhood is short, but the constant pressure to achieve society’s

expectations as a mother, woman, and wife led her to battle postpartum depression. When Jane arrives at the summer house that John rented for the summer, she is mesmerized by the mansion's beauty as she describes it as "The most beautiful place!" (180). Soon enough, Jane begins to fantasize about ghosts in the property and make theories about the last owners, in a way to make her creative mind flow. She is fascinated by the architecture of the house as she soon gets drawn to its enormous garden; however, Jane quickly drops her enthusiasm at the appreciation of the greenhouses: "There were greenhouses, too, but they are all broken now." (180). Here, we interpret this reaction as Jane's realization that her 'dream' house cannot be perfect since it represents a flaw that she also sees in herself thanks to post-partum depression. In this way, she sees herself as the house itself.

However, it is not until they reach the nursery that it is evident that Jane feels discomfort because of her depression: "The paint and paper look as if a boys' school had used it. It is stripped off—the paper—in great patches all around the head of my bed, about as far as I can reach, and in a great place on the other side of the room low down. I never saw a worse paper in my life." (181). The deplorable conditions in which the room has been found make an attribution to the destructive behavior of kids in what feels like an attack on Jane's body during her pregnancy. She continues describing the room in a very judgemental manner as if she has been personally affected by the views:

It is dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study, and when you follow the lame uncertain

curves for a little distance they suddenly commit suicide—plunge off at outrageous angles, destroy themselves in unheard of contradictions. (181)

The color of the walls is one of the things Jane hates the most about the room since it is “repellant, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sunlight. It is a dull yet lurid orange in some places, a sickly sulphur tint in others.” (181). This hatred towards this specific room is very triggering for Jane since she projects herself with the house. It reminds her that she is indeed suffering from a “slight depression” that she cannot control while being pressured by her husband to recover quickly from her illness. Ann Oakley, in her paper “Beyond The Yellow Wallpaper” (1997), explains that the needs of the people living in the house are attended to by the mother (30), which, in some way, converts them into the representation of the house itself in society.

Moreover, Oakley explains that women are not only perceived as powerless over the decisions regarding their pregnancy but also unable to take care of their mental health and illnesses. In this way, a paradox is created where “although women's lives are all about providing health for others, as users of formal health care services, custom decrees that they be no more than patient patients” (35).

In the journals that Jane had secretly written, she discusses the activities she was forbidden to perform while being under rest treatment: first, the prevention of her role as a housewife and from motherhood by detaching her from her child and impeding the realization of her duty. And second, the prohibition of doing any type of work, including

writing, as her chosen profession. During the treatment process, Jane expresses her dissatisfaction over the little tasks left to do thanks to the restrictions imposed by the prescription: "Nobody would believe what an effort it is to do what little I am able,—to dress and entertain, and order things. Fortunately, Mary is so good with the baby. Such a dear baby! And yet I *cannot* be with him, it makes me so nervous." (182). Although Jane feels nervous at the presence of her baby, she still cannot establish a bond with her child because her social role as a mother is taken by her sister-in-law.

Jennie, John's sister, plays an important role in portraying the image of the "ideal" Victorian woman since the household chores were delegated to her once Jane became sick. Even if Jane is perceived as incapable of matching the Victorian woman model, she can recognize Jennie's work and praise her disposition of keeping up with the baby and the house. However, the fact that she cannot be with her child keeps deteriorating Jane's health, triggering her distress and frustrations for not participating in her Motherhood. From this, we understand that Maternity plays an important role in the progression of Jane's illness as she is becoming more nervous by noticing that a woman who has not given birth, can easily accomplish the role of Mother. A role that Jane cannot perform.

***Carmilla*: Absent Motherhood as an Agent for Hysteria**

Laura in *Carmilla* grows up without a mother, as she lost her during infancy. But even though her mother is an absent figure, her bloodline still causes an impact on

Laura's life after her mother's death. However, under the Victorian standard, in which normally another woman would take part in raising the kids of wealthy people, Laura had a mother figure, a governess who took care of her which was Madame Perrodon, which Laura never addressed as "mother": "My mother, a Styrian lady, died in my infancy, but I had a good-natured governess, who had been with me from, I might almost say, my infancy. I could not remember the time when her fat, benignant face was not a familiar picture in my memory" (Le Fanu, 4). Although Laura had this female figure during her childhood, it did not replace the mother she never knew. Something that Carmilla arises in her, feeling an attraction that, as we discussed in the previous chapter, is connected with the awakening of her repressed sexuality. Nevertheless, it may also be considered as the need to connect with that part of her lineage since it is soon revealed that Carmilla and Laura share blood through the maternal line. From this, Carmilla slowly creates a bond strong enough that it leaves Laura stunned as if disgusted.

However, Laura continues to have a fascination with Carmilla, trying to fill the maternal emptiness, and desire for a feminine friendship because of how isolated she is. This mother-daughter dynamic between them can also be seen when Carmilla first visits Laura in her childhood:

I saw a solemn, but very pretty face looking at me from the side of the bed. It was that of a young lady who was kneeling, with her hands under the coverlet. I looked at her with a kind of pleased wonder, and ceased whimpering.

She caressed me with her hands, and lay down beside me on the bed, and drew me towards her, smiling; I felt immediately delightfully soothed, and fell asleep again. (*Carmilla*, 4-5)

This dynamic can be seen as Carmilla, a young woman, and Laura, who is a child, are scared in the middle of the night in need of comfort from a maternal figure, while Carmilla soothes her to sleep. We interpret this interaction as the nursing feeling of a mother, in which Laura falls naively due to her desire for maternal touch. As specified before, Carmilla is a disguise master. She knows how to pretend and manipulate everyone around her, so in being Laura's weaker point, we suggest that she uses this technique to be able to manipulate Laura emotionally.

Carmilla's representation as a mother figure to seduce Laura challenges the concept of Victorian motherhood, which was thought to be a nourishing figure in the child's life. Carmilla breaks that scheme of what is expected of a woman "by enacting reproductive behavior utterly at odds with conventional Victorian understandings of motherhood and femininity, Carmilla undermines patriarchal family structures and exposes the ways in which those very systems are themselves culturally constructed, arbitrary, and parasitic." (Paxton, 2). Furthermore, as Carmilla breaks the patriarchal conventions is how hysteria is prone to "infect" Laura, and thus not make her capable of being a fit woman for society as "girls seemed ill-prepared to assume the responsibilities and trials of marriage, motherhood and maturation" (Smith-Rosenberg, 657) something that is not happening since Laura is developing homoromantic feelings towards Carmilla, and as we mentioned before, lesbian relationships apart from being considered

impure in the Victorian era, also make it difficult to reproductive purposes. In other words, to assume the role of mother in the future and be unable to fulfill her role as a woman. Such problems could have been avoided if Laura's mother were present in her life since she would be in charge of correcting her and leading her on the right path for their society.

In both texts, we have different representations of motherhood. In “The Yellow Wall-paper”, motherhood is a social role that Jane has to follow, while, in *Carmilla*, it is a convention that Laura is expected to desire. Therefore, we can see that motherhood has an effect on mental health and influences the behavior of women and their views regarding maternity issues. While Jane feels pressure to achieve the social role of a mother thanks to society, the absence of Laura’s mother causes the awakening of Laura’s sexuality and her disinterest in the role she has to fulfill. As a consequence, men try to interfere in this disruption to help women to overcome their fears and indifference over motherhood by isolating them from society. However, this only makes the situation worse, affecting women’s mental health and stability.

Conclusion

The importance of the figure of the heroine in Gothic Literature reaches such an extent that the events of a story could not have happened without them. They are presented to us as innocent ladies who fight against strange forces in an encounter where their lives are at risk. The continuous danger that is chasing after them is what pushes us to root for them to win the battle at the end of the day. During the Victorian period, however, the threat against female heroines was mostly found in domestic life, hidden in the comfort of their homes. Sometimes this danger affects the female heroine's mental health, attempting to against their sanity and health.

As we found in *Carmilla* and "The Yellow Wall-paper", men are the principal source of instigation of the danger that surrounds women, such as physicians, husbands, and fathers, but not because they represent a bad guy in their plots, rather because they represent Victorian society who have the position of power. They took a dominant role over women's autonomy and life, in which women must achieve their gender role in society, too: being a good daughter, wife, and mother. However, if they are not able to complete these assigned gender roles, they are seen as women unable to advocate for themselves, diagnosed with hysteria that is "classified as a physical disorder that was mostly associated with the female sexual/reproductive organs. It symptomized ordinary human expressions as a potential threat for the female body and treated the normal functioning of female sexuality as a disease" (Baskar, 1). Since hysteria was considered only a female illness, this issue made hysterical women a threat to men and their gender

roles dynamics, and to “fix” these women, they are forced to take several types of treatments, such as the rest cure, a repressive therapy for which women acquire a submissive role,

For us, the subject presented in the thesis is relevant since we think that the issue of women’s oppression is a topic that to this day presents many problems, and, to a certain extent, our own experience makes us notice the clues of oppression found in *Carmilla* and “The Yellow Wall-paper” through patriarchy and imposed gender norms. This is not without errors, since we know that the arguments that we decide to propose for the investigation can be explored from many perspectives, such as clinical, psychological, historical, social, and many more. As we discuss it from several theories, it also puts us at a disadvantage when looking for a large number of references to be able to argue and support our points.

Moreover, the main struggle we faced while researching this topic was the lack of connection between the concepts of hysteria resulting from mental exhaustion and the rebellion against society and men. Also, hysteria played a passive role in the vulnerability of motherhood, which created absent mothers or was most likely to affect women that had an absent mother. Similarly, further investigating the relationship of motherhood in the Victorian era, represented through the two stories and its connection to hysteria, was quite difficult to develop as we were presented with different perspectives that could not generate a point in common fitting with the other chapters. Nonetheless, we believe that the connections between the chapters and hysteria are

achieved to obtain a better understanding of the contexts of both literary works. In any case, we believe this research could be continued in greater depth by having more time to investigate other areas and interpretations of hysteria in women.

Finally, we believe that we carry through the investigation and provide interpretations and ideas for future research related to women, hysteria, and its relationship to Victorian gender norms, something that we did not think we could achieve when we started our search and investigation process. Additionally, we hold that it can continue to be developed further since the theme is repeated in different Gothic fiction novels, and many more links can be generated between heroines and the authors who wrote their plots.

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