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READING THE BRONTË BODY: DISEASE, DESIRE, AND THE CONSTRAINTS OF CULTURE

by

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READING THE BRONTË BODY: DISEASE, DESIRE, AND THE CONSTRAINTS OF CULTURE

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University of Nebraska, 2001

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Representations of disease and illness pervade the seven novels written by Anne, Emily, and Charlotte Brontë. While these representations reflect the major role illness played in the lives of the Victorians and its frequent reoccurrence within the Brontës' lives, an analysis of each Brontë's use of representations of illness demonstrates their larger significance. Together, medical anthropology and the history of medicine offer a lens with which to understand the Brontës' literary use of such representations. An application of medical anthropology's central idea that the body is the site for ideological conflict to the novels indicates how representations of illness provide the Brontës with unique ways to critique gender and class constraints inherent in Victorian culture.

The "Introduction" develops the Victorian medical context as well as ideas from medical anthropology. Chapter two, "'Sick of Mankind and Their Disgusting Ways': Alcoholism, Social Reform and Anne Brontë's Narratives of Illness," investigates the use of alcoholism in Agnes Grey and The Tenant of Wildfell Hall.

Chapter three, "Ailing Women in the Age of Cholera: Illness in Shirley," develops Charlotte Brontë's use of cholera as a central metaphor for social change which grows out of the contemporary concerns about the 1848-1849 cholera epidemic. Chapter four, "Hysteria, Female Desire, and Self-Control in Villette," analyzes Charlotte Brontë's use of hysteria in her final novel. Brontë explores the role of illness in the re-shaping of identity,

a process which allows Lucy Snowe to rethink her home ideology and challenge the ideology of her adopted country.

Chapter five, "Vampires, Ghosts, and the Disease of Dis/Possession," emphasizes Emily Brontë's metaphorical use of illness which build toward her concept of a larger metaphorical disease, the "disease of dis/possession." Brontë's three metaphors--illness, vampires, and ghosts--signal her critique of the unnaturalness of a patriarchal cultural system which preys upon the life-energies of those caught within it. The conclusion contrasts the Brontë sisters' use of representations of illness.

Introduction

Representations of disease and illness pervade the seven novels written by Anne, Emily, and Charlotte Brontë during the years 1847 to 1853. These representations include cholera, consumption, rabies, rheumatism, fevers, alcoholism, hypochondria, hysteria, monomania, madness, and more. Since medicine was not able to make any real advances in curing disease until after the mid-nineteenth century, the Brontës' representations of ill-health may be a natural consequence of the prevalence of disease and death in early Victorian life. According to Roy Porter's three-century overview of medicine in Disease, Medicine, and Society in England, 1550-1860, medicine's ability to cure small pox was the only exception. Porter notes, "medicine succeeded in making only marginal inroads into serious diseases. It scored one notable triumph. Between them, small pox inoculation . . . and vaccination . . . diminished the terrors of a once-prevalent and commonly fatal disease" (61). Diseases which are now preventable through vaccination, such as influenza and rabies, and diseases which are now treatable with modern medicine, such as tuberculosis, malaria, and cholera, still took a toll on human life. Visibly present, death and disease were routine parts of life in Victorian England.

The health conditions specific to Haworth also brought issues of disease and death closer home to the Brontës. Out of his concern for the high mortality rates of his parishioners, Reverend Patrick Brontë wrote numerous letters to London requesting a formal visit from an inspector of health. The Babbage report of 1850 was the result of Brontë's persistence. In The Brontës, Juliet Barker summarizes Babbage's findings.

Barker records that "the mortality rates in Haworth rivaled those in the worst districts of London" (96). In general, the mortality rate was ten and a half per cent higher than what the law considered needing special attention (635). The infant mortality rate was especially high with forty-one per cent of children in Haworth dying before their sixth birthday (96). These early deaths contributed to the fact that the average age of death in Haworth was only twenty-five years (96).

In addition to the state of poor health in Haworth in general, the Brontë family underwent personal tragedy brought about by early deaths of family members from diseases then considered untreatable. The deaths of Maria Brontë and Elizabeth Brontë, age eleven and ten from consumption contracted at the Clergy Daughters' School has become part of the Brontë legend, thanks largely to Charlotte Brontë's fictional portrayal of Maria as Helen Burns in Jane Eyre. Yet, by the time these two deaths struck the Brontë family, they had already suffered the premature death of their mother, Maria Branwell Brontë, age 38, to what is now thought to have been uterine cancer (Barker, 102). At the time of their mother's death, the Brontë children ranged in age from less than two to seven years.

Following the early deaths of their mother and their two eldest sisters to the ravages of disease, the remaining siblings' awareness of the ramifications of disease, not only on the sufferer but also those around her, would naturally affect the ways they perceived their world. Once they became authors, perhaps it only makes sense that they would repeatedly use representations and metaphors of disease in their writings.

Two on-going health issues, Anne Brontë's lifelong affliction with asthma and Branwell Brontë's increasing addiction to alcohol, continued to plague the children as they matured into adulthood. Both conditions were to play pivotal roles in the final family tragedy when consumption struck again, causing Branwell's, Emily's, and Anne's deaths within less than a year. Consumption worked most quickly on Branwell Brontë's constitution, already weakened by his addiction to alcohol. Given the fact that Patrick Brontë was relying upon Thomas John Graham's Modern Domestic Medicine in his treatment of Branwell's *delerium tremens*, it is highly probably that by his death, Branwell was suffering from a dual addiction of alcohol and opium. Graham's medical treatise records the use of opium as crucial to recovery from *delerium tremens*. He writes, "In many cases, the patient *must sleep or die*. Give two grains of opium every two hours, to be continued until sleep ensues" (italics in original, 394).[1] Emily Brontë contracted the consumption from her brother and followed him rapidly into death. His death was in late September 1848, hers was in early December 1848, less than three months later. Anne Brontë's own health issues with asthma decreased her own resistance to the disease's influence. Her death by consumption followed five months later in May 1849. At thirty-three years of age, Charlotte Brontë was the only remaining sibling of a family of six children.

Because the Brontë legend is perpetuated by the magnitude of the family tragedy, it is important to place their deaths in perspective. By comparing the deaths of the Brontës with the statistics in the Babbage report, Barker notes, "According to Babbage's mortality rate table, at least two of the Brontë children should have died before they were

six. . . The average age at death was twenty-five, so Charlotte at thirty-eight, Branwell at thirty-one, Emily at thirty, and Anne at twenty-nine, all exceeded the statistical average" (852, note #23). In her assessment of these statistical discrepancies, Anne Dinsdale, the current librarian at the Haworth Parsonage Library, asserts that the parsonage's prime location at the top of the hill insured cleaner water supplies and better sanitation and sewage conditions for the Brontës. Dinsdale makes the telling comment that, "the surprise is not that the Brontës died so young, but that they lived so long."[2] Considering that during their mother's fatal illness, all six of the Brontë siblings came down with, but recovered from a bout of scarlet fever, a disease often fatal in the Victorian era, it is remarkable that they were not victims of even earlier deaths, contributing to Babbage's statistics rather than contributing to our literary heritage (Barker, 103).

After the death of her siblings, Charlotte Brontë continues to incorporate representations of illness into her later fiction writing. She also includes new wisdom gained through dealing with these multiple deaths. Consequently, representations of illness in Brontë's final two novels are particularly insightful. Because of all of the Brontës' awareness of the ramifications of the disease process, their fictional use of illness deserves much more attention than that it has currently received. Among the possible functions such representations served the Brontës as authors, I am most interested in how illness provides them with unique ways to critique gender and class constraints inherent in Victorian culture.

While literary theory provides useful paradigms, such as feminist and Marxist theory, to analyze gender and class issues in literary works, cultural studies have

encouraged literary critics to move outside of our home discipline to grasp larger cultural trends and themes at work. In analyzing the representations of illness and disease within the novels of the Brontës, I have relied upon two interrelated fields, medical anthropology and the history of medicine. By its very nature, medical anthropology requires knowledge of cultural context. An in-depth look at the history of medicine in nineteenth-century England provides the necessary cultural context, giving modern readers a sense of how issues of health, illness, and the body were understood in Victorian England. Together, medical anthropology and the history of medicine offer a useful lens with which to understand Victorian beliefs and knowledge concerning medicine, health, and illness. An application of this understanding calls for an analysis of the representations of illness and disease found in novels of the period, the Brontë novels among them.

The terms "illness" and "disease" need to be clarified. In The Illness Narratives: Suffering, Healing, and the Human Condition, Arthur Kleinman, a leading medical anthropologist who has helped to establish the field, distinguishes between them. In the biological terms of the biomedical model, Kleinman clarifies that "disease is reconfigured *only* as an alteration in biological structure or functioning" (5-6). In contrast, illness is understood as the "lived experience" of disease and as such is "always culturally shaped" (4; 5). Medical anthropology's idea that illness is "always culturally shaped" does not negate that illness is a very real bodily event, often having a particular disease as its origin. Yet, as Arthur Frank asserts, "no distinction between corporeal disease and illness experience can be sustained: a problem within the tissues pervades the whole life" (49). While I maintain the distinctions between the terms, the term "illness" is fundamentally

more useful for the purposes of literary analysis since it can encorporate the concept of "disease" within it.

Currently, some medical anthropologists, medical sociologists, and others interested in the overlap between medicine, literature, and culture are developing a significant body of work structured around the idea that illness, like race and gender, is socially constructed. For example, Kleinman, Susan Sontag, and Judith Lorber give examples of how culture shapes the experience of having a disease, even affecting the resulting experiences of healthcare. While much of their work emphasizes current health issues in the American health system, their findings often include analyses of other cultures and other historical periods. As Kleinman points out, "In each culture and historical period there are different ways to talk about, say, headaches," and he indicates that this is equally true of other diseases and their symptoms (11). For example, Kleinman relates that currently in China, decisions about individual's healthcare are not up to the individuals, even if they happen to be medically trained experts, but to the other family members. Similarly, within Sontag's discussion of the cultural conventions concerning the concealment of cancer diagnoses in Illness as Metaphor, Sontag notes that as of 1978, "In France and Italy it is still the rule for doctors to communicate a cancer diagnosis to the patient's family but not to the patient" (7). In each case, the cultural context affects how the illness is understood and experienced.

Judith Lorber's Gender and the Social Construction of Illness is a comprehensive work showing how "gender, race, class, ethnicity, and culture influence the experience of symptoms" within the current American health system (ix). Lorber asserts,

> social practices produce social bodies all through life and death--and beyond (consider how corpses are handled). Because gender is embedded in the major social organizations of society, . . . it has a major impact on how the women and men of different social groups are treated in all sectors of life, including health and illness, getting born and dying (3).

Lorber's extensive examples, like the work of Kleinman, Sontag, and others, serve to highlight how people experience their illnesses differently based on a variety of external social and cultural factors. Examples of how illnesses are experienced differently, dependent upon the culture in which they occur, could be virtually endless. The primary point to gain is that illnesses need to be understood within their cultural contexts to ensure a full appreciation of each illness's significance. Medical anthropologists, medical sociologists, and theorists of the body together are providing examples and methodologies to understand the body and illness within cultural contexts. Their findings are not only of benefit to physicians and social workers who work directly with the body, but also of benefit to literary critics, historians, and others who are interested in how the interplay between culture and the body becomes embodied within literary texts and other cultural texts.

By placing the ill body within its cultural and social context, medical anthropologists aim to demonstrate that, quoting Arthur Frank, "Illness is a social issue, not simply a personal affliction" (122). Medical anthropologists stress that bodies are always social bodies.[3] They believe that the "body" can be seen theoretically as the bridge between the "self" and the "social world," making the body a battlefield for ideological

conflicts. In such a position, the body carries wounds, the signs of conflict, when there are discrepancies between what the self desires and what the culture allows. In The Illness Narratives, Kleinman explores the conflict between cultural expectation and personal desire. According to Kleinman, where there is illness, there is "unresolved conflict" in the life between what one desires and what is expected, between what one desires and what is available, or perhaps between two conflicting desires (97). In a similar vein, in The Body in Pain: The Making and Unmaking of the World, Elaine Scarry asserts that the body embodies culture, which makes the body the necessary site to carry the scars and wounds of ideological warfare.

Throughout The Body in Pain, Scarry addresses the philosophical importance of understanding the body's role in embodying culture and cultural ideologies, whether they be religious ideologies or political ones. Scarry reiterates the body's position as "bridge" between the self and the social world (49). Even though Scarry's focus is predominantly on pain occurring from the trauma of torture and war, her insight on how ideology always depends upon inscriptions on the body to be made "real" to its believers is also applicable to illness and the pain attending it. Two medical anthropologists, Arthur Frank and Byron J. Good, have already made explicit the connections between Scarry's work and illness. Frank writes, "Chaos stories [a form of illness narrative] are told at the end of the process that Elaine Scarry calls 'unmaking the world" (103). In his essay, "A Body in Pain--The Making of a World of Chronic Pain," Good applies Scarry's description of "pain as 'shattering' language, as 'world-destroying'" to one patient's on-going experience of chronic pain (35).

Another medical anthropologist, Paul Brodwin, clarifies the process by which cultural conflicts take place within the body in his work with a woman given the name "Diane." Considered a chronic pain patient, Diane suffers from an unspecified illness which has an array of physical symptoms, including headaches, stomach pains, hyperventilation, the inability to see or breathe for brief periods of time. Brodwin emphasizes that the body functions on both private and social levels, even though our current bio-medical model of medicine prefers to emphasize the former. Brodwin develops how "both the marker of troubling relationships and the attempts to change them appear in the internal spaces of the body--usually considered in our culture the ultimately private, nonsocial domain" (82). In Brodwin's depiction of Diane's body as a social body, interconnected to the people around her and the cultural expectations they have of her, he describes how Diane's physical symptoms of illness convey "in metaphoric but inescapable terms, the frustration she experiences in her relations with friends and family" (82). Her symptoms become a nonverbal form of language. He continues, "To begin with, Diane feels condemned by virtually her entire social world for not meeting certain standards of behavior or achievement" (82). Brodwin stresses that she is acutely aware of "not conforming" to the images of *x*, *y*, and *z* that others hold up as the "ideal" (82). Brodwin comments that "Diane's world also seems unreceptive to direct protest or attempts to change it" and thus her symptoms "persist as one of the few legitimate forms of resistance" (82). He sees Diane's symptoms as "both a reaction to particular conflicts and a symbol of her general social discomfort--even more, a public symbol conveying that meaning to the people around her" (83). Brodwin's insight how symptoms become

symbols of resistence is important. However, Brodwin does not move beyond this insight to address the problems inherent in using illness as a "public symbol" of cultural conflict. Fortunately, both Kleinman and Diane Price Herndl do.

In Kleinman's discussion of neurasthenia in post-revolution China, he writes, "the bodily mode of resistance seemed to deepen personal crisis while not succeeding as a form of political protest or change" (194). Herndl makes a similar point in Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840 - 1940. Herndl asserts illness, in both literature and life, may be seen as a type of resistance to cultural constraints, yet it ends by being ineffective in achieving political or social change. Herndl concludes, "When women are taught that illness and death offer them the best route to power, we all suffer the loss of possibilities. There is nothing empowering about victimage" (3). Thus, even though illness is often perceived to be a subversive attempt at gaining power over others around them, by its very nature, illness cannot, in fact, affect any positive change.

Kleinman is careful to clarify that cultural conflict is not necessarily the origin of disease. Nevertheless, he mentions that "a very substantial body of findings indicates that psychological and social factors are often the determinants of the swing toward amplification [of symptoms]" (7). In this way, social and cultural factors are at work even in biological disease. Even if one could theoretically put aside culture's ability to be a factor in the origin of disease or in the exacerbation of symptoms, culture is still always present within the realm of illness. As Kleinman declares, "Acting like a sponge, illness soaks up personal and social significance from the world of the sick person" (31). He

feels "illness absorbs and intensifies life meanings" (32). Here, the sponge metaphor shifts to that of a magnifying lens. First, illness absorbs meaning from the interpersonal and social life in which it occurs, and then it acts as a magnifying lens, intensifying the life meanings of the person experiencing it.

An application of these ideas from medical anthropology call for us to pay greater attention to how disease and symptoms of illness point toward cultural conflicts, not only in life but also in literature. Wherever illness exists, it signifies tensions within the life and within the text. In order to fully appreciate the significance of what medical anthropology offers to an analysis of the Brontë novels, a closer look at the Victorian context of medicine will clarify how diseases were culturally understood and what medical, scientific, and technological advances were making Victorian medical history.

In itself, the fact that our current bio-medical concept of disease was not yet constructed during the Brontës' lifetime is enough to emphasize the importance of an application of medical anthropology to the Brontë's novels. The bio-medical concept of disease came about later in the nineteenth-century when advances made in the medical knowledge of patho-anatomy led to the new field of bacteriology. In The Greatest Benefit to Mankind: A Medical History of Humanity, Roy Porter explores this historical shift from the traditional understanding of disease as affecting the entire body, i.e. "the constitution," to the more modern understanding of disease as affecting a localized area within the body. The shift occurred first when disease was thought to be localized at the level of organs, then at the level of tissues, and finally, at the cellular level. Porter summarizes, "Morgagni had highlighted the organ, Bichat the tissue; Virchow had now given pride of place to the

cell" (331).[4] Each shift in thinking brought about a new understanding of disease, even if this lab-based knowledge of patho-anatomy was not yet advanced enough to make an impact on clinical medicine until Robert Koch's work with bacteriology later in the century.[5] Rudolf Virchow's book *Die Cellularpathologie* [Cell Pathology], published in 1858, could be considered the seminal text which breaks with prior disease paradigms and makes possible bacteriology, the germ theory derived from it, and ultimately our current bio-medical model of medicine. Yet, even in 1858, Virchow's work was not widely available beyond Germany. It would take time before this new knowledge could make an impact on the general public throughout England and Europe. Patrick Brontë, who lived long enough to celebrate his 84th birthday in March of 1861, is the only Brontë to live long enough to be potentially aware of this new understanding of the diseased body. Our bio-medical model, so familiar to us, would be a completely alien concept to Anne, Charlotte, and Emily Brontë as well as to other writers of their generation.

One nineteenth-century cultural change was that medical tracts written by physicians had become popular as advances in printing made such texts cheaper and more available to the lay public. William Buchan's Domestic Medicine, published in 1769, was the first success of this sort. This eighteenth-century medical text was reprinted throughout the nineteenth-century and found its way into many Victorian homes, including the home of the Brontës. Thomas John Graham's Modern Domestic Medicine, published in 1826, was a second popular medical text found within the library at the Haworth Parsonage. In addition to being the source for Patrick Brontë's information on treatment for his son's symptoms of *delerium tremens*, Graham's text is also important in dealing

with other familial health concerns, as Patrick Brontë's marginal annotations show. Sally Shuttleworth details this marginalia, showing it covers such health concerns as Anne's consumption, Charlotte's facial tic (seen as a symptom of hysteria), Emily's dog bite as well as Branwell's *delirium tremens* (27). Another popular medical treatise, Sure methods of improving health, and prolonging life; or , A treatise on the art of living long and comfortably, by regulating the diet and regimen, anonymously given as "Written by a Physician," published in 1828, is now thought to be written by Thomas John Graham as well.[6] All three of these medical treatises, like the majority of medical texts available early in the nineteenth-century, promote simple treatments, regarding diet, hygiene and temperance as remedies for most health problems.

Stressing diet, hygiene, and temperance as remedies made sense since medicine at mid-century had not made many advances in curing disease, with small pox as the only noted exception. The contemporary work in pathology and anatomy that was taking place in French morgues and the scientific laboratory work that was taking place in German laboratories was not yet applicable to the clinical side of medicine.[7] While such advances would become central in medicine's ability to cure disease later in the century, at mid-century, not much could visibly be seen in terms of scientific advancement.

Even though little change was occurring in curing disease in the early nineteenth century, new developments in technology were changing the face of medicine. Both the microscope and the stethoscope were making new knowledge possible. The microscope, although invented much earlier around 1600, for the first time in history began making a significant contribution to scientific advances in the nineteenth century. In The Greatest

Benefit to Mankind: A Medical History of Humanity, Porter records, "With the aid of microscopes and the laboratory, nineteenth-century investigators explored the nature of body tissue and pioneered cell biology; pathological anatomy came of age" (10).

Unlike the microscope, the stethoscope was a new invention. René Théophile Hyacinthe Laennec invented it in France in 1816.[8] The stethoscope was introduced to England by Thomas Hodgkin in 1825, who was also the first to lecture in London on the new ideas developing from French medicine's focus on pathology. The stethoscope made it possible for physicians to hear various internal bodily sounds which helped them identify internal disease without having to wait until after the patient's death to perform a postmortem autopsy. As Porter exclaims in The Greatest Benefit to Mankind, "At last, the living body was no longer a closed book: pathology could now be done on the living" (308). The stethoscope was common enough by mid-century that it was used on Anne Brontë to confirm that she was suffering from consumption, the same disease that had resulted in the death of her siblings.[9]

Thanks to the new technology, diseases began being rethought and reclassified. The medieval humoral theory of disease, which was still prevalent at this late date, began losing more of its credibility. The practice of identifying diseases by their symptoms, started by the seventeen-century physician Thomas Syndenham, continued in the mid-nineteenth century. However, once the microscope, the stethoscope, and other modern technology became available to aid physicians in classifying diseases by cause, the tradition of classifying by symptoms fell into disuse.

In addition, since the origins of many specific diseases were still undefinable, the debate between "contagion" and "anti-contagion" continued. While purportedly being a scientific debate, this debate was also a political and economic one since supporters of "contagion" could demand quarantine sanctions to be put in place, thereby disrupting trade routes. Supporters of "anti-contagion" promoted the miasma theory which held that effluvia and other environmentally polluting factors were the cause of various diseases. Thus, later, by extension, miasma could also target human agents of infection, a point taken up by many in the public health debates of the mid-century.

External events and the external environment were assumed to play a key role in disease. Throughout the Brontë letters references occur concerning the impact that the "east wind" is having on their nerves or on their bodily health in general; for example, Anne Brontë's letter to Charlotte's friend Ellen Nussey on October 4, 1847 details the three sisters' reactions to the east wind. Juliet Barker's The Brontës: A Life in Letters records the letter:

> Happily for all parties the east wind no longer prevails--during its continuance she [Charlotte] complained of its influence as usual. I too suffered from it, in some degree, as I always do, more or less; but this time, it brought me no reinforcements of colds and coughs which is what I dread the most. Emily considers it a 'dry uninteresting wind,' but it does not affect her nervous system (166-167).

Since the wind was thought to affect both the mind and the body, it is important to understand that early Victorian concepts of medicine maintained a direct relation between the physiological and psychological. For example, increased or diminished "animal spirits"

could affect the whole bodily economy, as could excessive emotions or lack of emotions.[10] Thus, body could affect mind; mind could affect body.

In Agnes Grey, Anne Brontë routinely gives descriptions of how specific events affects her characters in terms of both mind and body. One is never mentioned without direct reference to the other. For example, Brontë's governess heroine narrates how "the task of instruction was as arduous for the body as the mind," how her journey to Horton Lodge makes her "weary in body and mind," how her sister Mary "will do her best to make them comfortable in body and mind," and how Mr. Weston believes that close and constant study is "an injury to the mind as well as the body" (86; 117; 132; 210). Anne Brontë is also in step with her time in her insights about how the mind can affect the body. Her narrator comments on the state of Mr. Grey's health, writing, "And thus the mind preyed upon the body, and disordered the system of the nerves, and they in turn increased the troubles of the mind, till by action, and reaction, his health was seriously impaired" (65). Later, Alice Grey tells her husband "there is nothing like a cheerful mind for keeping the body in health" (110). The interrelatedness of body and mind is much more prevalent in Victorian thought than it is with today's biomedical model of medicine, although much recent work in the mind/body connection is once again foregrounding the connection.

By the 1860's the advent of cellular pathology began to call into question for the first time what role external events have on the body. Critiques of cellular pathology were made on this ground. For example, Edwin Kleb condemned Virchovian cellular pathology, seeing it as "an extreme doctrine which regards all morbid processes as purely internal events and completely neglects the importance of external factors which provoke

diseases" (quoted in Porter, 331-332). Prior to cellular pathology and the germ theory that derived from it, diseases were not easily categorized as being completely either physiological or psychological in origin. Hypochondria, now thought to be psychological in origin, was seen by the Victorians to be a legitimate disease that affected both the body and the mind. Without any awareness of the future stigma that a new medical understanding of the disease would put in place a century later, Charlotte Brontë was just one of many Victorians who confidently claimed hypochondria as an ailment from which they suffered. Her letter to Margaret Wooler in November of 1846 records in detail of her own year-long bout under the "tyranny of Hypochondria" (Barker, 156). In Charlotte Brontë's first novel The Professor, the narrator and hero, Arthur Crimsworth, suffers twice from hypochondria, once in his youth and once again as the novel reaches its *dénouement*. Similar to hypochondria, hysteria was another disease comfortably understood in the Victorian era as being both somatic and psychological, which now is seen as being only psychological in origin.

Sally Shuttleworth, George Frederick Drinka, and Elaine Showalter all explore the changing concepts of psychology in Victorian England. While both Drinka's The Birth of Neurosis: Myth, Malady and the Victorians and Elaine Showalter's The Female Malady: Women, Madness, and English Culture 1830-1980 provide wonderful surveys of the developments in the field, Shuttleworth's Charlotte Brontë and Victorian Psychology provides the most in-depth look at beliefs in the early nineteenth-century. Shuttleworth's work explores the changing concept of self, writing, "a new interiorized notion of selfhood arose and, concomitantly, new techniques of power designed to penetrate the inner secrets