

**Darius Langhoff**

Nauczycielskie Kolegium Języków Obcych  
Wodzisław Śląski

## THE FALL OF THE HOUSE OF USHER – SCHIZOPHRENIA

**Key words:** modern psychiatric reinterpretation, schizophrenia, hypochondriasis, melancholia, architectural representation of a mental state and change

[...] the eye of a scrutinizing observer might have discovered a barely perceptible fissure, which, extending from the roof of the building in front, made its way down the wall in a zig-zag direction, until it became lost in the sullen waters of the tarn.<sup>1</sup>

This is how the narrator of the story describes the external appearance of Roderick Usher's house, focusing attention on a flaw visible on the front facade. A fissure, split, division, which separates into fragments, which destroys the unity of things and heralds the disintegration of wholeness. It could be understood as a rather technical account of the dilapidated condition of an old mansion, but in Poe's story, rich in texture and meaning, the fissure stands for much more than a crack in the wall. For what is the building itself?

It is not a mere place of someone's abode. The house is an outward projection of Roderick's afflicted personality, it is a microcosmic edifice, which his ailing mind raised and with which he has now merged. Every state of his spirit or body manifests itself as a peculiar feature on the house's exterior. The fissure in the wall is therefore equivalent with a fissure of Roderick's mind. From the story we learn many details which make up the clinical picture of his illness. The same, probably, disease has ruined his sister Madeline's mental health. This is less certain though, as Poe's description of her symptoms is vague. To understand the characters' mental as well as physi-

---

<sup>1</sup> E.A. Poe, *The Fall of the House of Usher*, in: *The Complete Illustrated Stories and Poems*, London, Chancellor Press 1994, p. 51. Future citations from this edition will be included parenthetically in the text.

cal condition better, the reader should realize that the sciences of psychiatry and psychology have progressed and changed a great deal since Poe's time. In connection with this, the meaning of several medical terms has also been modified. Therefore it is advisable to evaluate the protagonists' behaviors and psychic statuses judging by their actions rather than by Poe's arbitrary terms. The syndrome which Roderick suffers is symbolically represented by the fissure in the wall, and denotes a fissure of his mind. In other words "split mind" or "split personality". And this is the most concise definition of schizophrenia. Comparing the medical background with the literary description of the heroes of *The Fall of the House of Usher* we should find enough evidence to justify such a diagnosis.

"Schizophrenia is the most serious unsolved disease in world society", stated *Medical Research: A Mid-century Survey* (1956). The same conclusion is valid today, and certainly it was a disease beyond any effective management in Poe's time. Moreover, in the first half of the 19th century this disorder had not been yet recognized as such. Present views of the disease we now call schizophrenia originated with Emil Kraepelin, a Munich psychiatrist, who first clearly separated it from manic-depressive psychosis in the 1890s [Kraepelin, 1919]. For this reason Poe must not be blamed for sometimes confusing usage of such terms like mania<sup>2</sup>, monomania, obsession<sup>3</sup>, melancholia<sup>4</sup> – but the profound reader ought to be aware that these names have acquired more crystallized, occasionally different, meanings, and some of them have become obsolete. Kraepelin originally called the disorder *dementia praecox* to refer to a deterioration of mental function at an early age. Early in the 20th century, the Swiss psychiatrist Eugen Bleuler substituted the term schizophrenia for *dementia praecox*. By the "splitting" of psychic functions he meant the lack of correspondence between ideation and emotions – the inappropriateness of the patient's affect in relation to his ideas and behavior. Bleuler, adhering to the concept promulgated by Kraepelin, described schizophrenia as a psychosis "whose course is at times chronic, at times marked by intermittent attacks, and which can stop and retrograde at any stage, but does not permit a full *restitutio ad integrum* (i.e. recovery). The disease is characterized by

---

<sup>2</sup> **Mania** (or the manic state) is the mirror opposite of the depressed state (depression), being characterized by a flight of ideas, hyperactivity, and an increased appetite and sex urge. After a minimum sleep, the patient awakes with enthusiasm and excitation. The manic individual appears to possess great drive and confidence, yet lacks the ability to carry out his plans. Headstrong, impulsive, socially intrusive behavior is characteristic. Judgment may be so impaired that the patient may make reckless investments and spend fortunes in gambling or shopping sprees.

<sup>3</sup> **Obsession(s)** may be defined as imperative and distressing thoughts and impulses that persist in the patient's mind despite a desire to get rid of them. The most common are intellectual obsessions, in which phrases, rhymes, ideas, or vivid images (these are often absurd, blasphemous, obscene, and sometimes frightening) constantly intrude into consciousness. Every effort at distraction fails to rid the patient of the obsessive thought. It engulfs the mind, rendering the person miserable and inefficient.

<sup>4</sup> **Melancholia** (endogenous depression) may evolve within a few days, or it may emerge gradually with vague prodromal symptoms that had been present for months. The patient expresses feelings of sadness, unhappiness, discouragement, hopelessness, and despondency. Reduced energy for mental and physical activity is universally present, to the point of catatonia in the most severe cases. There is heightened irritability, as well as a lack of interest in all activities that formerly were pleasurable.

a specific type of alteration of thinking, feeling, and relation to the external world [...]. The fundamental symptoms consist of disturbances of association and affectivity, the predilection for fantasy as against reality, and the inclination to divorce oneself from reality (autism)” [Breuler, 1950]. Hallucinations and delusions are secondary symptoms. Auditory hallucinations are frequent; they consist of voices that are usually accusatory or threatening. The voices may or may not be recognized; they come from outside the patient or from within, and in the latter case cannot be distinguished from the patient’s own thoughts [Adams, Victor, 1993].

Although there is no universal agreement as to the cause of the disease, an increasing weight of evidence favors a genetic factor. The studies of Kallmann showed that the expectancy rate for schizophrenia in 5000 siblings of schizophrenic parents was 11 per cent, in contrast to 1 per cent in the general population. In sets of fraternal twins, one of whom had the disease, the incidence of schizophrenia in the other twin was also 11 percent. In monozygotic twins the incidence in the second twin was 68 per cent [Kallmann, 1946: 309 ]. In other words, the closer the relatedness of a family member to a schizophrenic, the greater the risk of schizophrenia. Body habitus was also linked in some way to schizophrenia. Slender (leptosomic) individuals are said to be more susceptible to the disease.

Roderick and his twin sister Madeline are the last of “the Usher race.” They are both suffering from, as it seems to the narrator, rather strange illnesses which may be attributed to the intermarriage in the family:

the stem of the Usher race [...] had put forth, at no period, any enduring branch; in other words, [...] the entire family lay in the direct line of descent, and had always [...] so lain. [52]

This passage supports the possible genetic cause of the illness. Manifestations of schizophrenia may comprise disturbances of thinking as reflected by the experience that one’s thoughts are influenced by some outside agency. Is this instance not illustrated with glaring obviousness by these narrator’s words?

He was enchained by certain superstitious impressions in regard to the dwelling which he tenanted, and whence, for many years he had never ventured forth – in regard to an influence [...] which some peculiarities in the mere form and substance of his family mansion had [...] obtained over his spirit. [54]

The house not only mirrors his soul but is also the external agency by which Roderick feels he is influenced. His long-lasting inclination to live in the realm of fantasy, completely separated from reality is expressed in many passages of the story. Here is one of them:

Our books – the books which, for years, had formed no small portion of the mental existence of the invalid – were, as might be supposed, in strict keeping with this character of phantasm. [61]

There are traits of pathological introversion in Roderick's character since his childhood, which frequently is a stage preceding actual autism<sup>5</sup>:

Although as boys, we had been even intimate associates, yet I really knew little of my friend. His reserve had been always excessive and habitual. [52]

Finally, as the story approaches its climax and the tension rises to an excruciating degree, Roderick begins to hallucinate, first visually:

«And you have not seen it?» he said abruptly, after having stared about him for some moments in silence – «you have not then seen it? – but, stay! you shall». [63]

His companion, the narrator, soberly replies:

These appearances, which bewilder you, are merely electrical phenomena not uncommon. [63]

A few nights after Roderick and his friend placed Madeline in the vault a fierce storm rages outside. Neither of them is able to sleep. Roderick enters his friend's chamber more restless and agitated than before. The narrator tries to pacify his nerves by reading from the *Mad Trist* by Sir Launcelot Canning. As he reads, he becomes aware of a strange sound coming from somewhere in the building:

there came, indistinctly to my ears, what might have been [...] the echo of [a] very cracking and ripping sound. [64]

A brief while later, when the sound grows loud, "metallic and clangorous", petrified Roderick says:

I hear it, and have heard it. Long – long – long – many minutes, many hours, many days [...] yet I dared not speak! We have put her living in the tomb! [66]

This might be interpreted as an auditory hallucination if it were not for the narrator who hears the noise too. And then Madeline enters which makes the final

---

<sup>5</sup> The term **autism**, introduced by Kanner in 1943, refers to a remarkable disharmony of development wherein children, despite excellent motor skill and retentive memory, fail to mature socially, i.e., to form any emotional bonds with parents and other individuals and, often, to learn to speak. It is the discrepancy between their excellent motor skill and response to all sensory stimuli on the one hand and the global asociality, lack of or restricted communicative speech, and certain other eccentricities of behavior on the other that sets them apart from the more common mental retardates. Autistic children exhibit a striking disregard for other persons; they make no eye contact and are no more interested in another person than in an article of furniture. The outcome of childhood autism is discouraging. One third of the patients never speak, another third acquire a rudimentary language devoid of communicative value; in the remainder does a colorless speech develop. As many as a third of all such patients as they grow older, begin to manifest other visuoperceptive and auditory defects. The basis of childhood autism is as much a mystery today as it was when Kanner described it.

scene totally unrealistic and eluding any one sided interpretation. The lid of her coffin had been bolted, so how – even if she really had been put inside alive – did she manage to get out? Putting this unsolvable mystery aside, there is other, much more accessible aspect of Madeline’s condition which deserves closer investigation.

Her disease Poe presents as “a settled apathy, a gradual wasting away of the person, and frequent although transient affections of a partially cataleptical character”. She is Roderick’s twin sister which significantly increases the probability of the same disease concurrence. And catalepsy is one of secondary symptoms of schizophrenia. Poe does not explicitly say what “affections of a partially cataleptical character” are. In medical jargon catalepsy is manifested by vacant facial expression, the lips are pursed, the person lies supine without motion or sits for hours with hands on knees and head bowed. A pinprick or pinch induces no reaction. It is not unthinkable that a century ago an individual in a severe cataleptic state might have been considered dead and even buried alive. Yet these persons may be fully aware of what is said to them or happening around them.

Three times the narrator of *The Fall of the House of Usher* refers to Roderick as a “hypochondriac”. It seems odd that he should do so, since he never expresses the slightest doubt that Roderick is really sick: on greeting Usher the narrator is shaken by his old-time friend’s “terribly altered” appearance. The apparent contradiction is explained, however, when we realize that the narrator, who lays claim to some knowledge of “the history of mental disorder” is using this term in its medical rather than popular sense. And medically speaking, a hypochondriac is a person who is morbidly preoccupied with bodily functions or physical signs and sensations, which lead to the fear or belief of having serious disease [Adams, Victor, 1993]. Typically, hypochondriacal symptoms occur in association with other psychiatric syndromes, such as depression, schizophrenia, and the neuroses. Having already identified Roderick as a schizophrenia sufferer, the narrator’s use of the term hypochondriac seems to be explicable. David W. Butler in his essay *Usher’s Hypochondriasis: Mental Alienation and Romantic Idealism in Poe’s Gothic Tales* writes: “[the narrator] has correctly diagnosed Roderick’s peculiar combination of physical and mental complaints as symptomatic of hypochondriasis, a melancholic disorder [...] which was widely discussed among physicians in Poe’s own time” [Butler, 1972]. In the light of what so far has been stated in this dissertation such a diagnosis is defensible as long we regard hypochondriasis<sup>6</sup> as a disorder caused by and accompanying schizophrenia. The issue is of more than a passing interest, since the failure of modern readers to identify Usher’s illness correctly makes it impossible to appreciate the parallels which Poe’s

---

<sup>6</sup> **Hypochondriasis** (hypochondriacal neurosis) is the morbid preoccupation with bodily functions or physical signs and sensations, leading to the fear or belief of having serious disease. Hallmarks of this condition are the failure of repeated examinations to disclose any physical basis for the patient’s symptoms and the failure of reassurance to affect either the patient’s symptoms or his conviction of being sick. Typically, hypochondriacal symptoms occur in association with depression, schizophrenia, and the neuroses.

tale develops between medical theories about schizophrenia (called simply madness or insanity in his day) and romantic theories about the growth of the mind's perceptive powers.

The doctors in Poe's time saw a connection between the imaginative power which characterizes romantics like Usher and actual insanity. It was commonly thought that mental illnesses could increase artistic ability. Benjamin Rush (a doctor, one of the signers of the Declaration of Independence) cited the case of a woman who acquired talent as a lyricist and singer as her disease reached more advanced stages, and also claims knowledge of two cases in which an aptitude for drawing was similarly evolved from psychosis [Rush, 1812: 63–64]. Today we know that many diagnosed schizophrenics reveal (or develop) artistic, quite spectacular at times, talents. This observation is particularly reminiscent of Roderick's "wild improvisations" on his "speaking guitar". J.G. Spurzheim speaks of an insane professor of music, whose facilities for composition improved and his ideas performed on violin were wonderfully striking and original, although on other subjects he reasoned absurdly [Spurzheim, 1817: 148].

But while they recognized relationship between the power of the creative imagination and insanity, Poe's medical contemporaries denied that the mad artist might actually achieve authentic private visions of a transcendent order. Complete insanity, that is advanced schizophrenia, was thought to depend on faith in the reality of hallucination, or erroneous perception. John Conolly, another famous physician, sums up this typical view of madness (i.e. schizophrenia in modern terminology): "In numerous instances the hallucination of the sensorium arises from an imagination previously over-excited; that over-excitement is disease, but not insanity; it produces an hallucination, but if the hallucination is known to be a hallucination, still there is no insanity; if it is mistaken for reality, then the man is insane" [Conolly, 1830: 307].

Roderick is a madman whose imaginative powers may actually increase as his mind sickens; and those powers are seemingly confirmed by supernatural events reaching their climax at the end of the tale and involving the apparent rebirth of a woman to whom the schizophreniac has been closely allied. Nowhere else does Poe so effectively demonstrate the close similarity between contemporary romantics and medieval thought.

Having been thought to involve the interaction of mind and body, hypochondriasis offered a medical analogy to the romantic's concern with the connections between the internal, subjective and the external, objective world of physical objects. The value of an illness as a parallel to the romantic theory of the intimate relationship between mind and matter was further reinforced by the agreement of contemporary physicians on the seat of the disorder in their attempts to explain its psychosomatic symptoms. In 1827 Dr. James Johnson wrote that the ailment affects the digestive tract and through that influences the mind. But as he observes, localizing the disorder was as difficult in his times as it had been for the medics of previous eras. Dr. Ralph Fletcher, studying a few years later the effects of the mind on the body, asserts that hypochondriasis may occasionally be centered in the intellect, and the physical manifestations are the outcomes and not the causes of psychic perturbation [Fletcher, 1833: 68]. Johnson himself

says that the primary causes of the abdominal distress are probably mental, or, as he expresses it, “of a moral rather than a physical nature, as losses in business, crosses in love, disappointed ambition, or a thousand other mental afflictions”. He continues and claims that sometimes “the original train of corporal disorders in the digestive organs is masked, or almost entirely disappears, under the complicated sympathetic affections of remote parts. These sympathetic affections are of a mixed character, corporeal and mental. In proportion as the causes were of a physical nature, so will be the predominance of the sympathies: – And, on the other hand, in proportion as they were of a moral nature, so will the sympathetic disorders be of a predominant intellectual character. In general, however, they are mixed” [Johnson, 1827: 63–74].

By suggesting both bodily and psychic causative factors for Roderick’s hypochondria, Poe precisely mirrors the medical controversy and the obscure link between the mind and the body. The narrator tells us that the Ushers’ malady is “a constitutional and family evil”. It harmonizes with the contemporary, and recognized widely by physicians, belief that nervous illnesses were hereditary. The educated reader would have comprehended that in Usher’s case a family predisposition must have been especially probable, since he is a direct descendant from a family noted “time out of mind” for its aberrant temperament. Soon after coming up with this physiological pathogenesis of the sickness, Usher adds that much of the morbidity which accompanies the illness, and which is reflected in his fear of the evil workings of the family mansion on him, stems from the “long-continued illness” and approaching “dissolution” of the beloved Madeline. This passage is medically correct. Schizophrenia, and its side-symptom hypochondria, may be triggered by grief.

The mansion interacts not only with its inhabitants but also with the external world. The storm that rises seems to be engendered by the house and is complementary with the action within. The windy vortex corresponds with the commotion in Usher himself and heralds the revivification of Lady Madeline. The signs of oncoming upheaval are at first limited to Usher alone. The narrator says: “an observable change came over the features of the mental disorder of my friend” [62]. The storm makes the change external, encircling, enveloping. The gaseous twister, announcing the extinction of Ushers, wreaks havoc as it spins and revolves around the house:

A whirlwind had apparently collected its force in our vicinity; [...] the exceeding density of the clouds [...] did not prevent our perceiving the life-like velocity with which they flew careering from all points against each other [...]. The under surfaces of the huge masses of agitated vapor, as well as all terrestrial objects immediately around us, were glowing in the unnatural light of a [...] gaseous exhalation which [...] enshrouded the mansion. [63]

A high wind has a great destructive power; it tears structures asunder and inspires people with fear. As Conrad puts it in *Typhoon*: “This is the disintegrating power of a great wind: it isolates one from one’s own kind. An earthquake, a landslip, an avalanche, overtakes a man incidentally, as it were – without passion. A furious gale attacks him like a personal enemy, tries to grasp his limbs, fastens upon his mind, seeks to rout



his very spirit out of him”<sup>7</sup>. Usher’s storm fits this description perfectly. Noteworthy is Roderick’s attitude towards his nearing decease. He does not want his fate to simply catch up with him. He will face it and take a step forward. For that reason he refuses to be passive and so sits up in front of the door from behind which death will come. However, any active deed, which would stop the closing in doom, is beyond his power.

The raging gale prefigures the return of Madeline. Roderick becomes aware of her live presence in the vault:

I heard her first feeble movements in the hollow coffin. I heard them. [...] And now [...] the rending of her coffin, and the grating of the iron hinges of her prison, and her struggles within the coppered archway of the vault! [66]

Soon he can hear her “footstep on the stair” and “horrible beating of her heart”. These sensory experiences are different from the hearing of the murderer in *The Tell-Tale Heart*, who misinterprets his own heart-beat, or the sound of a pocket watch, or just hallucinates. Usher’s hearing is incredibly acute, but not delusional. This makes it possible for him to identify Madeline standing without the door.

The climactic collapse which ends the story has two ingredients. The first is the simultaneous death of the brother and sister in each other’s arms. The syntactic technique which Poe used to compose this paragraph does not permit to recognize which sibling dies first:

For a moment she remained trembling and reeling to and fro upon the threshold – then [...] fell heavily inward upon the person of her brother, and in her violent and now final death-agonies, bore him to the floor a corpse, and a victim to the terrors he had anticipated. [66]

The narrator flees the house, thereby confirming that everything he saw was real. Under no circumstances could he stay. Brother and sister fell “inward” on each other, also inward the house, initiating automatically its irrevocable decay. The two deaths created a kind of a cosmic black hole inside the mansion, which will now mercilessly suck in the whole edifice. The second final phase is the fall of the house itself. The narrator observes the crack in the wall that “rapidly widened” starting the process of ultimate destruction. The submerging collapse of the structure perfectly follows the downward movement of dying Roderick and Madeline. The fateful atmosphere of the climax is enhanced by terror-generating effects: kinetics, rapidity, ominous sounds, etc. The narrator says that his brain “reeled”, just like Madeline reeled a brief while ago. The fall of the mansion is for him a termination and disintegration. For the Ushers it is a re-union and return to primary source of existence. The narrator, being an alien in Usher’s house, could only transiently co-habit the same space as Roderick and Madeline. At the end of the day, there is just one thing for him to do. Like the narrator of *Ligeia*, he has to name the nucleus and focus of the tale: the House of Usher. In this way he transforms the opening title into a closing coda.

<sup>7</sup> J. Conrad, *Typhoon and Other Stories*, London: Penguin Books 1977, p. 50.



### Bibliography

- Adams, D., Victor, M. (1993). *Principles of Neurology*. New York: McGraw-Hill.
- American Foundation (1956). *Medical Research: A Mid-century Survey*. Boston: Little, Brown.
- Bleuler, E. (1950). *Dementia Praecox or the Group of Schizophrenias*. Trans. Zinkin. New York: International University Press.
- Butler, W.D. (1972). *Usher's Hypochondriasis: Mental Alienation and Romantic Idealism in Poe's Gothic Tales*. Frankfort: University of Kentucky.
- Conolly, J. (1830). *An Inquiry Concerning the Indications of Insanity*. London.
- Fletcher, R. (1833). *Sketches from the Case Book, to Illustrate the Influence of the Mind on the Body with the Treatment of Some of the More Important Brain & Nervous Disturbances Which Arise from this Influence*. London.
- Johnson, J. (1827). *An Essay on Morbid Sensitivity of the Stomach and Bowels as the Proximate Cause, or Characteristic Condition of Indigestion, Nervous Irritability, Mental Despondency, etc., etc.* London.
- Kallmann, F.J. (1946). *The Genetic Theory of Schizophrenia: An Analysis of 691 Twin Index Families*. American Journal of Psychiatry 103.
- Krapelin, E. (1919). *Dementia Praecox and Paraphrenia*. Trans. R. Barclay. Edinburgh: E&S Livingstone.
- Rush, B. (1812). *Medical Inquiries and Observations Upon the Diseases of the Mind*. Philadelphia.
- Spurzheim, J.G. (1817). *Observations on Deranged Manifestations of Mind, or Insanity*.

### Summary

#### The Fall of the House of Usher – Schizophrenia

E.A. Poe's tale *The Fall of the House of Usher* features twins Roderick and Madeline who suffer from serious physical and nervous maladies. Manifestations of their mental disorders are juxtaposed in the article with the discoveries of modern psychiatry and neurology, revealing surprisingly many parallels with the clinical symptoms of schizophrenia and other related illnesses. The author of the story himself makes an impressive comparison between the characters' split minds and the cleft in their mansion's wall, which disrupts the architectural harmony and continuity of the edifice.