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The Madness of Motherhood

The Implications of Postpartum Depression in the Adaptation of Victor Frankenstein

Amber Bird

Plagued by the death of her unnamed daughter, Mary Shelley began writing *Frankenstein* in 1816 (Hitchcock 9). Citing from a journal entry on March 6, 1815, four days after the baby girl was born, Mary wrote: “Find my baby dead. . . . A miserable day” (Simons 70). This misery would be repeated for Mary, who buried three babies all before the age of three (and two of them in the same year.) With these life experiences noted, it is easy to identify how the creator of the now classic horror story began writing her novel deep within the trenches of the postpartum period.

The autobiographical connections between Mary Shelley’s own life and the depictions of birth and death in the novel have proven to be a foundation for scholars to engage with themes of monstrous maternity and fearful parenting (Almond 775). Ellen Mores established the foreground of much the work surrounding the “birth myth” that the novel embodies. More’s scholarship pairs Shelley’s experience becoming a mother with becoming an author.¹ Marc Rubenstein extends such scholarship by arguing that Shelley’s novel was a subconscious desire to reconcile the death of her own mother, Mary Wollstonecraft—who died due to complications

following Mary's birth. For many years, motherhood has been a rich field for scholarly engagement with the text.²

In recent years, scholars have returned to *Frankenstein* using the lens of parenthood as a point of criticism. Not only do scholars accept the autobiographical potentials of the novel, but they have also pinpointed Victor and his subsequent "child birthing" experience as a justifiable interpretation.³ Victor is the parent, and an "imprudent" one at that (Goswami 211). Throughout these interpretations, it is Victor's failure as a parent figure that has been used to articulate the monstrosity of the monster. Debapriyn Goawami and Paul Sherwin argue that if Victor were a better parent, a more "ethical parent," the monster may not have been so bad (Goawami 212).

Pairing together the maternal interest in the text with subsequent interest in parenting, it is important to note that adaptations of Shelley's text seldomly engage with this parental sphere. Young *Frankenstein*, directed by Mel Brooks in 1947, is the closest attempt to embody the complicated narrative between scientist and creature, between parent and child. But even in the adaptation mentioned, the end result is a comedic (and somewhat base) attempt for Victor to embrace the role of parent. Additionally, other interpretations and adaptations that portray Victor as selfish, psychopathic, sociopathic, or evil also prove to be troubling because they fail to address his parental reality.

Despite the lack of attention the field of adaptation has given to parenthood, I argue that scholarly interest in Shelley's own biographical influence on the text, evidence found throughout the narrative, and Mary's personal understanding of motherhood and childbirth reveal that the actions of Victor cannot be written off as merely bad parenting. The text offers an alternative way to adapt Victor *Frankenstein*, and due to the current social attempts to be more understanding and empathetic, a re-reading of Victor—one that regards the circumstances that follow a postpartum reality—must be considered.

It is important to note that although the term "postpartum depression" would not have existed for Mary Shelley, the condition most certainly would have. The pattern of having a baby and developing the symptoms of depression would be expected of women giving birth. Paired with the acceptance of Victor's role as mother/parent in the novel, it is important to note that he manifests the feelings of anger, anxiety, guilt, hopelessness, and lack of interest that are commonly associated with postpartum depression.

Regardless of the lack of medical jargon needed to talk about the effects of child birthing, postpartum depression was and is a real, debilitating, mental illness that demands attention. Noticing these connections, one can no longer push for surface-level interpretations of Victor as a bad parent. He is a sick parent. He is a mentally ill parent. And adaptations should provide space for this type of Victor to exist.

By taking a closer look at the symptoms and struggles Victor exhibits throughout the text, a postpartum-depression reading makes possible a re-reading of the characterization, and subsequent adaptations, of Victor. The purpose of this essay is to critically engage with the textual evidence that demonstrates evidence of Victor's postpartum depression, and then use that evidence as a foundation to re-evaluate how the character of Victor has been treated and adapted. Without reducing the novel to simply "bad parenting," the text affords one the opportunity to have critical conversations about ways that mental illnesses or struggles are interpreted as negative behavior throughout society.

Before directly considering what the text has to offer, it is essential to understand the viewpoint that would have influenced how Shelley approached birth and motherhood. By the middle of the eighteenth century, the process of childbearing was highly augmented by numerous publications on midwifery—mostly written by men—focusing on the "management and government of pregnant wives" (Bewell 107, emphasis added). Beyond the anachronistic tendency to mansplain everything, publications on obstetrics demonstrate a heightened concern for the upcoming generation and the assumed need to control that process. Attempts to control the growth of an unborn child centered around the proper balance of the classical six non-naturals: air, food and drink, exercise and rest, sleeping and waking, fullness and emptiness, and emotions or passions.⁴ If a mother acted out during this period, or failed to maintain a balance, pregnancy experts believed that the following birth would result in a "monstrous progeny" (Shelley 3). A pregnant woman was to avoid foul air, seek for regularity in sleep and diet, refrain from overworking herself, and maintain pleasant company while also avoiding solitary situations (Bewell 108).

More than just good advice, these midwifery publications "constituted an important early discourse on the female imagination, one that accorded it extraordinary powers. Central to this theory was the notion that a woman's imagination functioned mimetically" (Bewell 109). Under this premise, the

thoughts, feelings, imaginations, and fears that a mother experienced while pregnant would be replicated and passed on to the baby.⁵ The attempts to maintain a balance of the six non-natural were made to keep a pregnant mother from experiencing or imagining anything that would potentially lead to a deformed or monstrous child. This maternal understanding would have been familiar to and accepted by Mary Shelley.

When Shelley was writing her novel, the concept of postpartum depression was blanketed by the universal term of “melancholy”—believed to be one of the four bodily fluids, or humors,⁶ that influence vitality and temperament (OED, Def. 2.a). Although men were also susceptible to the lows of melancholy, the melancholy characteristic of childbearing was specifically ascribed to women (Goodson 18). It was believed that the imbalance of the four humors and the manipulation of the previously mentioned six non-naturals would lead to the rejection of the baby—to the symptoms of postpartum depression. By framing Victor Frankenstein with postpartum depression symptoms, the text suggests that Shelley didn’t view these symptoms as biologically specific, but rather situationally specific. Anyone who had a baby, and who didn’t maintain the proper conduct and balance regarding the non-naturals and humors was doomed to suffer haunting effects. Without moving towards “reducing the text . . . to a monstrous symptom” of Mary Shelley’s own postpartum depression, understanding the public interest surrounding parturition demonstrates the potential degree to which Shelley believed in the pseudo-medicine of her day (Jacobus 138). If Victor created life without maintaining the proper balance, his fate would be “scientifically” expected, regardless of his sex.

In order for Victor to embody the experience of postpartum depression, Shelley must first make it clear that Victor is the mother-figure of the novel. Once Victor discovers the “spark of life,” he reports that “winter, spring, and summer passed away during [his] labors” before he is fully able to animate his creature (Shelley 82). By dividing the year into four seasons (summer, fall, winter, and spring) and only mentioning three of those seasons passing, roughly equates to the same amount of time required between conception and birth. Throughout this nine-month period, from the conception of the thought until the quickening of the creature, Victor’s actions deliberately went against balancing the six non-naturals. During this period, Victor informs Walton that he has frequented the “dissecting rooms and the slaughterhouse,” and that he chooses to work in a “solitary

chamber," exposing himself to contaminated air and extensive isolation (Shelley 80). By deliberately going to the "unhallowed damp of the grave" Victor was failing to maintain the needed balance during the gestation period of creating life (Shelley 79). In addition, this time period was also fraught with deep bouts of isolation, lack of nourishment, loss in physical activity, emotional instability, and insomnia (Shelley 78–81). Framed by the beliefs regarding pregnancy during Shelley's lifetime, if a pregnant woman were to frequently engage in negative actions like the ones that Victor describes, then the negative consequences would be transferred to the unborn child. Such a "pregnancy" would yield negative results (Bewell 116).

Shelley strengthens the argument of Victor as the mother-figure by framing his expected moment of triumph with the same words used to describe the delivery of a baby. The text reads, "After so much time spent in painful labor, to arrive at once at the summit of my desires, was the most gratifying consummation of my toils" (Shelley 77). Throughout the process of parturition, the involuntary uterine contractions that force the baby through the woman's cervix and down the birth canal is most commonly defined as "labor." Without the medical intervention of anesthetics or medications, this experience is primarily associated with pain. However, the expectation of having a baby is in the moment when the baby arrives, the newly-labeled mother is justified for all her pain and laboring by the sheer gratification and joy of that new life. The text demonstrates that Victor followed the same parturition pattern, first having to suffer through a painful labor before the creature could fully be given life. Following this painful labor, Victor notes that his joy was the "most gratifying consummation of my toils" (Shelley 77). The hoped-for gratification Victor experiences mirrors the gratification of an expected a baby—a newborn baby would be such a culminating accomplishment that the mother would no longer be able to recall the discomfort, sacrifice, and pain associated with bringing this life into the world.

Despite the anticipated joy associated with the arrival of Victor's "baby," Victor's postpartum period quickly slides into the smothering darkness of depression. According to the Mayo Clinic, "Postpartum depression isn't just the 'baby blues.' It's severe depression marked by feelings of sadness or emptiness, withdrawal from family and friends, a strong sense of failure, and even thoughts of suicide" (Postpartum Depression). Although a complete postpartum depression diagnosis requires the expertise of a

licensed health-care professional, and I in no way assert that type of authority, the Edinburgh Postnatal Depression Scale (EPDS), published in 1987, by J. L. Cox, J.M. Holden, and R. Sagovsky in the *British Journal of Psychiatry* is common tool used by healthcare professionals to identify individuals who may be in need of additional medical assistance. EPDS is a survey that identifies patients who are unable to see the funny side of things, do not look forward to hobbies with enjoyment, feel distant from their infant, and unnecessarily blame themselves when things go wrong or circumstances do not go as planned. They experience emotions such as worries, anxieties, panic, and fear, have difficulty sleeping, manifest sadness or misery by crying, and are unable to cope or manage typical life experiences. Patients who have thoughts of self-harm or suicide are immediately recommended for intervention regardless of how they score in other categories (Cox, et al.) These questions address symptoms, struggles, and indicators of postpartum depression, and directly fall in line with Victor's actions after the birth of his "baby."

One of the first indicators of postpartum depression that Victor experiences is in regard to his ability to look forward to experiences with enjoyment. Within the EPDS question, the patient is asked to consider things that they found enjoyable prior to experiencing postpartum. The text indicates that Victor experiences a mental barrier that keeps him from enjoying his pursuits of natural philosophy after his creature comes to life. In relating his story, Victor admits, "Ever since the fatal night, the end of my labours, and the beginning of my misfortunes, I had conceived a violent antipathy even to the name of natural philosophy" (Shelley 96, emphasis added). Victor's violent antipathy towards natural philosophy acts in contradiction to the level of investment and enjoyment Victor had given to the subject starting at the age of thirteen (Shelley 41). Before creating the creature, Victor described "natural philosophy, and particularly chemistry in the most comprehensive sense of the term, [as] nearly [his] sole occupation" (Shelley 74). His new found abhorrence for the subject flies in the face of the many scientific accomplishments that he contributed to the university and the relationships he established with his professors. This type of fear points toward mental imbalance and not just a loss of interest.

When Victor is adapted, the pattern of repressing or ignoring his manifestations of postpartum depression frames him as a character who is self-centered and dramatic, always blaming himself for things that are

beyond his control. Following the murders of William and Justine, Victor laments, "All was to be obliterated in an ignominious grave, and I the cause!" (Shelley 111, emphasis added). Victor is bothered by the deaths so much he is "seized by remorse and the sense of guilt" (Shelley 123). The guilt that Victor experiences falls in line with the EPDS question which asks whether the patient "blames [themselves] unnecessarily when things go wrong" (Cox, et al.). Although Victor created the creature and is therefore somewhat responsible, he never actually committed any of the murders, nor did he cause the murders. By bestowing what the text calls the spark of life to the creature, Victor forfeits a degree of control that he has over his creation. In other words, like any parent, Victor must accept the individuality and autonomy of his "child." However, because Victor views himself as "the cause" of the murders, it indicates that he blames himself for things beyond his control (Shelley 111).

Victor's inability to cope with William's death is interpreted by his father as "excessive sorrow" (Shelley 237). Whenever Victor accuses himself of unreasonable blame for the creature's actions, his father "instantly [changes] the subject of [the] conversation" (Shelley 237). Rather than ameliorating Victor's struggles, his father, Alphonse, exacerbates them. Victor notes that he "endeavor[s] to hide to hide [him]self from his [father's] view" and pretends that nothing is wrong (Shelley 124). Unable to fully pretend nothing is wrong, the seriousness of Victor's condition comes to light when he admits contemplations of suicide. Using Victor's own words, "Often, . . . I was tempted to plunge into the silent lake, that the waters might close over me and my calamities forever (124). Victor's meditations on suicide reveal the complicated implications of suffering through postpartum depression without help. All of this evidence suggests that the Victor of the novel isn't one of evil intentions, sociopathic tendencies, malign judgment, or even hubris selfishness. He is a Victor of illness. A Victor in need of help. A Victor who has fought in the battle against postpartum depression and lost.

However, the divergence between a self-centered, egotistical Victor and a suffering mentally-ill Victor carries vast repercussions in the field of adaptation. First, choosing to reconsider how Victor is adapted is important because contrary evidence exists in the text. Because Victor's signs and symptoms have gone unnoticed or were misinterpreted by Victor and by those around him, this type of adaptation leaves Victor powerless. It

isolates him and vilifies his experience. The mere “excessiveness” of Victor’s experience immediately makes the experience one of weakness.

Shelley’s use of a male character highlights the problems and struggles postpartum mothers face every day in the light of being framed as “the other.” If Shelley used a female character to demonstrate the effects of “melancholy” and creating life, the actions of that woman would go unnoticed; that’s just what it meant to be a woman (Meek 2). As a reader, it is very easy to view Victor’s weeping approach to the situations he is faced with as weakness and over-exaggeration, because he is a male. If he were a female character, his weeping wouldn’t be out of the ordinary (Meek 3). His self-obsession with his loss and destroyed destiny seem inappropriately proportioned to the task at hand, and this self-centeredness makes Victor difficult to sympathize with. These feminine traits would not be as meaningful if Victor was actually a Victoria. By transferring the symptoms of postpartum depression to Victor, the novel becomes a lens to re-analyze the treatment of the mentally-ill mother, and construing Victor as the mother figure draws attention to the way society treats those who are ill. Assuming that adaptations represent the views of a particular culture, continually ignoring a mentally-ill Victor is not only harmful to individuals, but also to societies. Without a safe place for Victor to overcome his mental illness, Victor becomes more susceptible to the isolating darkness of his postpartum depression. In applying this to adaptation studies, a culture that is continually telling individuals to hide weaknesses and deny faults only creates a more isolating and unstable society.

Evidence of this societal danger is found in the text when Monsieur Waldman attributes Victor’s reluctance to engage with his previous interests as a display of “modesty” (Shelley 96). The underlying connotations of modesty carry the meaning of being unassuming or average, and such a description lacks an air of seriousness. Not only does this comment dismiss Victor’s reactions during the triggering conversation with Monsieur Waldman, but it also dismisses the reality of Victor’s entire postpartum experience as one that isn’t very important. If one constantly construes the symptoms of postpartum depression as something else, then there will never be available space to access the help needed. Victor’s response to Monsieur Waldman’s commentary—that Victor “writhed under his words, yet dared not exhibit the pain [he] felt (Shelley 96)—demonstrates the debilitating social silence that is forced upon those who suffer from mental illness. Because continual adaptations of *Frankenstein* also refuse to recognize even the possibility of

these symptoms, our society creates the message that vulnerability is not acceptable. If those around an individual are not even willing to notice the symptoms of postpartum depression as out of the ordinary, then how is that individual ever supposed to feel empowered to ask for help?

The modern-day implications of this reading frames Shelley's novel as a mandate to rise up and perceive the world differently. *Frankenstein* can no longer be read or adapted through the lens of simply "bad parenting." Admittedly, Victor was a bad parent—he abandoned the creature the day it was created. But those actions, the weeping and wailing and self-absorption that make Victor a bad parent, cannot stand without a serious consideration of the symptoms of postpartum depression that are also present in the novel. More than anything, applying an understanding of postpartum depression to Victor provides room for empathy and understanding. It makes him human—a living, breathing, feeling human. He is no longer "the other." Using postpartum depression as a way to remove the "otherness" from Victor implies our social need to do the same for those who actually suffer from mental illness. However, the evidence of the text will mean very little unless those reading the text are willing to return to Victor with new eyes, new interpretations, and new adaptations. Within the twenty-first century, we as a society cannot be satisfied with surface level interpretations of individuals or experiences. Re-reading the "Evil Dr. Frankenstein" as a potentially mentally-ill patient is not only supported by the text, but is necessitated by the sheer progress of our time. A Victor Frankenstein with postpartum depression is evidence that we can no longer afford to read individuals or societies on the surface. Instead of ignoring, brushing off, or vilifying behavior we do not understand, it's time we embrace vulnerabilities with empathy and understanding.

Endnotes

1. Ellen Mores, "Female Gothic," in *Literary Women*. Mores coined the term "Female Gothic" and argued that it was specifically Shelley's experience as a mother that directly influenced the production of her text. In this light, motherhood isn't only a lens to read the novel through, rather it is at the root of the entire conception of the novel.
2. For more about Frankenstein and the role of women, see Rubinstein; Gilbert and Gubar 213–47; Johnson; Jacobus 99–103. Women framed as mothers drive much of this scholarship. Shelley's own experience as a mother and as a female author provide the opportunity for unique criticism.

3. Most commonly, accusations concerning Victor as parent construe him in the role of a bad parent. For more scholarship on this topic see: Ashley Lall; Baysar Taniyina; Paul Sherwin; Debapriyn Goswami; Laura Claridge.

4. Classical understandings of health required a balance of the six non-naturals and the four humors of the body. When these elements were out of balance, it was believed to be impossible to maintain health. For more on the non-naturals see Institute of Historical research, Bloomsbury, London, *Healthy living in Pre-Modern Europe*, 2013.

5. Boswell sights various accounts of women giving birth to children who have various deformities or problems. The imaginative aspect of this process included women who frequently looked at paintings and subsequently transitioning those particular characteristics to the child. This included facial features, temperaments, skin and hair color, and personalitie

6. "In ancient and medieval physiology and medicine: any of four fluids of the body (blood, phlegm, choler, and so-called melancholy or black bile) believed to determine, by their relative proportions and conditions, the state of health and the temperament of a person or animal." These were known as the cardinal humors of the body. For more, see Oxford English Dictionary "humor" 2.a. and 2.b.

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