

UNCANNY OR MARVELOUS?: THE FANTASTIC AND SOMATOFORM
DISORDERS IN *WUTHERING HEIGHTS* AND *VILLETTE*

by

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I ain't afraid of no ghost

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ABSTRACT

Drawing on historicized illness studies by scholars such as Sally Shuttleworth, Athena Vrettos, Elaine Showalter and others, I identify the ways in which Victorian illnesses (specifically hysteria) correlate with the fantastic in *Wuthering Heights* and *Villette*. To frame this argument, I apply twenty-first-century terminology of somatoform disorders to these illnesses to expose the connections between the moments of hesitation in Todorov's theory of the fantastic and the characters' isolation (from self and others), illnesses, and (in)ability to recover. In my discussion, I analyze the use of modalization and conditional phrasing by Emily and Charlotte Brontë to create a grammar of fantastic illness. I propose that framing hysteria through both somatoform disorders and the fantastic allows for a greater understanding of the cultural construction of illness.

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CHAPTER 1

INTRODUCTION

I turned: my light was dim; the room was long – but, as I live! I saw in the middle of that ghostly chamber a figure all black or white; the skirts straight, narrow, black; the head bandaged, veiled, white.

Say what you will, reader – tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed: this I vow – I saw there – in that room – on that night – an image like – a NUN.

- (emphasis mine) Charlotte Brontë, *Villette*

“In both medical-advice literature and Victorian novels, illnesses frequently appear as indirect expressions of emotional meaning,” writes Athena Vrettos (15). Given Reverend Patrick Brontë’s family “secular Bible,” Thomas John Graham’s *Domestic Medicine*, it is not surprising that Charlotte and Emily Brontë both highlight a variety of Victorian illnesses in their writing (Shuttleworth 27).¹ Disease and illness are interspersed throughout *Villette* (1853) and *Wuthering Heights* (1847). Historicized studies by scholars such as Sally Shuttleworth, Beth E. Torgerson, Janet Oppenheim, and Athena Vrettos, among others, have examined these Victorian illnesses, including anorexia², alcoholism, madness, melancholia, and hysteria; however, this thesis will focus specifically on literary constructions of hysteria, hypochondria and brain fever. Much has also been written of the novels’ Gothic, supernatural aspects. Yet the weaving together of illness and the fantastic is a little explored topic. Indeed, it is surprising that critics have so far overlooked the connections between illness in the two novels and Tzvetan Todorov’s concept of the fantastic. In addressing this oversight, this thesis identifies the

¹ Patrick Brontë’s obsession with the health and illness of his family is well documented: “Every symptom, whether mental or physical ill-health, was closely scrutinized, and checked against the near-infallible word of his secular Bible ... which was in turn then checked against the wisdom of other medical texts” (Shuttleworth 27).

² The term “anorexia nervosa” is anachronistic; “Today we acknowledge the role of social expectation in the development of anorexia nervosa. But even in Brontë’s time, when neither the link nor the disease had been identified, society clearly had the power to define a physical and behavioral ideal that could lead to ill health,” writes Susan Gorsky (175).

manifestations or forms of the fantastic in the novels, analyzes why illness and the fantastic appear together in the works of the Brontë sisters, and considers the effects of the fantastic on the stabilization of the human identity and psyche. The correlation between the fantastic and illness points to the complexities of the differing narratives as well as to the narrative indeterminacies illuminated when the hesitations in the text are examined.

Lucie Armitt defines Todorov's fantastic "as a disruptive presence which oscillates around a narrative site of uncertainty regarding boundary-points surrounding the real and the imaginary" (13). Following suit, my use of "fantastic" relies on both an understanding of Todorov's theory and its connections to the Gothic double, or the splitting of the psyche. The "moment of hesitation" is integral to Todorov's conception of the fantastic: he explains that "there is an uncanny phenomenon which we can explain in two fashions, by types of natural causes and supernatural causes. The possibility of a hesitation between the two creates the fantastic event" (Todorov 26).³

This oscillation between the uncanny as Todorov understands it and the marvelous is prevalent in both *Wuthering Heights* and *Villette* with their gothic machinery of nuns, ghosts, and spectral illusions. In *Villette* the fantastic events are ultimately rationalized and determined to be natural. The first person narrator of the novel, Lucy Snowe, encounters a nun who, according to the school's stories, was buried because she broke her chastity vows. Lucy wonders if the vision of the nun is real or the result of nervousness or madness. Attributing the fantastic event's origins to either madness or nervousness is an example of Todorov's category of the uncanny: In the uncanny, "events are related

³ It is important to note that while Todorov and Freud both use the term "uncanny," they are not referring to the same thing. For a more in-depth discussion of the similarities and differences between their use of the term see Chapter Two.

which may be readily accounted for by the laws of reason, but which are, in one way or another, incredible, extraordinary, shocking, singular, disturbing or unexpected, and which thereby provoke in the character and in the reader a reaction similar to that which works of the fantastic have made familiar” (Todorov 46). The nun in *Villette* is ultimately revealed to be Ginevra Fanshawe’s suitor Count De Hamal in disguise, that is, the event is not categorized as belonging to the “*other* side of that median line which we have called the fantastic ... the marvelous” (Todorov 52). The marvelous refers to “the class of narratives that are presented as fantastic and that end with an acceptance of the supernatural” (52). It is more difficult to determine which side of the fantastic *Wuthering Heights* belongs to in contrast to *Villette*. The fantastic events in the novel – such as Lockwood’s dream about Cathy, and Cathy’s ghost – are neither confirmed as marvelous nor explained as natural. What is important about the distinction between the uncanny and the marvelous is that “[t]he fantastic is that *hesitation* experienced by a person who knows only the laws of nature, confronting an apparently supernatural event” (emphasis mine, Todorov 25). Todorov explains how such moments of hesitation extend to numerous characters in novels as well as to the reader (sometimes):

First, the text must oblige the reader to consider the world of the characters as a world of living persons and to hesitate between a natural or supernatural explanation of the events described. Second, this hesitation may also be experienced by a character; thus the reader’s role is so to speak entrusted to a character, and at the same time the hesitation is represented, it becomes one of the themes of the work--in the case of naive reading, the actual reader identifies himself with the character. (33)

That the hesitation is also experienced by Lockwood and Nelly is important to the narrative framing and the way that the reader is informed about the fantastic events.

Todorov's theory of the fantastic has been "criticized as inadequate to the scope of works that clearly belong in the field, even in relation to a genre as ill defined as the fantastic" (Sandner 135). This critique is particularly relevant when applying his theory to the nineteenth century, which he explains as having, "transpired ... in a metaphysics of the real and the imaginary ... the literature of the fantastic is nothing but the bad conscience of this positivist era" (Todorov 168). However, David Sandner explains that

Todorov's ideas can be adapted to more general discussion of the structure of the fantastic by means of a simple observation that the resolution of the moment of fantastic "hesitation" does not ever really resolve itself as neatly as has been suggested; both the uncanny and the outright "marvelous," as other critics of the fantastic attest, remain profoundly unsettling literatures of uncertainty and wonder. (135)

Therefore, this thesis is not primarily concerned with the distinctions between the different categories of the fantastic; rather, I draw on Todorov and other critics of the fantastic genre in exploring the status of *Wuthering Heights* and *Villette* as works exhibiting features of the fantastic and illustrating the importance and nature of Todorov's "moment of hesitation" in some key nineteenth-century texts.

I argue that the moment of hesitation is an important factor in a character's ability to recover from an illness, as shown by the two novels. When the moments of hesitation are extended they stretch and pervade the novel as a whole (as is the case with *Wuthering Heights*); the characters (Cathy and Heathcliff) are unable to recover because the hesitation is infectious and leaves no room to question the fantastic. The hesitation also

extends to other characters, particularly Nelly Dean and Lockwood. Thus, their infection is passed to the reader who, because of the multiple layers of hesitation, also encounters moments of hesitation regarding the status of both the fantastic events in the novel and the status of the work as fantastic. However, when the moments of hesitation are selective and ultimately rationalized (as in *Villette*), the characters (Lucy Snowe) are given a chance to reconcile their split psyches through a process of reevaluating culture and what appears to be the fantastic.

I also read the reevaluation of the fantastic as integral in the recovery of characters suffering from somatoform disorders. Somatoform disorders are those disorders where “unexplained physical symptoms indicate the conversion of unconscious emotional conflicts into a more acceptable form” (Durand et al. 178). This is not to say that the Brontës were writing proto-somatoform disorder narratives, only that by discussing somatoform disorders I hope to clarify the complexities of Cathy and Lucy’s illnesses. Tony Tanner explains that “Somatic distress may be regarded as some kind of social unfitness and that verdict, internalized by the sufferer, may reinforce the illness” (37). In focusing on somatoform disorders, I argue that Cathy and Lucy’s illnesses include moments of hesitation on two levels: structurally, as experiences of disease, there is an uncertainty about whether or not Cathy and Lucy’s illnesses are physical or mental; and stylistically, in the characters’ linguistic and rhetorical patterns of expression. Somatoform disorders encapsulate those symptoms that are real (physical pain) but have no known cause or explanation. For example, in relation to *Wuthering Heights* and *Villette*, they include fevers, hallucinations, and hypochondria. Many of the characters’ dialogues in *Wuthering Heights* and *Villette* include a bizarre mixing of medical and fantastic vocabulary as well as the use of conditional phrasing. In the novels, key

moments of hesitation are manifested at a grammatical level through the use of imperfect tense and modalization. Modalization is a linguistic term relating to how one verb can influence the mood of or destabilize or contradict the other. Modalization “consists ... in using certain introductory locutions which, without changing the meaning of the sentence, modify the relation between the speaker and his utterance” (Todorov 38). The device is “based on the close parallelism between pairs such as *claim* and *make a claim*, *feel* and *have the feeling*” (Juhani Rudanko 56).

The ways in which the fantastic relates to somatoform disorders in the two novels will be discussed by arguing that Todorov’s fantastic is tied to the gothic splitting of the psyche. The gothic split arises out of a discrepancy between inner and outer realities. In *Villette* this discrepancy takes place within Lucy Snowe as an internal splitting, whereas in *Wuthering Heights* the split occurs between Heathcliff and Cathy’s identities. Such a “duality within the self” is commonly signified, especially in analyzing literary texts, through the concept of the doppelgänger or “alter ego” (Lloyd Smith 173).⁴ The doppelgänger, or double, conveyed through such terms is “quite explicitly a psychological projection of the protagonist’s inner divisions” (173). Sandra Gilbert and Susan Gubar describe Charlotte Brontë’s Bertha Mason as Jane Eyre’s “darkest double ... a projection of suppressed rage against the confined life of a governess” (360). Lucy Snowe does not have a doppelgänger in the same sense as Jane Eyre; rather, her splitting is internal and manifests itself in her intense mental debate between “Reason” and “Feeling.” Similarly, Heathcliff does not fit the generic mold of the doppelgänger because he is not a projection of Cathy’s inner divisions. Their need for each other (in

⁴ Allan Lloyd Smith points to Poe’s “William Wilson,” Stevenson’s *Jekyll and Hyde*, and Wilde’s *The Picture of Dorian Gray* as “powerful examples” of the doppelgänger (173).

order to have healthy psyches) exists prior to their separation, manifested in their morbid dependency on each other and their ontological difficulties exemplified in Cathy's famous line, "I *am* Heathcliff" (*Wuthering* 103). Cathy and Heathcliff's physical separation takes an enormous toll on their already split psyches, which then further tear, fragmenting their identity to the point where they need each other to be whole.

Culture plays a specific role in somatoform disorders: "the incidence of somatoform disorders tends to be much higher in cultures that discourage open discussion of emotions or that stigmatize psychological disorders" (Passer et al. 554). Passer et al. explain that in stressful situations "somatic symptoms may be the only acceptable outlet for emotional distress" (554). The cultures that the Brontës write about (Lucy's culture shock from moving from England to Brussels in *Villette* and the relatively isolated moorland culture of Yorkshire in *Wuthering Heights*) are prime examples of this causation. Fantastic events, which are often aligned with psychological disorders and are no doubt stressful to spectator, are therefore often linked to somatic symptoms. Not only do Cathy Earnshaw (*Wuthering Heights*) and Lucy Snowe (*Villette*) experience fantastic events, but their physical and cultural environments also produce emotional distress. Cathy is fixed between living outside of social conduct with Heathcliff and living well within society's bounds, but she is separated from her soul mate Heathcliff when she marries Edgar Linton, resulting in a discrepancy between her inner and outer realities. Lucy "must contend with both [Villette's and England's] cultural systems' ideals of women, neither of which has developed meaningful options of existence for single women" (Torgerson 60). She is living abroad and thus further separated from those around her by language barriers, which leads to isolation. I thus argue that their environments – or discrepancies between their inner and outer realities – influence

Catherine Earnshaw's and Lucy Snowe's illnesses, which are specifically somatoform disorders as defined above.

The following chapters explore the potential causes for the connections between illness – specifically hysteria, hypochondria and brain fever – and the fantastic in *Wuthering Heights* and *Villette*. Chapter Two provides an overview of the illnesses discussed in the later chapters and the role of culture in the construction of these illnesses, drawing on historicized studies by Shuttleworth, Showalter and others. In this chapter I also show how the cultural aspects of these illnesses fit into the definition of somatoform disorders and how they are useful to the understanding of these subjective illnesses. Finally, I discuss Todorov's fantastic, its application to nineteenth century works and how the uncertainties he associates with the fantastic are manifested linguistically in the conditional phrasing and modalization of Lucy and Cathy.

In Chapter Three, I analyze the splitting of Cathy's psyche between herself and Heathcliff and the impact it has on her illness. Cathy is diagnosed with brain fever; however, due to the way it is manifested (alongside hypochondria and symptoms of madness), her illness can be viewed as a somatoform disorder. In order to view her illness as somatoformic, Chapter Three traces the unity and sameness between Heathcliff and Cathy: Heathcliff and Cathy must be viewed as a single unit, a psyche split between two people in order to illustrate how Cathy's somatoform disorder progresses when she is isolated from Heathcliff.⁵ I also examine the use of the fantastic in the novel and the extent to which Cathy and Heathcliff question the fantastic while discussing their illnesses and their love. In *Wuthering Heights*, Brontë ties the fantastic closely to issues

⁵ Beth Newman asserts that Cathy and Heathcliff's relationship is "influenced by the ontological drift of French psychoanalytic theory" (26). Because the ontological influences in Heathcliff and Cathy's relationship is beyond the scope of this project, see Bersani, Gordon, and Nestor for more information.

of psychological splits and terminal illnesses, thus suggesting that it cannot easily be classified as either marvelous or uncanny.

Beth E. Torgerson states that Charlotte Brontë's "*Villette* looks most unflinchingly at the instability of human identity, looking at the self, both at the self in isolation and in relation to others" (15). In Chapter Four I argue that it is this tension, and the points of transition between the self in isolation and the self in relation to others, that constructs an environment that leads to Lucy's illness. I further posit that her illness in *Villette* is created by isolation (as a Protestant woman in predominately Catholic Brussels) and resolved by Lucy re-examining culture – specifically by discussing the supernatural (from her distinct cultural position). *Villette* allows Brontë to examine the effects of cultural expectations on Lucy by creating a psychological split that does not create a doppelgänger (that is the split is an internal splitting); Brontë also underscores the vital role of conversation – specifically questioning the fantastic.

The unexplainable nature of somatoform disorders has intrigued psychologists for decades, and it is therefore understandable that scholars have been drawn to the physical and psychological abnormalities of heroines such as *Villette*'s Lucy Snowe and *Wuthering Height*'s Cathy Earnshaw. By examining the connection between Todorov's theory and the problems of somatic illness in these two novels, an appreciation of the deep layers of hesitation manifested in the rhetorical patterns of the characters and in the Brontës' stylistic choices can be reached. Emily and Charlotte Brontë's abilities to convey nuanced, yet poignant messages regarding the social conditions in which both illness and the fantastic mingle compels us to treat their works as an important source of historical, cultural, and psychological insight.

CHAPTER 2

HISTORICAL AND MEDICAL FRAMEWORKS: ILLNESS AND THE FANTASTIC

To talk of diseases is a sort of Arabian Nights' entertainment
– Sir William Osler

Together [medical and fictional “narratives”] participated in a rhetoric of the nervous body that constructed it as a cultural symbol, an icon of disorder and doubt.”

– Athena Vrettos, *Somatic Fictions*

Constructing Victorian Illnesses

“Pale, passive, reluctant to eat, and prone to faint”: this is a description of the idealized nineteenth-century woman (Gorsky 173). While she “seems unhealthy to modern eyes ... [t]o her society, and especially to its literature, the delicate woman was healthy” (173). Susan Gorsky states that if the idealized nineteenth-century woman did not live within the societal confines of her role, “she could expect to fall ill – to suffer a breakdown of body or spirit, develop melancholia or palpitations, enter a decline, perhaps die” (173). Culture played a large role in a woman’s ability to stay in good health, and in the construction of any illnesses she might contract. This assertion is not new; many scholars have written about Victorian illnesses and the role of culture. What is new about my study of *Wuthering Heights* and *Villette* is that I read subjective nineteenth-century illnesses such as hysteria and hypochondria as somatoform disorders, translating Cathy and Lucy’s illnesses into contemporary twentieth-century terms, thus revealing their illnesses to be more than merely mental. In this chapter I situate hysteria and hypochondriasis in their historical contexts with an emphasis on their eventual displacement by Somatoform Disorders as a category in the Diagnostic and Statistical Manual of Mental Disorders (DSM) III in 1980. The hesitation regarding the removal of

hysteria as a category in the DSM is reflected in the third part of this chapter, where I draw connections between nineteenth-century Gothic tropes and Tzvetan Todorov's concept of the fantastic. My application of Todorov's theory of the fantastic not only provides a means of appreciating the "grammar" of the illnesses in the two novels (particularly through the use of modalization), but also reveals the complexity of the narrative art of both novels, since the authors' differing treatments of "moments of hesitation" convey the complications of the protagonists' somatoform disorders through the narrative indeterminacies both texts create.

Kathleen Raymond asks, "Why does the female hysteric remain a compelling literary trope despite the death of hysteria as a diagnostic category?" (10). The following discussion begins with a survey of the large body of work done on the historical and social roles of hysteria in the nineteenth century. I will then define the varying illnesses that *Wuthering Heights* and *Villette* heroines Cathy Earnshaw and Lucy Snowe, respectively, suffer from. Donelle Ruwe states, "Always a sexy topic in literary criticism, the discussion of hysteria and nervous disorders has recently shifted from psychoanalytic discourse to cultural and historical approaches" (425). Among these cultural and historical approaches are works by scholars such as Roy Porter, Elaine Showalter, and Sally Shuttleworth.⁶ Raymond notes that works such as Sandra M. Gilbert and Susan Gubar's *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* interpret "female hysteria as a subversive performance of femininity" (16). Gilbert and Gubar, specifically, argue that "maddened doubles functioned as asocial surrogates for docile selves" (vii).

⁶ See Porter's *Social History of Madness: Stories of the Insane*, Showalter's *Hystories*, and Shuttleworth's *Charlotte Bronte and Victorian Psychology*.

Other critics such as Carroll Smith-Rosenberg write about hysteria from the victimization model, that is, a model “that tends to downplay medical discoveries of causes and cures, instead analyzing hysteria as a means to reinforce social and sexual stereotypes” (Raymond 17). Athena Vrettos explains that “Recently, feminist critics have tended to dismiss the terms in which nineteenth-century culture understood women’s illnesses, particularly hysteria, by portraying them as monolithic assertions of medical and patriarchal power” (21-22). According to this view, female sickness is “codified through a medical rhetoric,” placing doctors in an authoritative role diagnosing and treating “women’s illnesses as products of their emotional instability or, conversely ... attribut[ing] the recovery of health to proper emotional balance, while still defining emotional fluctuation and excess as woman’s most natural, biological inheritance” (Vrettos 27). These portrayals, Vrettos writes, have “resulted in interpretations of the female sufferer as either a transgressive feminist heroine who challenges cultural norms of behaviour with her perplexing and metamorphic array of symptoms, or a passive victim of medical tyranny” (21-22). What is obvious is that “there is considerable overlap between approaches,” as hysteria has been studied “by a range of scholars including historians, feminists, psychiatrists, sociologists, and ethnologists” (Raymond 18,1). While I draw on these varying approaches, I do not comprehensively trace the history of hysteria in nineteenth-century Britain through *Wuthering Heights* and *Villette*. Rather, I apply twenty-first-century definitions of somatoform disorders in conjunction with Todorov’s concept of the fantastic, as they shed light on this project’s exploration of the textual representations of the moments of hesitation regarding illnesses (hysteria in particular).

Hysteria's link to culture, as well as the ambiguity in its definition, has been well documented. Hippocrates interpreted hysteria as the result of the uterus "wandering," and moving throughout the body. Later, Galen's theory would disprove Hippocrates' claim, simultaneously stating that while all women are susceptible to hysteria it is most commonly found in young single women or widowed women due to their celibacy (Torgerson 69). Following developments such as Galen's theory, "hysteria was thus located somewhere between the uterus and the brain, in the domain of the nerves," writes Frida Gorbach (87). Physicians believed that "the nerves functioned as messengers, either upwardly, carrying sensory information from the uterus to the brain, or downwardly, modifying the state of the uterus" (Gorbach 87). As ideas of hysteria further evolved, "hysteria was seen as a psychic or moral illness, influenced by external factors" (89).

In the nineteenth century, hysteria's symptoms included:

a nervous temperament, violent and unstable emotions, depression, excitement, poor attention span, disturbed intellect, disturbed will, deficient judgment, dependency, immaturity, egocentricity, attention-seeking, deceitfulness, theatricality, simulation, jealousy, fearfulness, and irritability. (Small 18)

The following chapters illustrate how *Wuthering Heights*' Cathy Earnshaw and *Villette*'s Lucy Snowe suffer from some of these symptoms, as defined by Raymond: "Hysteria is a breakdown of the mindbody system that may occur as a result of a person's open porosity with the environment...hysteria is thus a condition that requires a process of recovery to resolve" (Raymond 8). Therefore, "the term mindbody becomes particularly provocative because it refuses to consider each component as a discreetly functioning

entity”; rather, viewing the body as a system (Raymond 23). Charles Rosenberg adopts the theory of the body as a system of dynamic exchange in order to illustrate how “every part of the body was related inevitably and inextricably with every other. A distracted mind could curdle the stomach; a dyspeptic stomach could agitate the mind” (Rosenberg 40). If “a distracted mind could curdle the stomach” then surely a variety of things could affect the workings of the nervous system and produce a hysterical state.⁷ Therefore, nineteenth-century understandings of the link both between external factors and hysteria, and mind and body, would make plausible (to a nineteenth-century reader) that Cathy’s anxiety over Heathcliff’s departure, or Lucy’s anxiety over her isolation, could manifest itself as a fever.

While hysteria can be a sign of any excess emotions including those more specifically related to sexual passions, “the Victorians, rather than seeing hysteria as the result of a sexual encounter, perceived hysteria as... unexpressed sexual desire that must be repressed rather than realized” (Torgerson 70).⁸ This emphasis on unexpressed sexual desire connects to Lucy’s buttoned-up self-control as she “hallucinates” the nun at moments of heightened sexuality in *Villette* and Cathy’s socially-stifled longing for fusion with Heathcliff in *Wuthering Heights*.

Because of the way hysteria is understood to be a result of social situations or expectations, social construction theorists specifically analyze the relationship between culture and illness. Alan Krohn states that “the facility with which the hysteric can utilize roles considered acceptable by his culture attests to his sensitivity to the norms of the

⁷ Gorbach lists some of the possible causes: “the impact of a fright, embarrassment or sorrow, the violence of an accident, the intensity of a certain mood, intuited characteristics, the influence of the climate and environment, even painful memories from a remote past” (89).

⁸ “When uterine theories were reintroduced after two hundred years of abandonment [in the early nineteenth century] the sufferer's sexual overindulgence rather than deprivation” was blamed notes Raymond (11).

culture, the limits of acceptability ... and interpersonal sensitivity” (161-62). That the hysteric, like a sponge, soaks up his/her culture in ways in which it can be observed through the hysteric’s symptoms, suggests that one can read and draw conclusions about the hysteric’s culture based on how and why they are being labeled “hysterical” (Vrettos 201-2). However, identifying someone as “a hysteric” is problematic as norms and diagnoses change over time and reflect cultural assumptions.

Nevertheless, Gorbach claims that “from the outset, hysteria was located within a discourse that regarded cultural evolution as a continuum, beginning with the ‘savage’, and culminating with the ‘civilized’” (84). Thus, the tension created by Cathy’s choice to leave the wild Wuthering Heights behind in order to become a genteel lady at the “civilized” Thrushcross Grange undoubtedly adds to her underlying hysteric illness.

Theories such as social construction show the foundation of society and culture in the development of illnesses such as hysteria. Sally Shuttleworth states that the absence of “social conformity thus became an index of insanity; the only measure available to the individual fearful of his or her own normality would be a willing obedience to designated social roles” (35). That is, madness becomes socially prominent in the nineteenth century; thus, it was necessary to adhere to social conventions in order to reassure oneself and others that one was not mad. These conventions play a large role in Michael Foucault’s seminal social constructivist work, *Madness and Civilization: A History of Insanity in the Age of Reason*.⁹

This thesis neither adopts nor rejects a social construction approach. By drawing attention to the possible positive and negative readings which can result from applying a

⁹ Foucault “describes the shift from an understanding of madness in the Renaissance based on spiritual forces to an Enlightenment understanding that necessitated confinement and punishment; the madwoman or man took the place of the leper within society” (Raymond 16).

social construction approach, I underscore that not all critics accept the constructivist view (nor should they). Social constructivist accounts “usefully examine the pathologies of a given culture,” but positioning hysteria as entirely constructed from culture and society “implicates hysterics as victims of their social worlds rather than as legitimate medical sufferers” (Raymond 16-17). As indicated in Chapter One, Cathy and Lucy are fictional constructions of “legitimate medical sufferers”; however, examining the development of somatoform disorders as a category helps to illustrate some of the important changes that occur between nineteenth-century definitions of hysteria and the characteristics that emerge to define somatoform disorders in the twenty-first century.

While hysteria is no longer a diagnostic category, “the term hysteria is still used in medical literature” (Raymond 2).¹⁰ Raymond briefly traces hysteria’s disappearance from the DSM:

The American Psychiatric Association changed the diagnosis of "hysterical neurosis, conversion type" to "conversion disorder" in 1980. In the 1987 version of the *Diagnostic and Statistical Manual of Mental Disorders DSM III-R*, the American Psychiatric Association’s official catalogue of disorders, hysteria exists as an alternate term. The term no longer exists in the DSM-IV published in 1994. (2)

Critics such as Harold Merskey, who believes that new categorizations cannot properly account for hysteria’s multiple definitions and complexities, consider the removal of hysteria from the DSM problematic. One of the defining qualities of hysteria (regardless

¹⁰ Raymond provides statistics to back her claim: “A search on the term "hysteria" in PubMed returns five hundred and three results from 2000 onwards” (2). Her study also cites a *New York Times* article entitled “Is Hysteria Real? Brain Images Say Yes” (26 September 2006) which highlights the developments in “neuroscience such as positron emission tomography [that] erase the division between the ‘mind’ and the physical brain and are making headway in discovering the neural pathways of hysterical paralysis” (8).

of time period) is “the division between a complexly interrelated mind and body” (Raymond 23). The connection between mind and body remains important in twentieth-century definitions of hysteria, which emphasize the conversion of “anxiety created by emotional conflict into physical symptoms that have no organic basis” (Mitchinson 280). Wendy Mitchinson also notes that “the term hysteria is also used to describe a state of tension or excitement in which there is a temporary loss of control over the emotions” (280). The number of definitions and symptoms of hysteria solidifies its status as a subjective illness – an illness that has a connection to objective reality (universal experience), but has been filtered through a single consciousness; thus making it difficult for physicians to diagnose and treat.

Hypochondria is also a subjective illness. Merskey defines it as an “ill-defined disorder, characterized by multiple physical as well as psychological symptoms, especially depression” (15). He states that hypochondria was attributed “to disturbance of upper abdominal organs, especially the stomach and spleen” (15). Shuttleworth notes that “under the heading of ‘Hypochondriasis, or Low Spirits’ [Patrick Bronte] records his own experience of ‘distressing gloom’” (32). The nineteenth century’s definition of hypochondria vastly differs from that of the twentieth century: “Towards the end of the [nineteenth] century, hypochondriasis was subsumed under the broad category of neurasthenia, although it later reemerged as something distinct,” writes Merskey (15). The twentieth -century definition of hypochondria is “a severe anxiety over the belief that one has a disease process without any evident physical cause” (Durand et al. 179). This

contrasts with the nineteenth-century definition of hypochondria as essentially a morbid depression or pronounced melancholia.¹¹

Although illnesses such as anorexia, brain fever, and consumption “were often associated with subjective emotional states, they were also recognized as producing visible signs of illness,” whereas hysteria, hypochondria, and neurasthenia’s symptoms were often invisible and subjective (Vrettos 197). Lucy declares, “Tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed” (*Villette* 316). Nervousness had a multiplicity of meanings: Lucy could be referring to a physical nervous disorder (nerves becoming overstretched or lax) or she could be using the term to gesture towards “incipient insanity” (Vrettos 12).¹² These competing cultural interpretations of “nervousness” create problems for those studying nineteenth-century narratives of nervous disorders such as hysteria. “In their many attempts to stabilize the meanings of the human nervous system, many Victorian accounts of nervous sensitivity – both medical and literary – reveal a fundamentally unstable conceptual framework,” writes Vrettos. She explains that “the Victorian word ‘nerves’ was not, as we might assume, a synonym for psychological distress” (51). “Most ‘neuroses’ were thought to stem from weak and delicate nerves, literally stretched or lax, overworked or overexcited,” writes George Frederick Drinka, “It was only as the Victorian period waned that the question of psychological causation became more central to medical thinking” (12).

¹¹ Melancholia, Cynthia A. Childress explains, “characterizes a fixation on an imaginary lost thing which is absent and deferred from consciousness” (3-4). She cites Juliana Schiesari who describes the “melancholics nature as ‘a split self against itself’” (qtd. in Childress 4).

¹² Vrettos states that “Nervousness could signal spirituality as well as sexuality, imaginative expression or incipient insanity. It was used to describe emotional exhaustion as well as unexplained physical pain and to define evolutionary exhaustion progress as well as the debilitating effects of modern civilization” (12).

The competing cultural interpretations highlight the fluidity of the terminology; therefore, my use of the term “hysteria” is intended to be fluid, taken loosely, “as it often was in the nineteenth century” (Vrettos 197-8). Ambiguity regarding the causes of these illnesses can be seen not only in nineteenth-century medical studies, but also in modern critical studies, “which have tended to view Lucy ... according to modern diagnostic categories and to see [her] illness [...] as exclusively mental” (Vrettos 197-8). Gilbert and Gubar have linked Lucy’s “buried life” to schizophrenia, and “In *The Female Malady*, Showalter suggests that Lucy “comes close to madness” (70).¹³

Despite Susan Gorsky’s claim that “dis-ease causes disease,” Cathy and Lucy suffer from illnesses rather than diseases (181). Arthur Kleinman discusses the difference between the two terms: “disease is reconfigured *only* as an alteration in biological structure or functioning,” whereas illness is considered the “lived experience” of disease and is “always culturally shaped” (5-6). Therefore a link between culture and illness inevitably exists. Illness acts as a magnifying glass, absorbing meaning from social and personal life, “intensifying the life meanings of the person experiencing it” (Kleinman 7). Lucy and Cathy cannot function in their environments and the Brontës knew, “as well as any psychologist today, that the powerful natural forces controlling life include the then–uncatalogued, but not unrecognized, psychological elements that create human nature” (Gorsky 177). Lucy has a very strong identity that will not conform to Villette’s society, and this inability to conform contributes significantly to her illness. Similarly, Cathy’s conversion into Edgar Linton’s society underscores that her separation from her life at Wuthering Heights adds to her illness.

¹³ Also see Janet Oppenheim’s chapter “Neurotic Women” in *Shattered Nerves* for more on the ambiguity regarding nervous disorders.

Somatoform Disorders

Today, hysterical neurosis fall under the category of somatoform or specifically conversion disorders. Erica Kinetz explains that the term “Hysteria” predates Freud, and that “Freud’s innovation was to explain why hysterics swooned and seized. He coined the term “conversion” to describe the mechanism by which unresolved, unconscious conflict might be transformed into symbolic physical symptoms” (Kinetz). Somatoform disorders, including illnesses such as hysterical neurosis, fall under the umbrella of “conversion disorders”: “unexplained physical symptoms indicated the conversion of unconscious emotional conflicts into a more acceptable form” (Durand et al. 178). *The New York Times* briefly tracks the history of conversion disorders, stating that what was known as hysteria changed its name. In 1980, with the publication of the third edition of its Diagnostic and Statistical Manual of Mental Disorders, the American Psychiatric Association officially changed the diagnosis of ‘hysterical neurosis, conversion type’ to ‘conversion disorder’” (Kinetz). Noyes et. al explain that “the essential feature [of the new category] was physical symptoms suggestive of a physical disorder (hence somatoform) in the absence of organic disease and presence of psychological factors” (15).

More recently, “Stuart and Noyes have proposed an interpersonal model for somatization...According to this model, somatic symptoms represent care-seeking behaviour on the part of individuals with insecure attachment” (Noyes et al. 16). It is developments like this that solidify my analysis of insecure dependent character like Cathy and Heathcliff as suffering from somatoform disorders. However, critics such as Merskey believe the term “somatizing” should be abandoned; he explains that “the word has now come to mean something the same as hysteria with the same wide span or

implications” (42). Merskey outlines seven different uses of the term somatizing (42). He says that “In clinical practice, the word is also used to imply that the person who has the symptom is somatizing or actively producing physical symptoms, perhaps by tension, even though the intention may be unconscious” (42-3). It is this definition of somatoform disorders that I adopt in my analyses.

Twenty-first-century notions of somatoform disorders are the best way to explain the symptoms Cathy and Lucy exhibit in the novels. It is particularly useful to adopt an illness-theory informed by somatoform disorders as it strengthens the connections and divisions between mind and body and outlines the extreme and real effects of social pressure and the need to conform during the Victorian era. Passer et al. explain that in stressful situations “somatic symptoms may be the only acceptable outlet for emotional distress” (554). Social pressures and cultural norms can be interpreted as a major probable cause of these illnesses in both *Wuthering Heights* and *Villette* as “the incidence of somatoform disorders tends to be much higher in cultures that discourage open discussion of emotions or that stigmatize psychological disorders” (Passer et al. 554). Lucy and Cathy live in such environments. Cathy has to choose between living outside of what is considered culturally acceptable with Heathcliff and living well within society’s bounds, but separated from her soul mate Heathcliff – resulting in a tearing between her inner and outer realities. Lucy “must contend with both [Villette’s and England’s] cultural systems’ ideals of women, neither of which has developed meaningful options of existence for single women” (Torgerson 60). Lucy is living abroad and is thus further separated from those around her by language barriers, and it is these obstacles that lead to isolation and finally, a discrepancy between her inner and outer realities. Showalter suggests that “women become more and more dependent on their inner lives” when they

are “deprived of significant spheres of action” and confined to the feminine role; thus becoming “more prone to depression and breakdown.” She expands, stating that “sickness presents a tempting escape from the contingency of the feminine role” (64). This contingency is a result or dimension of the society in which *Wuthering Heights* and *Villette* are set, and the discrepancies – between inner and outer realities – manifest themselves in the two heroines in a variety of symptoms, most of which can be traced to specific nineteenth-century diagnosed illnesses such as brain fever, hysteria, and wasting diseases.

Somatoform disorders posed a particular problem for doctors in the nineteenth century because of the unexplainable pain or symptoms they entailed. Alice James, in her diary, expresses the specific threat of such an illness to women:

Ever since I have been ill, I have longed and longed for some palpable disease, no matter how conventionally dreadful a label it might have, but I was always driven back to stagger alone under the monstrous mass of subjective sensations, which that sympathetic being “the medical man” had no higher inspiration than to assure me I was personally responsible for, washing his hands of me with a graceful complacency. (qtd. in Vrettos 48)

In this passage, James highlights the urgency nineteenth-century women felt about having their illnesses identified and labeled. She explains that any label would be preferable to the vast unexplainable nature of illnesses now termed somatoform disorders (48).

A similar experience is seen in Lucy’s encounters with Dr. John. Dr. John is unable to diagnose Lucy’s hallucinations, which aligns their occurrence with the presence of somatoform disorders. However, he does manage to diagnose her hysteria and nervous breakdown as hypochondria, but states that this diagnosis “disables [him] from helping

[her] by pill or potion. Medicine can give nobody good spirits” (*Villette* 253). For the most part, Lucy is unhappy with Dr. John’s diagnoses and prescriptions throughout *Villette*. After Lucy sees the nun for the first time, Dr. John diagnoses her as suffering from “a case of spectral illusion ... following on and resulting from long-continued mental conflict” (320). While she accepts his diagnosis, Dr. John’s prescription of “Happiness” is not as easily accepted: Lucy says, “No mockery in this world ever sounds to me so hollow as that of being told to *cultivate* happiness. What does such advice mean? Happiness is not a potato, to be planted in the mould, and tilled with manure. Happiness is a glory shining far down upon us out of Heaven” (321). Vrettos explains, “Because they lacked organic causes, illnesses such as hysteria, hypochondria, and neurasthenia bore a problematic relationship to the body; they called attention to the dynamic connection between the mind’s power and the body’s pain” (48).

The Fantastic

As indicated in the introduction, Tzvetan Todorov’s concept of the fantastic hinges upon “moments of hesitation.” He explains that “there is an uncanny phenomenon which we can explain in two fashions, by types of natural causes and supernatural causes. The possibility of a hesitation between the two creates the fantastic event” (Todorov 26). Carmen Serrano states that “the reader and the characters vacillate between the possibilities of the real and the supernatural: the story teeters on the edge of the ghostly and is held together by this constant ambivalence” (18). To create the “constant ambivalence” or “hesitation,” the narrative must fulfill the two essential conditions of Todorov’s fantastic:

First, the text must oblige the reader to consider the world of the characters as a world of living persons and to hesitate between a natural or

supernatural explanation of the events described. Second, this hesitation may also be experienced by a character; thus the reader's role is so to speak entrusted to a character, and at the same time the hesitation is represented, it becomes one of the themes of the work – in the case of naive reading, the actual reader identifies himself with the character. (33)

That the hesitation is also experienced by the characters of *Wuthering Heights* and *Villette* is important both to the narrative and to the reading of it, as it both adds to the fantastic elements of the novel and points to the self-reflexive nature of Lucy's narrative style, her diction and syntax. Lucy mixes medical and fantastic vocabularies to express her psychological state. She says, "I lay in a strange fever of the nerves and blood" (*Villette* 228) – referencing her "nervous system," a "growing illusion," and her "avenging dream" (226-8). As Lucy hesitates between reality and illusion, the moment of hesitation continues to grow. Todorov writes that "The fantastic ... lasts only as long as a certain hesitation: a hesitation common to reader and character, who must decide whether or not what they perceive derives from 'reality' as it exists in the common opinion" (41).

However, Todorov's numerous categories and outlined characteristics of his fantastic model expose a substantial problem with his definition. Kathleen Louise Spencer explains that:

in the nineteenth century 'the fantastic' proper, as distinguished from the marvellous or the uncanny, turns out to be an extremely small set, one which seems to consist only of Henry James's *The Turn of the Screw*, several Poe stories, and a small collection of other fictions by such Continental authors such as Balzac, Maupassant, Gautier, and Hoffmann. (11)

Spencer notes that aside from the above list of works that fulfill “the fantastic” proper, “practically all the texts we respond to as fantastic eventually commit themselves one way or the other as to whether the supernatural events they present are really happening or not, thereby resolving the reader’s hesitation and removing themselves from the category of the fantastic” (11). Therefore, while I refer to *Wuthering Heights* and *Villette* as “fantastic,” (indicating that both works have moments of hesitation) their status as proper fantastic works is not a main concern. I would, however, add *Wuthering Heights* to Spencer’s list of “the fantastic” proper texts, as it does not reach a resolution (Cathy’s ghost is never determined natural or supernatural). *Villette*, however, represents what Spencer terms a “boundary-genre,” that is, “those texts which for the most of their length hesitate, but finally commit themselves to either the uncanny or the marvelous,” and Brontë’s novel is specifically an example of the “fantastic-uncanny” (14-15). In *Villette* the hesitation lasts until the final chapters where the fantastic event is determined natural: the ghost-nun turns out to be Ginevra Fanshawe’s suitor, Count de Hamal in disguise. Count de Hamal’s ghost-nun disguise echoes the gender-bending issues often found in Gothic fiction.

As indicated in the introduction, while critics have often discussed the illnesses in the two novels through use of Gothic metaphors and Gothic conventions, they have not considered them in relation to the fantastic. The Gothic appears as a set of conventions relevant to my discussion of somatoform disorders through the lens of the fantastic in *Wuthering Heights* and *Villette*. While I read the two novels through a fantastic rather than Gothic lens, “due to the Gothic qualities found in the novels of Charlotte and Emily Brontë, they are many times included in the Gothic tradition” (Serrano 8). The Gothic dimensions of the *Wuthering Heights* and *Villette* are integrally connected to the ways in

which the moments of hesitation, characteristic of the fantastic, function. Both the fantastic and the Gothic illuminate the representations of somatoform disorders. Diane Long Hoeveler writes that

Wuthering Heights, Jane Eyre, and Villette ... can be read as an extended gloss on the conventions, poses, obsessions, and anxieties of the female Gothic tradition, but finally each of these novels stands as an indictment of the limitations of gothic feminism in their examination of various gothic feminist strategies – rejection of motherhood, control of the patriarchal estate, struggle with tyrannous religious forces, overthrow of the suffocating and claustrophobic nuclear family, the celebration of education for women ... The Brontës existentialize the female Gothic heroine, and as such they introduce her to the modern world. (186)

The female Gothic differs from feminist readings of the Gothic: one is a lens through which a work is read while the other is a sub-genre. However, in this thesis, I refer to the Gothic as a mode; that is, I follow Frederic Frank's definition of the Gothic as "refer[ing] to both a time-contained literary tradition and a timeless mode of perception" (xv).

Certain aspects of the Gothic closely relate to Todorov's fantastic such as the "blurring of different levels of discourse" and "the interpretations of other opposed conditions" (Hogle 9). Dichotomies typical of Gothic criticism like Jerrold Hogle's suggest the relevance of Todorov's theory of the fantastic. These opposing conditions, for Hogle include, "life/death, natural/supernatural, ancient/modern, realistic/artificial, and unconscious/conscious - along with the abjection of the crossing into haunting and supposedly deviant 'others' that therefore attract and terrify middle-class characters and readers" (9). The questioning of limits is a key way that fantastic works achieve moments

of hesitation. Similarly, hysteria and somatoform disorders raise questions about the limits of subjectivity and the role of culture in their construction. This kind of Gothic analysis provides a language or set of metaphors to describe the psychological splitting and their somatic manifestations that I am investigating. Todorovian-fantastic writers use an array of techniques, conventions and thematic areas to create moments of hesitation. Ochiagha describes the two thematic areas Todorov outlines:

questioning of the limits between spirit and matter (which gives way to other fundamental themes such as pan-determinism and personality multiplicity) and sexual desire (involving its perversions, cruelty, and violence as related to desire and issues regarding life after death). (2)

I interpret these two thematic areas as integral to Cathy and Heathcliff's psychological splitting. Heathcliff, digging up Cathy's recently deceased body, crosses moral boundaries and tests the limits of spirit and matter as he claims that he can feel Cathy's spirit beside him more than he can upon looking into her grave. Other ways that the moments of hesitation are manifested in the text are through the use of conditional phrasing and modalization (see Introduction). Drawing on the emphasis on somatic sensations of various kinds found in Gothic romances and the ways in which scholars have focused on them to discuss the illnesses in the two Brontë novels implicitly ties the Gothic into the somatoform.

The critical benefits of reframing nineteenth-century illnesses like hysteria as somatoform disorders, and viewing these illnesses through a Todorovian fantastic lens are huge. The use of terminology of somatoform disorders grounds Cathy's and Lucy's illnesses in twenty-first-century terms. This reframing brings out their illnesses' underlying complexities as simultaneously psychic and physical (and also simultaneously

personally and culturally shaped), and helps us to understand them as illnesses in Kleinman's terms. Using Todorov's fantastic to frame the hesitations in the text, on both grammatical (modalization) and narrative (stylistic and plot devices) levels, reveals the narrative complexities of the two novels.

CHAPTER 3

WUTHERING HEIGHTS: SPLIT PSYCHES, SOMATOFORM DISORDERS AND THE FANTASTIC

Can a person who is ‘whole’ also be ‘dis-eased?’
The answer, ‘Yes,’ would seem to be what modern medicine is all about.
But consider a variant of the same question: ‘Can a whole person be diseased?’
To answer, ‘Yes,’ is to give one answer to two questions with nearly diametric meanings. That the common form of the question can be deconstructed in this manner is the sign of our dis-ease before anything might bear ‘disease’ as its proper designation.

— Samuel R. Delany, *The Tale of Plagues and Carnivals*

And I pray one prayer – I repeat it till my tongue stiffens – Catherine Earnshaw, may you not rest, as long as I am living! You said I killed you – haunt me, then! The murdered *do* haunt their murderers. I believe – I know that ghosts *have* wandered on earth. Be with me always – take any form – drive me mad! Only *do* not leave me in this abyss, where I cannot find you! Oh, God! It is unutterable! I *cannot* live without my life! I *cannot* live without my soul!

—Emily Brontë. —*Wuthering Heights*

After striking Edgar Linton, Catherine Earnshaw, says, “I did nothing deliberately,” and within the same paragraph she vows, “I’ll cry myself sick!” when he says he will never return to Wuthering Heights (*Wuthering* 95). Are Catherine’s illnesses involuntary or manipulative, as some critics have argued? Arguably, Catherine suffers from a somatoform disorder, which is involuntary by nature. Passer et al. explain that in stressful situations “somatic symptoms may be the only acceptable outlet for emotional distress” (554). “Cathy’s separation from Heathcliff and her assumption of the role of ‘mistress of Thrushcross Grange’ amount to the same thing: each, for her, is a profound loss that signifies the other,” writes Beth Newman (23). This “profound loss,” and the implications it has for both the heroine Cathy Earnshaw’s psychological disunity and her physical well-being are the focus of this chapter. Almost every scholar who has written about *Wuthering Heights* has focused (to some extent) on Cathy and Heathcliff’s

relationship; however, few have associated the Gothic tones – or fantastic ambiguity – with Cathy’s decline in health and ultimate death. Cathy becomes ill because of a discrepancy between her inner and outer realities: she has to choose between living outside of societal norms with Heathcliff and living well within society’s bounds with Edgar but separated from her soul mate Heathcliff. This discrepancy results in a tearing of her psyche. Cathy’s struggle with her realities leads to a transference of illness to Heathcliff. With both her psyche and illness split, Cathy cannot fuse her two realities together and recover.

When Cathy is unable to knit her realities back together the moments of hesitation surrounding her hallucinations and dreams increase until she dies; at which point the moments of hesitation infect Heathcliff and spread to the framed narrators, pervading the novel. These moments of hesitation are manifested on a linguistic level through the characters’ (predominately Cathy, Heathcliff and Nelly) use of modalization. Because the nature of the fantastic encounters remains ambiguous, neither Cathy nor Heathcliff can recover and fuse their psyches together. Beginning with Cathy’s relationship with Heathcliff and the state of her psyche prior to his departure from Wuthering Heights, Cathy’s initial illnesses and recovery, followed by her terminal illness and psychological splitting are discussed. Finally, the moments of hesitation created by Cathy and Heathcliff’s longing in relation to their health are examined. Cathy and Heathcliff manifest the relation between the real and the marvelous differently: Heathcliff more fully explores these manifestations and questions the liminal space between spirit and matter.

Sameness and Society

Prior to exhibiting any illness, Cathy aligns Heathcliff with her idea of heaven and Edgar Linton with a nightmare. “They [the angels] flung me out [of heaven], into the middle of the heath on the top of Wuthering Heights; where I woke sobbing for joy,” says Cathy (*Wuthering* 102). She further explains: “I’ve no more business to marry Edgar Linton than I have to be in heaven” (102). The choice to marry Edgar – despite the thought of separation from Heathcliff – highlights the extent to which Cathy and Heathcliff are united as she aims to marry Edgar in order to help Heathcliff. After Cathy confides in Nelly that Edgar has proposed marriage, Nelly says, “Your brother will be pleased; the old lady and gentleman will not object, I think; you will escape from a disorderly, comfortless home into a wealthy, respectable one; and you love Edgar, and Edgar loves you” (100). Nelly immediately stresses the advantages of accepting Edgar’s proposal: conforming to society’s standards and material wealth and comfort. Nelly is not incorrect in her observations: in fact she mirrors one of Cathy’s own reasons for marrying Edgar – his wealth: “And he will be rich, and I shall like to be the greatest woman of the neighbourhood, and I shall be proud of having such a husband” (100). While Nelly tries to direct Cathy’s reasons for marrying Edgar to include love, societal and material reasons for marriage do not carry quite the negativity they do now. Nelly does not turn around and call Cathy a “gold digger.”¹⁴ Susan Gorsky explains that Cathy’s “proposed marriage to Edgar suits the veneer with which civilized society covers raw nature, and it fits her socially determined role” (181). Surely choosing to marry Edgar would not cause Cathy to suffer a psychological split if Heathcliff were not

¹⁴ Dictionary.com defines a gold digger as an informal noun for “Any woman whose primary interest in a relationship is material benefits. A woman who cares more about a man’s bank account than she does about the man.” Cathy does assume that Nelly thinks her “a selfish wretch” (*Wuthering* 103); however, I believe that this has to do with Nelly’s shock over Cathy’s unconventional plan for her marriage to include Heathcliff.

involved; however, Heathcliff is involved and Cathy understands what marrying Edgar would mean both financially and psychologically to her relationship with Heathcliff.

While the societal and economic systems at play in *Wuthering Heights* are not a main focus of this chapter, I will briefly turn my attention to them in order to fully show the situation leading up to Cathy's psychological split. As Abbie L. Cory suggests, Cathy is aware of "the financial politics of middle-class marriage" and intends to use her "elevated socio-economic status" and wealth to support Heathcliff after they are married (16).¹⁵ She says, "did it never strike you [Nelly] that if Heathcliff and I married, we should become beggars? Whereas, if I marry Linton, I can aid Heathcliff to rise, and place him out of my brother's power" (*Wuthering* 103). Cathy thinks that Edgar will understand because he loves her: "Edgar must shake off his antipathy, and tolerate him, at least. He will when he learns my true feelings towards him" (103). Cory highlights the ways in which Cathy would be defying the social system she wishes to enter with her plan to support Heathcliff: that is, despite the honourable intentions that underlie Cathy's plan and her aim to conform to society, her plan itself undercuts the society she wishes to be join.¹⁶ According to Sally Shuttleworth's analysis of the relationship between social conformity and sanity, if Cathy is to remain sane, and "normal," she must marry Edgar. It is this choice, however, that leads to the splitting of her psyche. The choice also underlines the intensity of Cathy and Heathcliff's relationship. Nelly calls Cathy's plan to help Heathcliff using Edgar's money "the worst motive" for marrying Edgar. Bernard Paris takes a psychological approach to their relationship, and emphasizes that they are

¹⁵ For more on sociopolitical movements and Chartism in *Wuthering Heights* see Cory.

¹⁶ Daniela Garofalo says that "Critics have tended to dismiss [Cathy's] plan of sharing her love with both Edgar Linton and Heathcliff as naïve, which speaks to a critical tendency to represent patriarchal and capitalist culture as destroying any possibility of effective contestation" (819).

“both alienated, emotionally deprived children who feel a profound affinity with each other and who cling to each other with passionate intensity”:

Heathcliff and Cathy seem to be engaged, in effect, in a mutual morbid dependency which is so intense that they do not have a sense of themselves as autonomous beings with separate identities. As a result, each feels that existence is unbearable without the other. The degree of their need for each other is the product not only of their alienation from the world around them, but also of their alienation from themselves. (108)

Karen Horney says that in a “morbid dependen[t]” relationship, love “will give [the individual] a feeling of worth. It will give meaning to [the individual’s] life. It will be salvation and redemption ... To love, for [the individual], means to lose himself in more or less ecstatic feelings, to merge with another being, to become one heart and one flesh” (239-40). Horney’s description of a morbid dependent relationship echoes Cathy’s feeling about her reason: she tells Nelly “it is the best [reason]! The others were the satisfaction of my whims: and for Edgar’s sake, too, to satisfy him. This is for the sake of one who comprehends in his person my feelings to Edgar and myself” (*Wuthering* 103). Paris reads Heathcliff as the dependent partner in the morbid dependent relationship, but I read Cathy as equally (if not more) dependent on Heathcliff. While she is selfish and manipulative, many of her actions are an attempt to “become one heart and one flesh” with Heathcliff (Horney 239-40). These actions are “for the sake” of Heathcliff, not to only satisfy her own, or Edgar’s “whims” (*Wuthering* 103).

In Chapter Four I argue that *Villette*’s Lucy becomes ill and her psyche splits because she is isolated within the dormitories of Mme. Beck’s school and greater Brussels culture. In *Wuthering Heights*, however, Cathy’s psychological split results not

from an isolation (or to borrow from Paris an “alienation”) from culture and those around them that is at stake, as it is an isolation from themselves. Cathy’s psyche begins to tear and she sickens when she is forced to choose between Heathcliff (being outside of society) and Edgar (leaving Heathcliff yet within society). The thought of being separated from Heathcliff allows Cathy to express their united psyches and sameness. When Nelly asks, “Where is the obstacle [in marrying Edgar]?” Cathy replies, “‘*Here!* and *here!*’ ... striking one hand on her forehead, and the other on her breast. ‘In whichever place the soul lives – in my soul, and in my heart, I’m convinced I’m wrong!’” (*Wuthering* 100-101). This is a strong image; Cathy highlights her brain and heart as housing her soul (and therefore Heathcliff’s as well). While Cathy’s reasons for marrying Edgar include “all of his looks, and all of his actions,” and “because he loves me” (100-101), she loves Heathcliff because “he’s more myself than I am” (102).

Cathy’s psyche is most vulnerable when she is transitioning between her self in relation to others (Edgar, Nelly, etc) and her self in isolation (this includes Heathcliff). R. D. Laing diagnoses people like Cathy and Heathcliff as having “ontological insecurity,” which Paris describes as “an insecurity about the distinctness and substantiality of their own identities” (qtd. in Paris 108).¹⁷ Paris states that “Heathcliff and Cathy do not feel real, alive, and whole in and of themselves, but only when they are joined with each other” (108). That they do not feel “alive” becomes relevant when they describe each as “haunting” the other when they are separated. Cathy’s famous line, “Nelly, I *am* Heathcliff,” “explicitly raises questions aptly termed metaphysical or ontological. So

¹⁷ Paris expands noting that “Laing’s description of the way in which ontologically insecure people relate to each other explains in a psychological way Catherine and Heathcliff’s most extreme utterances about their indivisibility and what many critics have taken to be the metaphysical dimension of their relationship” (108-9).

does Heathcliff's Promethean rebellion against the unbreachable divide between the living and the dead" (*Wuthering* 103; Newman 26). Paris asserts that Cathy "feels truly at home in the world only through his existence" (108). She says: "If all else perished, and *he* remained, I should still continue to be; and if all else remained, and he were annihilated, the Universe would turn to a mighty stranger. I should not seem a part of it" (*Wuthering* 103).

The lack of unity Cathy feels at the prospect of being separated from Heathcliff is clear in her fragmented syntax: "Nelly, I *am* Heathcliff – he's always, always in my mind – not as a pleasure, any more than I am always a pleasure to myself – but as my own being – so don't talk of our separation again – it is impracticable" (*Wuthering* 109). Cathy is Heathcliff; Heathcliff is Cathy. Cathy tries to describe that Heathcliff is in her mind as part of her psyche: that she can feel his presence within her mind. Cathy's broken syntax and her use of pronouns helps to underscore the unity between her and Heathcliff: "My great miseries in this world have been Heathcliff's miseries, and I watched and felt each from the beginning; my great thought in living is *himself*" (emphasis mine, 103). Cathy can be only truly at home when she is with Heathcliff; they have shared hardships (at the hands of Hindley) together "from the beginning" (103).

While Cathy's language clearly envelops Heathcliff as part of herself, it pushes Edgar out, figuring him as the "other." She claims that "whatever our souls are made of, his [Heathcliff] and mine are the same; and Linton's is as different as a moonbeam from lightening, or frost from fire" (*Wuthering* 102). Later, when she is upset with Edgar for not being more understanding of her relationship with Heathcliff, she says: "Your [Edgar] cold blood cannot be worked into a fever: your veins are full of ice-water; but mine are boiling, and the sight of such chillness makes them dance" (134). Edgar is "frost," "a

moonbeam” and “ice-water,” whereas Cathy and Heathcliff are “fire,” “lightening,” and “boiling” water (102, 134). Cathy and Edgar are not alike, but neither are Cathy and Heathcliff – they are the same. Horney explains that “the polarity is between complete isolation or complete merging of identity rather than between separateness and relatedness” (Horney 53). That is, it is not a matter of similar or dissimilar; rather, it is a matter of sameness. In contrast, the differences between Edgar and Cathy are clarified by Cathy’s dream:

I dreamt once that I was there ... heaven did not seem to be my home; and I broke my heart with weeping to come back to earth; and the angels were so angry that they flung me out, into the middle of the heath on the top of Wuthering Heights; where I woke sobbing for joy. That will do to explain my secret, as well as the other. I’ve no more business to marry Edgar Linton than I have to be in heaven. (*Wuthering* 102)

If Cathy were the same as Edgar then they would belong in heaven. Heathcliff is aligned with the natural, openness, and thus Cathy’s heaven is on earth (her soul being the same as his). A parallel can be seen between Cathy the second and Cathy the first’s ideas of heaven.¹⁸ Cathy the second recounts that Linton Heathcliff’s “most perfect idea of heaven’s happiness” results from “lying ... morning til evening on a bank of heath in the middle of the moors, with ... larks singing high up overhead” (238-9). In contrast, Cathy the second’s heaven includes all manner of birds: “not only larks, but throstles, and blackbirds, and linnets, and cuckoos pouring out music on every side” (239). She says, “He [Linton] wanted to lie in an ecstasy of peace; I wanted all to sparkle, and dance in a

¹⁸ I will refer to Cathy Linton as “Cathy the second” and Cathy Linton (nee Earnshaw) as “Cathy” (occasionally “Cathy the first”, or “the original Cathy”) throughout this chapter.

glorious jubilee” (239). Linton’s heaven includes only one species of bird singing; Cathy’s heaven is a chorus of birds singing. While both Cathy the second and Linton’s ideas of heaven take place on the heath (like the original Cathy’s), Cathy the second’s idea of heaven is active and bound to all forms of nature, “the whole world awake and wild with joy,” aligning her more closely with Cathy the first (239), whereas Linton’s idea of heaven is restrictive and passive and could easily be translated to sitting in a parlour listening to one pianist play. Cathy the first’s comment about having “no more business to marry Edgar Linton than ... to be in heaven” is echoed by Cathy the second who says that Linton’s idea of heaven is “half alive” and that “[she] should fall asleep in his” (102, 239): When both Cathy’s ideas of heaven are compared it is obvious that neither Cathy nor Cathy the second are similar (or the same) as the men they are partnered with by society.

Modalization and Victorian Illnesses

Heathcliff’s departure creates an “intense” reaction in Cathy. Cathy becomes fevered and delirious, and when she emerges from her illness she is “saucier, more passionate, and haughtier than ever”: Dr. Kenneth warns the household against “aggravating her fiery temper” (*Wuthering* 109). Cathy’s reaction is mirrored in a gothic storm; that is, her psychological splitting is manifested in the weather. Nelly reports, “It was a very dark evening for summer: the clouds appeared inclined to thunder ... About midnight, while we still sat up, the storm came rattling over the Heights in full fury” (105-6). The weather matches Cathy’s mood: “she kept wandering to and fro, from the gate to the door, in a state of agitation which permitted no repose” (105). As Cathy admits defeat, “calling at intervals, and then listening, and then crying outright,” “the uproar passed away in twenty minutes” (106). She revels in the weather, “standing

bonnetless and shawl-less to catch as much water as she could with her hair and clothes” (106). The storm (while physical and real) embodies the tearing of Cathy’s psyche.

“Clearly connecting health and happiness,” Cathy’s agitation over Heathcliff’s departure produces her first illness (Gorsky 174). Nelly fears that “[Cathy] was going mad, and I [Nelly] begged Joseph to run for the doctor” (*Wuthering* 109). Cathy’s fit “prove[s] the commencement of delirium” (109). Dr. Kenneth diagnoses her as “dangerously ill ... she ha[s] a fever” (109). Cathy’s illness can be understood in one of three ways (or as involving all three factors, with one playing a more prominent role): Nelly implies that she becomes ill because she sits up all night in wet clothes; she also strongly implies that the illness could have been avoided and therefore functions as a willed illness; or, I argue that this illness, like the storm, is a manifestation of her emotional responses produced in somatoform symptoms.¹⁹ Nelly explains that after Cathy recovered from the illness, “the doctor had said that she would not bear crossing much, she ought to have her own way; and it was nothing less than murder, in her eyes, for any one to presume to stand up and contradict her” (109). Cathy thus becomes emotionally fragile.

Cathy suffers a “deeply conflicted and ultimately destructive transformation from a girl ‘half savage and hardy and free’ into the ‘mistress of Thrushcross Grange,’ a properly genteel domestic woman” (Newman 22). This transformation leaves Cathy vulnerable in her new social state: a seemingly idealized nineteenth-century woman (as previously defined by Gorsky). Cathy, post her initial illness, chooses to marry Edgar and tries to “live within the confines of [society]” (173). Nelly says, “Edgar Linton ...

¹⁹ See Chapter Two: Somatoform Disorders for a full description of how these illnesses manifest themselves.

believed himself the happiest man alive on the day he led her to Gimmerton Chapel, three years subsequent to his father's death" (*Wuthering* 110). Nelly's depiction of their marriage suggests that Cathy is not included in the happiness. Nelly's language also illustrates modalization, the use of verbs to change the mood of a phrase, which foreshadows Edgar's impending unhappiness: "[He] ... *believed* himself the happiest man alive" (emphasis mine, 110). The ambiguity enveloping Edgar's happiness also surrounds Cathy's happiness. After they are moved into Thrushcross Grange, Nelly says:

Catherine had seasons of gloom and silence, now and then; they were respected with sympathizing silence by her husband, who ascribed them to an alteration in her constitution produced by her perilous illness, as she was never subject to depression of spirits before. (113)

Cathy exhibits signs of melancholia (due to her split from Heathcliff and torn psyche); however, Edgar ascribes her symptoms to her initial illness.

For a period after her first illness, which is set off by Heathcliff leaving the Heights, Cathy is relatively happy – stable – in her social role married to Edgar living at the Grange. Gorsky considers Cathy's position at this point, "the veneer with which civilized society covers raw nature" (189); more precisely, in marrying Edgar she fulfills her social role but denies her own nature and identity, and it is this splitting of her realities or selves which makes her ill. Heathcliff's return causes Cathy to re-examine her relationships with Edgar and Heathcliff. When Cathy realizes she cannot have both Edgar as her husband and Heathcliff as her friend she tries to manipulate those around her with her illness: this strategy ultimately fails, leading to her psyche tearing for the second (and final) time. Before Heathcliff returns, Nelly describes Cathy's emotional state: "for the space of half a year the gunpowder lay as harmless as sand, because no fire came near

to explode it” (*Wuthering* 112). Beth Newman explains that “Nelly thinks that Heathcliff’s return in the guise of a gentleman is what destroys Cathy’s marriage to Edgar” (23). However, I argue that it is Cathy’s initial choice between Edgar and Heathcliff (to live within or outside of society, with or without her soul) that creates her first psychological tearing. Eve Kosofsky Sedgwick explains that “Cathy and Heathcliff ... like all doubles once sundered, are more threatening in their thrust toward reunification than in all the edginess of their unnatural divorce” (118).

Heathcliff’s return underscores the sameness between him and Cathy as well as her differences with Edgar. Prior to Cathy and Heathcliff’s reunion, Nelly comments that “[b]oth the room and its occupants [Cathy and Edgar], and the scene they gazed on, looked wondrously peaceful” (*Wuthering* 114). Strikingly, Brontë filters Nelly’s language using ambiguity: Cathy and Edgar *are* not peaceful, but rather, “look” peaceful. Cathy is “peaceful,” she “s[its],” and she “quit[s]” rooms (114). She appears to fit the mold of the genteel woman: “that is, a refined woman content with the routines of domesticity and the genteel indoor leisure pursuits of the parlor,” a room *Wuthering Heights* lacks (Newman 23). Heathcliff is associated with the unrefined, the tumultuous ramblings of a childhood on the moors; Edgar is associated with “crimson-covered chairs and tables” (*Wuthering* 74). When Heathcliff returns, Nelly says that “Catherine flew upstairs, breathless and wild, too excited to show gladness” (114). Cathy is no longer passive and quiet. She “flew upstairs ... flinging her arms round his neck,” “dart[ed] off,” “sprang forward,” “rose,” and “seized Heathcliff’s hands again” (114-16). Heathcliff renews in her a wildness: an activity which has been quiet under the social veneer. Nelly says that Cathy “seized Heathcliff’s hands again, and laughed *like one beside herself*” (emphasis mine, 116). She uses the possessive to note that Cathy is Edgar’s wife, “his lady” (116). But

her last comment can be read two ways: Cathy is either beside herself metaphorically, in a state of uncontrollable emotion, a state of extreme excitement; or, prepositionally Cathy is beside “herself.” If Heathcliff and Cathy are one then Cathy is beside herself (her own self figured as Heathcliff). Cathy’s phrasing highlights “a complete merging of identity” as her psyche tries desperately to fuse itself back together with Heathcliff’s (Horney 53).

However, Nelly notes the “pure annoyance” that crosses Edgar’s face at the reunion of Cathy and Heathcliff (*Wuthering* 116). Their desperate attempts to merge psyches fail when Edgar throws Heathcliff out of Thrushcross Grange after overhearing Cathy offering his sister Isabella as a wife for Heathcliff. Their desperate attempts to merge psyches fail when Edgar throws Heathcliff out of Thrushcross Grange after overhearing Cathy offering his sister Isabella as a wife for Heathcliff. Gorsky argues that “[u]nable to control her love or her lover, her world or herself, [Cathy] brings ruin upon herself and others” (177). Her manipulation through illness is not subtle; she declares, “Well, if I cannot keep Heathcliff for my friend – if Edgar will be mean and jealous – I’ll try to break their hearts by breaking my own. That will be a prompt way of finishing all, when I am pushed to extremity” (*Wuthering* 133). While Cathy assumes that breaking her own heart will break Edgar’s (that he will be upset because he loves her), in the case of Heathcliff (because they are one), to break her heart is to break his as well.

Heathcliff, however, is not the target of her manipulation. She asks Nelly to, “say to Edgar, if you see him again to-night, that I’m in danger of being seriously ill – *I wish it may prove true*. [...] I want to frighten him” (emphasis mine, *Wuthering* 133). Cathy appears to be aware that she cannot will herself to be ill in order to prove a point, but she

says “I wish it may prove true.” Wishing, when said aloud, is a form of what Austin calls “performative speech,” and an instance of “behaviors, which have to do with social, conventional behavior” (3). Dorothy Kelly explains the difficulty in “separat[ing] the illocutionary and the perlocutionary ... because it seems that the actual enunciation ... performs the very nondisjunction” (48). Illocutionary acts, such as requests, commands, and advice, cause the listener to take a particular action (Searle 25). Perlocution is a speech act “that produces an effect, intended or not, achieved in an addressee by a speaker’s utterance”; these effects include convincing, insulting, persuading and scaring (Loos et al.). Because of the slippage between the two kinds of speech acts, examining perlocution and illocution is useful in analyzing the linguistic manifestations of moments of hesitation. Yet, Cathy does not truly wish to become ill and die; she says: “No, I’ll not die – he’d be glad – he does not love me at all – he would never miss me” (*Wuthering* 136). However, Cathy is often seen as manipulative. She only wishes to do *something* that will harm Edgar: “If I were only sure it would kill him ... I’d kill myself directly!” (136). She seems, at this point in her manipulative plan, to have forgotten about Heathcliff and the impact her illness and dying would have on their merged psyche(s).

As her illness progresses, Cathy develops hysteria and brain fever and her “mental integrity collapses” (Krishnan 9). Newman explains that “In eighteenth – and nineteenth-century medical treatises, ‘brain fever’ denoted an inflammation of the brain (also called *phrensy* or *phrenitiis*)” (147). Hysteria was linked to insanity or a similar nervous illnesses, as indicated in Chapter Two. Cathy’s struggle between Heathcliff and Edgar can also be affixed to hysteria, given that unexpressed sexual desire for Heathcliff surfaces when he returns. Lakshmi Krishnan writes: “Bronte implies that, lacking wholeness of self, Cathy disintegrates internally” (9). I will take Krishnan’s analysis a

step further and state that her lack of wholeness comes from her self-imposed isolation from both others (Edgar) and the self (Heathcliff).

Whether or not Cathy wills her illness into existence (through the use of illocution), she becomes ill. Gorsky states, the recognition that Cathy cannot have both Edgar and Heathcliff “provides the catalyst that transforms her chronic unhappiness into acute emotional illness, manifested as depression, anorexia, and perhaps unconsciously willed death” (182). Gorsky also declares that “Catherine suffers as well from nervous disorders that contribute to her ill-health and her death” (177). Here, I turn my attention to her nervous disorders – or somatoform disorders, as I term them. The key to understanding Cathy’s illnesses as somatoform disorders is that her severe emotional distress in isolating herself from Heathcliff (therefore from herself, resulting in an internal split) is transformed or manifested as a physical illness. Emily Brontë “connects psychological illness to emotional causes and to physical illness,” writes Gorsky (176). The illnesses manifest themselves as conversion, or somatoform, disorders: “unexplained physical symptoms indicate the conversion of unconscious emotional conflicts into a more acceptable form” (Durand et al.178). Nelly describes Cathy’s body as “exhausted,” (*Wuthering* 139). Seizures are often listed as common symptoms of conversion disorders. Following her argument with Edgar regarding her relationship with Heathcliff, Cathy says, “I fell on the floor ... how certain I felt of having a fit ... I had no command of tongue, or brain, and [Linton] did not guess my agony” (139); this description is of a seizure. Cathy mentions Linton and how he did not understand her relationship with Heathcliff, which points to the conversion of her anxiety into the symptoms she lists: a perfect example of a somatoform disorder in action.

The scene where Cathy rips apart her pillow illustrates the power of association. Cathy suffers hallucinations and typifies insanity in her arrangement of feathers from her pillow. Nelly says, “she seemed to find childish diversion in pulling the feathers from the rents she had just made, and ranging them on the sheet according to their different species: her mind had strayed to other associations” (*Wuthering* 137). While Newman links these associations to death (“Pigeons’ feathers in the pillow or mattress of a dying person were believed to interfere with an easy death” (137)), Cathy’s fevered mind also makes associations between the bird feathers, nature, outdoors, and ultimately Heathcliff. She says, “and this – I should know it among a thousand – it’s a lapwing’s. ... This feather was picked up from the heath; the bird was not shot – we [Heathcliff and Cathy] saw its nest in the winter, full of little skeletons” (137). Steve Lukits asserts that “Concerns about childhood and motherhood, home and estrangement, authority and submission, freedom and imprisonment, safety and danger, confidence and distrust, and above all, identity and gender, are interwoven in Catherine’s metaphorical groping with the lapwing’s feather” (109).²⁰ Cathy identifies with the skeletal lapwings as she is cut off from her nature and freedom on the heath. Even Edgar’s flowers, brought to cheer her up, drive her mind to the heath and Heathcliff: Cathy exclaims, “These are the earliest flowers at the Heights! ... They remind me of soft thaw winds, and warm sunshine, and nearly melted snow” (*Wuthering* 147).

Cathy feels a strong urge to be outdoors when she is ill: “I’m tired of being enclosed here. I’m wearying to escape into that glorious world” (*Wuthering* 169). Cathy

²⁰ Many scholars have read into Cathy’s madwoman scene with the lapwing feathers. Maggie Berg’s reads the lapwing skeletons as combining “Catherine’s desire for freedom with her recognition that the men have prevented it. Heathcliff and Edgar have trapped her, have sapped her vitality” (86). Also see Lukits’s article “The Devastated Nest: Crisis of Identity in *Wuthering Heights* and *Antigone*” and Homans (79).

becomes more agitated only when she realizes that she cannot go outside. As with the associations with the bird feathers, Cathy's mind goes to both her childhood and death. She talks about how she and Heathcliff "braved [Gimmerton Kirk's] ghosts often together, and dared each other to stand among the graves and ask them to come" (141). As previously discussed in this chapter, Cathy knows that the next time she is free to roam the heath she will not be alive: "I shall never be there, but once more! ... and I shall remain, for ever" (147). Cathy's fevered longing to be outside corresponds to her health. While Nelly, Edgar and Cathy are incorrect (medically) in believing that "a change of scene" would cure Cathy, this was a common mid to late nineteenth-century belief: in Charlotte Perkins Gilman's short story "The Yellow Wallpaper" (1892), the narrator's husband John (who is a physician) believes that a change of scene will help his wife recover from a "slight hysterical tendency" (Gilman 166). Nelly explains, "We knew she was really better, and therefore decided that long confinement to a single place produced much of this despondency, and it might be partially removed by a change of scene" (*Wuthering* 148), and Edgar says, "Catherine, last spring at this time I was longing to have you under this roof – now, I wish you were a mile or two up those hills; the air blows so sweetly, I feel that it would cure you" (147). Edgar understands that while moving to Thrushcross Grange after her initial illness might have helped her condition, now Cathy needs to be outdoors – returned to nature – in order to heal; however, Cathy would not actually recover from a change in location alone due to her relationship with Heathcliff. Cathy also discusses her burial: "they can't keep me from my narrow home out yonder: my resting-place, where I'm bound before spring is over! There it is: not among the Lintons, mind, under the chapel-roof, but in the open air, with a head-stone" (142). The thought of a stuffy burial within a church does not suit Cathy's soul: she will

be buried outside, with a simple headstone. Cathy connects Heathcliff to the kind of burial she seeks: “I’ll not lie there by myself; they may bury me twelve feet deep, and throw the church down over me; but I won’t rest till you are with me – I never will!” (141). Cathy longs for fusion with Heathcliff and nature, even if it has to occur in death.

Perhaps the moment that most obviously exemplifies Cathy’s estrangement from herself through the course of her illness is the mirror scene. This scene highlights the correlation between the fantastic, or gothic tones, and illness. Athena Vrettos explains the “power of illness to make one’s own body seem alien, to transgress somatic and psychic boundaries, or to link disparate groups of people through the process of contagion suggest[s] the potential instability of human identity” (2-3). Cathy mistakes the black press, or mirror, at Thrushcross Grange for the one that she used to have at Wuthering Heights. Nelly narrates the chilling anxiety that Cathy experiences in not being about to recognize herself in the mirror:

“It *does* appear odd – I see a face in it!” ... “Don’t *you* see that face?” she [Cathy] enquired, gazing earnestly at the mirror.

And say what I [Nelly] could, I was incapable of making her comprehend it to be her own; so I rose and covered it with a shawl.

“Its behind there still!” she pursued, anxiously. “And it stirred. Who is it? I hope it will not come out when you are gone! Oh! Nelly, the room is haunted! I’m afraid of being alone!” ...

“There’s nobody here!” I insisted. “It was *yourself*, Mrs. Linton; you knew it a while since.”

“Myself,” she gasped, “and the clock is striking twelve! It’s true then; that’s dreadful!” (*Wuthering* 138)

Cathy thinks that she sees “her own ghostly double or *dopplegänger*” in the mirror; the *dopplegänger* is “traditionally regarded as an omen of one’s own death” (Newman 138). In her hysterical state Cathy reads omens into feathers and mirrors. Constance Wilmarth describes the “epiphany of [her health] decline ... in her delirious inability to recognize her own face in the mirror” (76). She says it is “an alienation whose symbolic resonance is partly indicated in her mind’s wandering back to the larger reality of her childhood at Wuthering Heights” (Wilmarth 76). Thus it makes sense that Cathy’s mind would immediately jump to the mirror from her childhood.

Illness’s power “to make one’s own body seem alien” is at its height when one considers body dysmorphic disorder. Body dysmorphic disorder (BDD) is a somatoform disorder “in which the affected person is excessively concerned about and preoccupied by a perceived defect in his or her physical features” (Passer et al. 396-7). A common example of BDD that is connected intimately to Cathy and Heathcliff is anorexia.²¹ Dependent relationships (like the one Cathy and Heathcliff share) are symptoms of BDD. Cathy rebels at the state of her pregnant body; Gorsky concedes that Heathcliff’s “return reminds her of her other self, lost or hidden or even distorted by the shape of her pregnant body” (182). Gorsky explains that

Catherine is doubly trapped in traditional roles that deny Heathcliff any significance in her life ... Having destroyed part of herself in marrying Edgar and another part in rejecting him and their child, she has nothing-- she is no one, and the face in the mirror is a stranger’s. (184)

²¹ While Cathy and Heathcliff do exhibit anorexia is not a focus of this chapter – see Graeme Tytler, Susan Rubinow Gorsky, Guilianna Giobbi, and Jerome Bump.

Cathy's alienation from herself increases as she becomes more ill to the point where she imagines herself as "a stranger," "an exile": She says, "But supposing at twelve years old, I had been wrenched from the Heights, and every early association, and my all in all, as Heathcliff was at that time, and been converted at a stroke into Mrs. Linton, the lady of Thrushcross Grange, and the wife of a stranger; an exile, and outcast, thenceforth, from what had been my world" (*Wuthering* 140). While Catherine's imagined situation is hypothetical, at the same time she is a stranger in "what had been [her] world" (140).

While Cathy has a predisposition for illness, Dr. Kenneth does not understand why she would fall ill: unexplained symptoms are integral to somatoform disorders. Dr. Kenneth treats Cathy's initial illness as insanity. Gorsky expands, stating that Dr. Kenneth "treats her as he would a fever patient or a madwoman – remedies differed little – cutting her hair, bleeding her, and feeding her 'whey, and water gruel'; but he warns the family that to 'cross' her might provoke a 'fit'" (181). That he does not know how to approach Cathy's second illness furthers my case that she suffers from a somatoform disorder, which are by nature difficult to diagnose (Durand et al. 178). Dr. Kenneth says that "A stout, hearty lass like Catherine does not fall ill for a trifle" (*Wuthering* 144). Cathy should not be ill; however, her emotional turmoil manifests itself as a somatic illness which makes it hard for a doctor to diagnose.

Cathy loses some of her intensity in her illness, and while Dr. Kenneth says she should not be ill her physical transformation proves that her illness is no longer a manipulative trick. "Although her fever dissipates, everyone agrees with Catherine that she is dying," writes Gorsky: "She is 'all nerves' ... and pale, and the 'dreamy and melancholy softness' in her eyes suggests she gazes far 'beyond' ordinary life" (183). Cathy is physically altered by her illness: "her present countenance had a wild

vindictiveness in its white cheek, and a bloodless lip” (*Wuthering* 168).²² Cathy’s changed appearance suggests that her illnesses are rooted in the somatoform family. She highlights the white and red contrast in Cathy’s face and says that “when she was calm, there seemed unearthly beauty in the change” (166). For Nelly, Cathy’s appearance is connected to the “unearthly,” the dead. Cathy experiences self-reflexive moments about her illness; she says, “Why am I so changed Why does my blood rush into a hell of tumult at a few words? I’m sure I should be myself were I once among the heather on those hills” (140). Like Edgar and Nelly, Cathy believes that if she can be connected to nature she can fuse her psyche together. However, as previously discussed this is not the case; Cathy’s urgent need to be connected to nature could be a translation of her connection between Heathcliff and nature (particularly the heaths of *Wuthering Heights*).

Cathy and Heathcliff’s final moments together emphasize their urgency for fusion, highlight the reasons why Cathy experiences such splits in her psyche, as well as show the transfer of language and illness to Heathcliff upon Cathy’s death. Horney describes how in a morbid dependent relationship, the dependent partner in such a relationship should “no more feel[...] lost, guilty, unworthy ... To love, for him, means to lose himself in more or less ecstatic feelings, to merge with another being, to become one heart and one flesh” (239-40). Heathcliff reflects Cathy’s earlier sentiments of unity – of wholeness. He says, “Oh, Cathy! Oh, *my life!* how can I bear it?” (emphasis mine, *Wuthering* 167). Heathcliff considers Cathy to be his life. He wishes for unity and says, “*Why* did you betray your own heart, Cathy” (170). He essentially asks Cathy why she wants to hurt him. In return Cathy says, “I only wish us never to be parted” (169); her

²² See Krishnan’s article “Why am I so changed?”: Vampiric Selves and Gothic Doubleness in *Wuthering Heights*” and Torgerson (97-106) for vampirism in *Wuthering Heights*.

statement is an example of Horney's theory. "Cathy, reliant on her psychological and spiritual connectivity to Heathcliff, sickens in the artificial separation created by social norms: marriage, class, and most significantly, self-imposed division," writes Krishnan (9). While she says she does not wish to be parted Heathcliff points out the issue with her statement. He says,

I have not broken your heart – *you* have broken it – and in breaking it, you have broken mine. So much the worse for me, that I am strong. Do I want to live? What kind of living will it be when you – oh God! Would *you* like to live with your soul in the grave?" (*Wuthering* 170)

Cathy is placed in the position of action: she has broken her heart (and therefore Heathcliff's). Cathy is both Heathcliff's "life" and "soul" (167, 170). Heathcliff's syntax mirrors Cathy's broken syntax when she first faced the choice between Heathcliff and Edgar. His syntax is broken, fragmented – reflecting his torn psyche.

Heathcliff is the other half of Cathy's soul, and he therefore hosts the illness created by Cathy's death after she perishes. When Cathy blames Heathcliff, spouting cruel words on her deathbed, she creates turmoil in Heathcliff's environment. This turmoil is manifested in his language. Nelly also connects Heathcliff to Cathy through language of circulatory and nervous systems; she says "[he] ha[s] a heart and nerves same as your brother men" (*Wuthering* 174). Perhaps more aptly, he shares similar language with Cathy. Cathy, while lacking the self-reflexive position of Lucy Snowe regarding her illness, refers to her rushing, "fiery" blood. Later in the novel, Heathcliff comments on the state of his nerves: "Infernal – keeping my nerves at such a stretch that, if they had not resembled catgut, they would, long ago, have relaxed to the feebleness of Linton's" (273). Heathcliff, nerves steeled, does not know how to reconcile himself to a world without

Cathy: he cries: “*do* not leave me in this abyss, where I cannot find you! Oh, God! It is unutterable! I *cannot* live without my life! I *cannot* live without my soul!” (175). While Heathcliff’s illness is not entirely somatoformic (anorexia is voluntary – physically rooted and diagnosable) it develops the same way both Lucy and Cathy’s illnesses do: from an inability to reconcile his inner and outer realities.

From this point in the novel, Heathcliff develops an illness brought on by Cathy’s death. This illness is not the sort of physical illness that Mr. and Mrs. Linton die from (one that is physically transferable or contagious); rather, he has hallucinations (similar to Cathy’s). He also develops anorexia, which leads to his death.

The Fantastic in *Wuthering Heights*

Compared to Charlotte Brontë’s *Villette*, *Wuthering Heights* “corresponds most closely to the Todorovian fantastic,” argues Wilmarth (1). Wilmarth and other scholars focus on Lockwood’s dream sequence. However, Lockwood does not enter into my debate aside from noting that Wilmarth mentions his dream sequence as a moment of hesitation.²³ Terri Ochiagha explains that in order to achieve the hesitation and ambiguity found in moments of hesitation, “writers of the fantastic use a series of conventions, techniques, and thematic areas” (2). Ochiagha describes the two thematic areas that Todorov outlines:

questioning of the limits between spirit and matter (which gives way to other fundamental themes such as pan-determinism and personality

²³ Wilmarth says, “Fantastic critique, as I have sketched it, is available. At the same time, however, it bows out, deferring to the normative register. The ghost of Catherine disrupts Lockwood’s hold on representational reality in being, precisely, fantastic, in refusing to allow Lockwood to decide whether his experience is or is not a dream” (173).

multiplicity) and sexual desire (involving its perversions, cruelty, and violence as related to desire and issues regarding life after death). (2)

I interpret these two thematic areas as integral to Cathy and Heathcliff's psychological splitting. Cathy cannot achieve unity with Heathcliff, on either psychic or sexual desire levels (as spirit and metaphysical liminality is as much metaphysical as psychic). The climax of this urgency is found in the scene prior to her death. Cathy questions issues regarding life after death. In her delirious state she says, "Heathcliff, if I dare you now, will you venture [to Gimmerton Kirk to brave its ghosts]?" (*Wuthering* 141). Her invitation suggests that she believes in ghosts. Given her state of mind and comments regarding her burial moments before this address to Heathcliff, Cathy's belief in the supernatural remains ambiguous. Cathy also turns to Heathcliff during their final moments together and says to him (and Nelly?): "That is not my Heathcliff. I shall love mine yet; and *take him with me* – he's in my soul" (emphasis mine, 169). She wishes to "take [Heathcliff] with [her]" when she dies. While this comment could be construed as part of her feverish rambling, she also might be interpreted as questioning whether or not her psyche can continue existing whole after death. Whether or not Cathy believes in life after death, she questions its limits. Frank Kermode explains that "We are simply not provided with information to decide one way or another about the status of [these] experience[s]" (qtd. in Wilmarth 67).

There is not as much of a moment of hesitation for Heathcliff as for Cathy: he declares, "I have a strong faith in ghosts; I have a conviction that they can, and do, exist among us!" (*Wuthering* 272). However, he questions the limits between spirit and matter more extensively than Cathy and Nelly. Heathcliff states:

And I pray one prayer – I repeat it till my tongue stiffens – Catherine Earnshaw, may you not rest, as long as I am living! You said I killed you – haunt me, then! The murdered *do* haunt their murderers. I believe – I know that ghosts *have* wandered on earth. Be with me always – take any form – drive me mad! Only *do* not leave me in this abyss, where I cannot find you! Oh, God! It is unutterable! I *cannot* live without my life! I *cannot* live without my soul! (175)

Heathcliff's language is fragmented, heavy with emphasis, reflecting his recent split from Cathy – his torn psyche. While Heathcliff says that he has a “strong faith” and “conviction” in ghosts existence, his phrasing such as “I believe – I know,” undermines the certainty of the emphasis (175). The very insistence on the emphasis (“*do*,” “*have*”) attenuates the certainty – revealing how the ambiguity associated with the moments of hesitation is enacted on a grammatical level. Heathcliff prays not for Catherine to return from death, but for her to haunt him in “any form ... praying her to return to [him] – her spirit –” (175, 272). Death is not the abyss for Heathcliff; life without Cathy is. The idea of death as an abyss inverts Cathy's “queer dream”: that she was in heaven but wept until she was cast down to earth where she belonged. However, in both cases Heathcliff and Cathy find the place where the other is not to be like an “abyss”: a terrible, dark, unbearably lonely place. Heathcliff mentions a similar sentiment; just prior to being reunited with Cathy he tells Nelly that throughout the time he was away: “Two words would comprehend my future – *death* and *hell* – existence, after losing her, would be hell” (160). If Heathcliff were to “lose” Cathy, hell would be a better option than existing in the world without her. This thought also drives home the reality that, despite her marriage to Edgar, Heathcliff still thought Cathy was attainable.

Heathcliff is in fact “haunted” by Cathy after her death: through the eyes of Hareton and Cathy the second. Wilmarth explains that “the narrative places [Cathy the first] where in a sense she always was – ‘elsewhere’ – just beyond the confines of its own representation, where she haunts Heathcliff as a ghost and invades other characters’ perceptions of everybody else, their *representations*” (*Wuthering* 80). Nelly says, “They [Hareton and Cathy] lifted their eyes together ... perhaps you have never remarked that their eyes are precisely similar, and they are those of Catherine Earnshaw” (300). “The Catherine who could not see her own image in the black press is now reflected in everything, and everyone,” writes Wilmarth (80).

After her death, Cathy’s body should be considered unattainable; however, Heathcliff questions the boundary points between material and spirit. Nelly calls Heathcliff “wicked” for disturbing the dead (*Wuthering* 271). He describes how he dug up Cathy’s dead body the evening she was buried:

I was on the point of attaining my object, when it seemed that I heard a sigh from some one above, close at the edge of the grave and bending down ... There was another sigh, close at my ear. I appeared to feel the warm breath of it displacing the sleet-laden wind. I knew no living thing in flesh and blood was by – but as certainly as you perceive the approach to some substantial body in the dark, though it cannot be discerned, so certainly I felt that Cathy was there, not under me, but on the earth. (272)

Because of its connections to the sublime, Edmund Burke’s idea of the obscure is integral to an understanding of gothic and fantastic elements. The sublime is characterized as an irresistible force, “the mind is so entirely filled with its object, that it cannot entertain any other, nor by consequence reason on that object which employs it” (Burke pt. 2, sec. 1).

Burke defines the obscure, stating that “when we know the full extent of any danger, when we can accustom our eyes to it, a great deal of the apprehension vanishes” (pt. 2, sec. 3). The more obscure, the more potential for the awe and terror that accompanies the sublime (Burke pt. 2, sec. 3). Emily Brontë’s description uses Edmund Burke’s concept of the obscure; however, what is unknown does not terrify, rather it comforts Heathcliff. Heathcliff “hear[s] a sigh,” “feel[s] the warm breath,” and “fe[els] that Cathy was there” (272). He expresses the frustration of the obscurity of Cathy’s presence: “I felt her by me – I could *almost* see her, and yet I *could not!*” (272). Again, Heathcliff’s language accentuates the liminality of Cathy’s position and the hesitation encoded in his use of “almost” (272). While we get a full description of Cathy’s ghostly presence, her decomposing body is described using Burke’s obscure: “I got the sexton, who was digging Linton’s grave, to remove the earth off her coffin lid, and I opened it. I thought, once, I would have stayed there, when I saw her face again – it is hers yet –” (271). There is a horrifying, aspect to Heathcliff’s nocturnal encounters with the flesh and blood Cathy versus his encounters with her spirit. He describes looking on her decomposing body, which really disturbs the Christian Nelly: To the reader, Heathcliff’s perversion (disturbing of the dead without figuring Heathcliff’s sexual desire for union with Cathy) is enough to cross the line. Ochiagha states that “[Heathcliff’s] notion of heaven is eternal communion with his beloved Cathy, bodily in the grave and ethereally in the spirit” (4). Heathcliff yearns so much to have such a communion that he has bribed the sexton to have it so that the sides of his and Cathy’s coffins will be pulled away and the earth and bodies will be together: Heathcliff says, “I’ll have it made so, and then, by the time Linton gets to us, he’ll not know which is which!” (*Wuthering* 271). Heathcliff says, “She has disturbed me, night and day, through eighteen years – incessantly –

remorselessly – till yesternight – and yesternight, I was tranquil” (271). Her ghost, her *almost* presence and physicality haunted Heathcliff, but upon viewing her face he can rest knowing his plans for communion with her will go through: “Now, since I’ve seen her, I’m pacified – a little” (273). In the end, Heathcliff realizes his psyche can be fused with his death.

While Heathcliff’s language manifests moments of hesitation, he questions the status of the fantastic more thoroughly than many of the other characters. Many, Nelly included, are gripped by hesitation throughout the whole novel. Gorsky states that “[Brontë] lets some of her superstitious and uneducated characters speculate on the demonic source of psychological illness, adding a thrill to the novel” (177). Newman expands on this in her introduction to the novel: “The stereotype [communicated to nineteenth-century readers] represented Yorkshiremen and women as toughened by a harsh climate and a hardscrabble existence, their rusticity a blend of naïvete – such as a *superstitious belief* in fairies” (18). Nelly says to Cathy, “We’re dismal enough without conjuring up ghosts and visions to perplex us,” and: “I was superstitious about dreams [when Cathy was a teenager], and am still” (*Wuthering* 101). Nelly’s use of tense in this passage underlines the degree to which the moments of hesitation pervade and fill the text – invading the characters. Nelly especially, “is unwilling either to believe or disbelieve in ghosts ... but notes that the entire local population, including farm animals, has been disturbed by uncanny visions of Heathcliff and Catherine” (Wilmarth 85). The novel ends with Lockwood’s own moment of hesitation regarding Heathcliff and Cathy’s ghosts: he runs into a boy who “blubber[s], “They’s Heathcliff, and a woman, yonder, under t’ Nab” (*Wuthering* 311). Lockwood says, “He [the boy] probably raised the phantoms from thinking, as he traversed the moors alone, on the nonsense he had heard

his parents and companions repeat – yet still, I don't like being out in the dark now" (311-12). Lockwood notes the natural reasoning for the boy's terror: that his imagination fuelled by stories was overworking. Yet, Lockwood leaves the moment ambiguous, implying that despite natural reasons he still worries about ghosts. Because the moments of hesitation fill the novel and the status of the fantastic events are never fully discussed or questioned by the characters involved, Cathy cannot (re)fuse her psyche with Heathcliff and recover from her illness.

Gorsky writes of Cathy that "[s]uffering from not being allowed to be herself, from conflict with society, and from thwarted love, divided from her soul and her soul-mate, she both acts out and falls ill" (178). She "reacts internally to the external division between a natural free spirit and a trammled nineteenth-century lady" (Gorsky 187). The fact that her psyche, and thus soul, is split makes it virtually impossible to reconcile her realities if he is not a part of both her inner and outer realities. Cathy's illness is brought on by her inability to exist within her culture: Cathy can neither conform to society by marrying Edgar nor reject society by pursuing a relationship with Heathcliff. Faced with her realities, Cathy is torn between claiming her illness as power²⁴ ("I will cry myself sick") and as surrendering to its involuntary nature ("I did nothing deliberately") (*Wuthering* 95). Similarly, Heathcliff is separated from Cathy against his will (when she chooses to marry Edgar) forcing his psyche to split. Krishnan states that Cathy and Heathcliff's final communion "becomes a metaphor for one self that is divided and then broken into separate parts ... Thus Brontë meditates on notions of selfhood and the irreparable trauma experienced by a self that cannot re-form" (7). Because of Cathy and

²⁴ Susan Gorsky asserts that Cathy "regrets when she does eat, linking food to willpower and love, and threatening, 'I will die...since no one cares anything about me'" (184).

Heathcliff's broken selves, when moments of hesitation associated are questioned in the text (even by other characters such as Nelly or Lockwood) they remain ambiguous. Paris explains that "It is impossible to say on the basis of the evidence within the novel whether or not we are meant to believe in the actual existence of Cathy's ghost. The issue is presented ambiguously, and we are probably meant to be uncertain" (112). Cathy and Heathcliff explore the hesitation and ambiguity by questioning the limits between spirit and matter (Heathcliff particularly through perverse sexual desire). Because the hesitation remains in place, Heathcliff and Cathy cannot fuse their psyches, and thus die.

CHAPTER 4

INNER VERSUS OUTER REALITIES

AND THE EFFECTS OF MODALIZATION IN *VILLETTE*

I turned: my light was dim; the room was long – but, as I live! I saw in the middle of that ghostly chamber a figure all black or white; the skirts straight, narrow, black; the head bandaged, veiled, white.

Say what you will, reader – *tell me I was nervous, or mad*; affirm that I was unsettled by the excitement of that letter; declare that I dreamed: this I vow – I saw there – in that room – on that night – an image like – a NUN.

- (emphasis mine) Charlotte
Brontë, *Villette*

Indicative of *Villette* as a whole, illness and the fantastic are entwined in the above epigraph. Is first-person narrator Lucy Snowe mad? Is she suffering from a nervous illness? Is the ghost-nun real or not? Tzvetan Todorov's fantastic theory, specifically his concept of "moments of hesitation," is the key to unlocking these questions. Because the moments of hesitation do not take over the narrative and the fantastic events are ultimately rationalized, the fantastic events do not act to further destabilize Lucy's illness and identity; rather, she is able to reexamine her feelings about the fantastic by forging a friendship with M. Paul, and recover from her illness. Beth E. Torgerson states that Charlotte Brontë's "*Villette* looks most unflinchingly at the instability of human identity, looking at the self, both at the self in isolation and in relation to others" (15). It is this tension between the self in isolation and the self in relation to others that constructs an environment that leads to Lucy's illness – perhaps more specifically it is at the points of transition between the two selves when Lucy is most vulnerable. This chapter begins with an examination of how Lucy's illnesses are constructed in light of *Villette*'s culture and Lucy's isolation. Second, this chapter addresses the fantastic events in the novel and Lucy's psychological split and fragmentation by applying Todorov's theory of the

fantastic. Finally, how and why the combination of reexamining and rationalizing the fantastic leads to Lucy's recovery is explored. By debunking the supernatural, or marvelous, aspects of the fantastic, the Freudian "uncanny" feeling of the encounters is stripped and shown to be governed by the natural laws of the world.

The Social Construction of Illnesses

Despite Susan Gorsky's claim that "dis-ease causes disease" (181), Lucy suffers from an illness rather than a disease. She experiences culture shock from moving from England to Brussels. Lucy has a very strong identity that will not conform to Villette's society, and this inability to conform contributes significantly to her illness. This chapter posits that Lucy suffers from a somatoform disorder, which is involuntary by nature as indicated in Chapter Two. Passer et al. explain that in stressful situations "somatic symptoms may be the only acceptable outlet for emotional distress" (554). Lucy lives in such an environment: she "must contend with both [Villette's and England's] cultural systems' ideals of women, neither of which has developed meaningful options of existence for single women" (Torgerson 60). Lucy is living abroad and thus further separated from those around her by language barriers; these obstacles lead to isolation and finally, a discrepancy between her inner and outer realities. These realities are, in turn, put in jeopardy by the fantastic events that occur throughout the novel. Showalter suggests that "women become more and more dependent on their inner lives" when they are "deprived of significant spheres of action" and confined to the feminine role; thus becoming "more prone to depression and breakdown" (64). She expands, stating that "sickness presents a tempting escape from the contingency of the feminine role" (64). This contingency is a dimension of the society in which the novel is set and the discrepancy – between inner and outer realities – manifests itself (in Lucy) in a variety of

symptoms, most of which can be traced to specific diagnosed illnesses such as brain fever, hysteria, and anorexia nervosa.

Society can be interpreted as a major probable cause of these illnesses in both *Wuthering Heights* and *Villette* as “the incidence of somatoform disorders tends to be much higher in cultures that discourage open discussion of emotions or that stigmatize psychological disorders” (Passer et al. 554). Lucy’s disgust regarding the Villette girls’ flippant attitude towards confession throws her English unwillingness to discuss such things into light as a prime example of the type of culture Passer et al outline. However, her self-surveillance paints “Angleterre,” specifically its buttoned-up stereotype, as a positive culture in Mme. Beck’s opinion (*Villette* 138). In Chapter Three I argue that in *Wuthering Heights* there is a Gothic splitting of Cathy’s psyche, which creates transference of her illness; in *Villette*, Charlotte Brontë uses hysteria to illustrate an internal splitting in Lucy Snowe. I will thus argue that Lucy Snowe’s illness is a product of her environment – or the outcome of a discrepancy between her inner and outer realities. Consequently, this chapter applies theories of somatoform disorders to Lucy’s illness in order to analyze the causes of her illness and her ability or inability to recover.

One of the earliest moments of hesitation in *Villette* is regarding “Lucy’s buried domestic past and the reader’s uncertainty ‘concerning the [relevant] factors of silence, solitude, and darkness’ in her life” (Hennelly 425). Kate Lawson says that “the utter blank of Lucy Snowe’s past” is “untypical” of “many domestic heroines” (16). Lucy never discusses where she is from, her parents, or what led to her living with the Brettons. When she does discuss what occurred in her childhood it is in storm metaphors:

there must have been a wreck at last. I too well remember a time – a long time, of cold, of danger, of contention. To this hour, when I have the

nightmare, it repeats the rush and saltiness of briny waves in my throat, and their icy pressure on my lungs. (*Villette* 99)

This nightmare is the closest the reader gets to an idea of what happened to Lucy's family. When she returns to her home (after the time she spends with the Brettons) she says, "I will permit the reader to picture me ... as a bark slumbering through halcyon weather, in a harbour still as glass" (99). "Home," Lawson explains, "is associated with the 'disastrous,' with the possibility of utter loss" (16). Later when Lucy has arrived in Villette, she says, "certain accidents of the weather ... were dreaded by me, because they woke the being I was always lulling, and stirred up a craving cry I could not satisfy" (*Villette* 175). "The being" that Lucy worries about waking is the repressed parts of her self. That Lucy discusses the part of herself hidden away as "the being" illustrates the extent to her self-fragmentation and self-reflexivity (having to "lull" or keep that part of herself hidden). Before she arrives in Villette, it is obvious that Lucy has fragmented herself and compartmentalized the parts that are too painful.

Lucy, already "emotionally constricted" by her cultural formation as a middle-class Victorian woman before she arrives in Villette, has a difficult time fitting into her new society, unable to reconcile her Protestant ways within Roman Catholic Villette: she is appalled at the way Mme. Beck's girls willingly go to confession (Passer et al 554). Much of the "cultural conflict in the Victorian period stems from issues of self control," writes Shuttleworth (13). Lucy is also highly conscious of her self-control. Mme. Beck says that Lucy, as an "Anglaise," has such a high level of self-control that she does not need to be watched; the Roman Catholic practice of confession is the ultimate betrayal of self-control in Lucy's eyes (*Villette* 138). It makes sense that her illness is preceded by an attempt at Catholic confession as a means of human contact. Prior to Lucy's first

encounter with the ghost-nun, M. Paul says to her, “After all, you are solitary and a stranger, and have your way to make and your bread to earn; it may be well that you should become known” (225). M. Paul notices all of the things that led to Lucy’s illness: she is “solitary,” and more than that he highlights her foreignness, naming her a “stranger.” He also points out that she has to work for her food and board; however, what is most important is that he says she “should become known” because of these issues.

Since Lucy is “emotionally constricted,” she has trouble acknowledging her emotions or communicating them to others verbally, which is a trait of somatoform disorders. As indicated in Chapter Two, somatoform disorders posed an issue for physicians in the nineteenth century because of the unexplainable pain or symptoms they entailed. Such an experience occurs in Lucy’s encounters with Dr. John.²⁵ Dr. John is unable to diagnose Lucy’s hallucinations, which aligns their occurrence with the presence of somatoform disorders; however, he does manage to diagnose her hysteria and nervous breakdown as hypochondria, but states that this diagnosis “disables [him] from helping [her] by pill or potion. Medicine can give nobody good spirits” (*Villette* 253). For the most part, Lucy is unhappy with Dr. John’s diagnoses and prescriptions throughout *Villette*. After Lucy sees the nun for the first time, Dr. John diagnoses her as suffering from “a case of spectral illusion . . . following on and resulting from long-continued mental conflict” (320). She accepts his diagnosis begrudgingly, stating, “Not one bit did I believe him; but I dared not contradict: doctors are so self-opinionated, so immovable in their dry, materialist views” (328). Dr. John’s prescription of “Happiness” is not as easily accepted: Lucy says, “No mockery in this world ever sounds to me so hollow as that of

²⁵ For the purpose of this thesis he will be referred to as Dr. John throughout, even when discussing the beginning of the novel when he is being called Graham.

being told to *cultivate* happiness. What does such advice mean? Happiness is not a potato, to be planted in the mould, and tilled with manure. Happiness is a glory shining far down upon us out of Heaven” (321). Vrettos explains, “Because they lacked organic causes, illnesses such as hysteria, hypochondria, and neurasthenia bore a problematic relationship to the body; they called attention to the dynamic connection between the mind’s power and the body’s pain” (48). This connection is important in understanding Lucy’s dialogue choices when she suffers from her illness or a fantastic event occurs.

While hysteria, a recognized somatoform disorder, can be seen as Lucy’s main illness within the novel, she also suffers from a slew of other symptoms including “a sorrowful indifference to existence” which “often pressed on [her]” (*Villette* 225). During “The Long Vacation,” Lucy is left alone for the summer to take care of a sick disabled girl; however, this in itself is a test in isolation. For Lucy “it was more like being prisoned with some strange tameless animal, than associating with a human being” (227). Lucy longs to be free, saying, “the solitude and the stillness of the long dormitory could not be borne any longer” (229). Patricia Lorimer Lundberg explains that “despite her efforts to integrate herself dialogically into her community, she “endures varying degrees of isolation, losing rather than gaining community” (298). Lucy says that she was “torn, racked and oppressed in mind” with “an unutterable sense of despair about the future” (*Villette* 229). These symptoms belong to the nineteenth century’s definition of hypochondria, which vastly differs from the twentieth century’s definition.²⁶ While maintaining physical origins (like illnesses such as brain fever), hypochondria was considered to be essentially a morbid depression or pronounced melancholia. As outlined

26 The twentieth -century definition of hypochondria is “a severe anxiety over the belief that one has a disease process without any evident physical cause” (Durand et al. 179).

in Chapter Two, Harold Merskey defines hypochondria as an “ill-defined disorder, characterized by multiple physical as well as psychological symptoms, especially depression” (15). Lucy illustrates her hypochondria by emphasizing the emptiness of the dormitories; she imposes her empty spirits onto the place. She states that “the house was left quite empty ... How vast and void seemed the desolate premises!” (*Villette* 225). Lucy reiterates her physical and emotional isolation with words like, “vast,” “void,” “desolate,” and “empty” (225). In doing so, she others her “once familiar world”; imagining it as “haunted” (Mitanoff 50). Lucy positions her body as housing her illness and turning away hopes “which are dear to youth, which bear it up and lead it on”; she says:

If they knocked at my heart sometimes, an inhospitable bar to admission must be inwardly drawn. When they turned away thus rejected, tears sad enough sometimes flowed; but it could not be helped: I dared not give such guests lodging. So mortally did I fear the sin and weakness of presumption. (*Villette* 226)

Under the heading “Hypochondria” in his copy of *Domestic Medicine*, Patrick Brontë annotated that he suffered from “distressing gloom” (Shuttleworth 32). As it is a subjective illness, hypochondria lends itself well to metaphorical language, and it is therefore difficult to dictate the parameters of the illness’s effects through language alone. Lucy manipulates the archetypal language of depression: using hypochondria to embody her isolation through the use of haunted house metaphors and Gothic language.

While this chapter is not concerned with Brontë’s biography, it is useful to note that Lucy’s hypochondria replicates Brontë’s own experience with hypochondria. That Brontë associates storms with her hypochondria is interesting; however, I extend this idea

and connect the hypochondria-storm imagery to that of the Gothic storm (as a projection of Lucy's inner turmoil). In a letter to Mrs. Gaskell dated November 6, 1851 Brontë wrote:

For a month or six weeks about the equinox (autumnal or vernal) is a period of the year which, I have noticed, strangely tries me. Sometimes the strain falls on the mental, sometimes on the physical part of me; I am ill with neuralgic headache, or I am ground to the dust with deep dejection of spirits. (qtd. in Shuttleworth 31-32)

Lucy highlights contemporary “theories of the impact of the winds and seasons on the nervous forces of the body” (Shuttleworth 31-2), noting that “about this time the Indian summer closed and the equinoctial storms began” (*Villette* 228). For Lucy “the change in the atmosphere made a cruel impression,” and she states that she does not know why “the raging storm and beating rain crushed me with a deadlier paralysis than I had experienced while the air remained serene: but so it was; and my nervous system could hardly support what it had for many days and nights to undergo in that huge, empty house” (226). Using weather systems to illuminate the effects of illness on her body, Lucy’s language mixes weather-driven metaphors with specific medical language and jargon: she says, “for nine dark and wet days, of which the Hours rushed on all turbulent, deaf, disheveled – bewildered with sounding hurricane – I lay in a strange fever of the nerves and blood” (228). Brontë’s alignment of storms with Lucy’s illness has been well documented and written about²⁷; however, if one attributes the storms to Gothic (or fantastic) machinery,

²⁷ Shuttleworth cites the causation between Lucy’s use of storm imagery when she is ill and Charlotte Brontë’s own writing about her illnesses. Vrettos notes that “In *Villette* thunderstorms and ocean tempests both express and provoke the violence of Lucy’s illness” (63). This rhetoric also appears in *Wuthering Heights*, and “links personal fragility with tempestuous external events” (63). Vrettos connects the “salty

then it is interesting that they occur together, suggesting that the presence of the fantastic goes hand-in-hand with illness, particularly illnesses such as hypochondria and hysteria because both have definite physical components of illness but are constructed by Lucy's isolation.

Lucy rationalizes her illness by ascribing it to her isolation. Lucy states: "One day, perceiving this growing illusion [the increasing figment of Ginevra Fanshawe as a heroine in Lucy's mind], I said, "I really *believe* my nerves are getting overstretched: my mind has suffered somewhat too much; a malady is growing upon it – what shall I do? How shall I keep well?" (emphasis mine, *Villette* 228). Here, Lucy is self-reflexive regarding her illness, both rationally noting that she is soon-to-be unwell, as well as using a medically-based vocabulary while voicing this statement. Even on an unconscious dream-level, Lucy attributes her illness to her isolation. She recounts: "Amidst the horrors of that dream I think the worst lay here. Methought the well-loved dead, who had loved *me* well in life, met me elsewhere, alienated: galled was my inmost spirit with an unutterable sense of despair about the future" (emphasis mine, 229). While this passage has often been cited as an example of Lucy's hypochondria, it points more to the cause than the existence of said illness. Not only does Lucy's language encapsulate the feelings of her hypochondria (metaphorically she is alienated by her hypochondria) but also Lucy is literally ill because of her isolation. The layers existing in Lucy's language are key to untangling the ambiguities surrounding the fantastic: the uncertainty between literal and figurative language only underscores the epistemological complexities of the text.

waves" and their "icy pressure" to "the choking symptoms or 'globus hystericus' that constituted one of the few symptoms of hysteria in medical definitions from Hippocrates to Freud" (63).

It is understandable that Lucy's illness is preceded by an attempt at Catholic confession as a means of human contact. Lucy says, "A goad thrust me on [to walk about Villette], a fever forbade me to rest; a want of companionship maintained in my soul the cravings of a most deadly famine ... How I used to pray to Heaven for consolation and support!" (*Villette* 226-27). That Lucy reaches out to a Catholic priest for consolation is not surprising; really, Lucy is looking for anyone. She has a very strong identity that will not conform to Villette's society, and this inability to conform creates contributes to her illness. When Lucy confesses to Père Silas that she is not Catholic he asks, "why, being a Protestant, [Lucy] came to him?" (231). Lucy says: "I was perishing for a word of advice or an accent of comfort. I had been living for some weeks quite alone; I had been ill; I had a pressure of affliction on my mind of which it would hardly any longer endure the weight" (231). Lucy's explanation highlights her isolation, and need for a kind ear. While Père Silas cannot offer Lucy the companionship and conversation she needs, she states, "the mere relief of communication in an ear which was human ... had done me good ... I was solaced" (231). Although speaking to Père Silas "solace[s]" Lucy, it does not remove the illness that had already manifested itself in her: hysteria.

Lucy's repressed past takes on specific importance when she suffers déjà vu in the chapter "La Terrasse." The sense of the uncanny as well as Lucy's isolation produces "extreme psychic strains caused by displacement and decontextualization" (Tanner 12). For déjà vu is nothing if not an issue of decontextualization. Déjà vu is a form of the uncanny, which (as indicated in Chapter Two) has everything to do with the familiar and the past. Freud describes the "uncanny" as "that class of the terrifying which leads back to something long known, to us, once very familiar" (123-24). Déjà vu, French for "already seen," is "an uncanny feeling or illusion of having already seen or experienced

something that is being experienced for the first time” (Carroll 96).²⁸ If it occurs because of a remembered experience, “then it would seem most likely that the present situation triggers the recollection of a fragment from one’s past” (Childs and Fowler 245). Therefore, “the experience may seem uncanny if the memory is so fragmented that no strong connections can be made between the fragment and other memories” (Childs and Fowler 245). This is true for Lucy, whose memories are fragmented because of her illness and repressed past. Following Freud’s definition, the uncanny effects that result when Lucy awakes at La Terrasse are “from the conjoining of the familiar and the strange. To subtract either element [the familiar or the strange] would be to rob the scene of its uncanny quality” (Childs and Fowler 246). Lucy initially believes that she has no connection to the room she awakes in: “It was obvious, not only from the furniture, but from the position of windows, doors, and fire-place, that this was an unknown room in an unknown house” (*Villette* 236). However, as she examines her surroundings she finds that “the blue arm-chair ... appeared to grow familiar” (236). Lucy says, “Strange to say, old acquaintance were all about me, and ‘auld lang syne’ smiled out of every nook” (236). While the familiarity “smiled out” at Lucy, she says:

Reader, I felt alarmed! Why? you will ask. What was there in this simple and somewhat pretty sleeping-closet to startle the most timid? Merely this – These articles of furniture could not be real, solid arm-chairs, looking-glasses, and wash-stands – they must be the ghosts of such articles; or, is

²⁸ The term *déjà vu* “was applied by Emile Boirac (1851-1917), who had strong interests in psychic phenomenon” (Childs and Fowler 49). Boirac believed that *déjà vu* “directs our attention to the past”; however, “what is unique about *déjà vu* is not something from the past but something in the present, namely, the strange feeling one has” (Childs and Fowler 49). Robert Todd Carroll explains the psychology behind *déjà vu*: “If we assume that the experience is actually of a remembered event, then *déjà vu* probably occurs because an original experience was neither fully attended to nor elaborately encoded in memory” (96).

this were denied as too wild an hypothesis – and, confounded as I was, I *did* deny it – there remained but to conclude that I had myself passed into an abnormal state of mind; in short, that I was very ill and delirious: and even then, mine was the strangest figment with which delirium had ever harassed a victim. (239)

Similar to the self-reflexivity with which she approaches her nerves becoming overstretched in the dormitories, Lucy reacts with terror to the feeling of déjà vu because, to her, the connection to her past at the Bretton home appears less real than the idea that she could be suffering from hallucinations and delirium. Andrew Bennett and Nicholas Royle write that “such objects appear as ghosts of a past life and a former self, effectively splitting [Lucy’s] identity while blurring the boundary between the inner realm of her own psychical existence and the real world” (Childs and Fowler 246). Lucy experiences a further tearing of her psyche in this moment, her outer and inner realities struggle to converge (Is the room real? Is she in England? Or is she mad?), and Lucy becomes surrounded by the moment of hesitation. Yet as Lucy tries to anchor the furniture to her memories she asks, “Why, if they [her memories] came at all, did they not return complete? Why hovered before my distempered vision the mere furniture, while the rooms and the locality were gone?” (*Villette* 239). Like her psyche, the memories are incomplete – fragmented. Lucy highlights the foundation of Freud’s uncanny, that the furniture is familiar, but the “rooms and the locality” are strange; it is this combination that creates the terror she feels. Tony Tanner says, “Because the ‘room and locality were gone’, [sic] on which her sense and security depended, a complete epistemological uncertainty ensues, only to be dispersed when Mrs Bretton appears ‘most real and substantial’” (20). It is also important that Lucy’s encounters with the Freudian uncanny

are centered on the home (the dormitory and La Terrasse). Tanner says, “Lucy is everywhere not-at-home,” asserting that her homelessness is tied to the uncanny feeling in the novel: “The recurring sense of estrangement amidst what to other people seems familiar is part of what causes the kind of vertigo of apprehension which Lucy describes so vividly” (12).

While her isolation during “The Long Vacation” ultimately leads to Lucy’s somatoform disorders and subsequent illnesses, Dr. John’s companionship – his friendship – also creates a discrepancy between Lucy’s inner and outer realities, one relating to her attraction to Dr. John. Valerie Mitanoﬀ explains that Ginevra “cannot place Lucy as a normal woman in, let us say, the patriarchal sense. Lucy has no social status (though she was born into the same class as John Bretton), no family, no money, and thus has to work for her living, and, perhaps worst of all in Ginevra’s eyes, she has no looks” (42). After her illness, Dr. John – realizing the importance of community to Lucy’s recovery – promises to write to her. The events following the delivery of his first letter set up the juxtaposition of Lucy’s inner and outer realities perfectly. When it arrives Lucy thinks, “A letter! The shape of a letter similar to that had haunted my brain in its very core for seven days past” (*Villette* 309). Lucy’s language mixes metaphors associated with the fantastic with desire: while the letter “haunted” her brain and is “ransom from [her] terror,” it is also “the letter of [her] hope, the fruition of [her] wish, the release from [her] doubt” (309). Her language also picks up on the medicalized language of Dr. John the sender of the letter: she refers to her brain and she says that she “prized it [the letter] like the blood in [her] veins” (318). This mix of language highlights the different ways she is split internally. While Lucy’s inner reality is clearly excited by the letter from a man she wishes to be more than a friend, she has to put on an act for her

outer reality. After Monsieur Paul delivers her letter, they interact about its sender: Lucy cries, “do not leave me under a mistake. This is merely a friend’s letter,” M. Paul replies “Je conçois: on sait ce que ce’est qu’un un ami” (313). Nevertheless, it is obvious to M. Paul that Lucy considers Dr. John to be more than a friend. Yet, Dr. John’s names in the text are indicative of Lucy’s hesitation and fissured identity. Dr. John is revealed late to the reader to be Lucy’s childhood friend, Graham John Bretton.²⁹ However, after her illness when she is reintroduced to her friend, she refers to him more often as Dr. John (a name associated with his authoritative position more so than their friendship) than as Graham. Tanner says, “This is all part of the overall loss of any sense of familiarity she undergoes there [Brussels]” (14). These splits between Dr. John and Graham, and how Lucy feels and reality are underscored by Dr. John’s reaction to Lucy’s monomania over her missing letter: he says, “I am sure you did not read it . . . or you would think nothing of it!” (*Villette* 318).

Similarly, in the garret when Lucy is frantically searching for her missing letter, Dr. John is cruel: he hides the letter from her, and later calls this deception, “skill in sleight of hand” (*Villette* 319). Dr. John is not perfect – he is not the right confessor for Lucy’s story. Lucy admits, “that Dr. Bretton [Dr. John] was not nearly so perfect as I thought him: that his actual character lacked the depth, height, compass, and endurance it possessed in my creed” (317). That Lucy at the time thought Dr. John to be “heroic,” while he was not in reality is another discrepancy between Lucy’s inner and outer

²⁹ It is not that Lucy does not recognize Dr. John, rather, that she recognizes him as Graham but does not reveal her knowledge to the reader for a number of chapters that has caused “a number of critics [to] have interpreted this silence as evidence that Lucy is an unreliable, deceptive narrator” (Brent 98). Mary Jacobus is one such critic, she believes that “Lucy lies to us,” arguing that “her deliberate ruses, omissions, and falsifications break the unwritten contract of first-person narrative (the confidence between reader and ‘I’) and unsettle our faith in the reliability of the text” (42). Jessica Brent argues otherwise: “Lucy’s elision is not a deliberate deception but a narrative breakdown in which subjectivity is shattered and displaced by estranged observation” (98).

realities (317). While Dr. John is important to Lucy's recovery he also "threatens Lucy's carefully-nurtured sense of self. Identity, as Brontë has shown throughout *Villette*, is not a given, but rather a tenuous process of negotiation between the subject and surrounding social forces" (Shuttleworth 242). Identity is fragile – fragmenting easily for someone like Lucy – and in order to rebuild it Lucy has to lose and grieve over Dr. John who reintroduced her to the arts and community after her nervous fever.

The Fantastic

While hysteria can be a sign of any excess emotions including those more specifically related to sexual passions, "the Victorians, rather than seeing hysteria as the result of a sexual encounter, perceived hysteria as... unexpressed sexual desire that must be repressed rather than realized" (Torgerson 70). This emphasis on unexpressed sexual desire connects to Lucy's buttoned-up self-control as Lucy "hallucinates" the nun at moments of heightened sexuality, which I read as a form of inner Gothic splitting. In *Villette* the moments of hesitation in the narrative fulfill the two essential conditions of Todorov's fantastic. That the hesitation is also experienced by Lucy is important to the narrative and my argument as it both adds to the fantastic elements of the novel as well as points to the self-reflexive nature of Lucy's narrative style, her diction and syntax. She mixes medical and fantastic vocabularies to express her psychological state. The ghost-nun that Lucy encounters is one of the two main fantastic events she experiences.³⁰

Vrettos states that "If confession constitutes an expression (literally a pressing out) of Lucy's disease, her vision of the nun, as Goldfarb has observed, functions as a symbol of

³⁰ "The nun who becomes subject to Dr. John's medical gaze is of a very different species from that which had haunted the Gothic novel," explains Shuttleworth (221). This shift from the Gothic to Victorian ghost-nuns meant that "The doctors from henceforth claimed exclusive right to define and trace aberrations of the mind" (221).

repression” (68). “In the way a nun channels sexual desire into spiritual devotion, Lucy channels both sexual and spiritual desire into disease”; therefore, according to Vrettos, “The nun thus becomes a metaphor for all acts of displacement in *Villette*, a liminal figure that reveals the dual structure and underlying malady” (68). I argue that Lucy channels all of her fear about her illness (particularly of mental illness) and uncertainty into her feelings about the ghost-nun, which helps to prolong the moments of hesitation in the text. The question of the nun’s status, real or supernatural, is a reproduction of “one of the central projects of nineteenth-century neurology: the attempt to find scientific explanations for what previously had been seen as spiritual or supernatural events” (Vrettos 16). Indeed, Todorov writes that “The fantastic ... lasts only as long as a certain hesitation: a hesitation common to reader and character, who must decide whether or not what they perceive derives from ‘reality’ as it exists in the common opinion” (41).

That “Lucy asserts that ‘the real malady’ from which she suffered is a fever, and not mental sickness” (Spunt 131) is important in creating ambiguity: tying her illness to moments of hesitation, and uniting her illness and the fantastic. She is firm in stating, “I was not delirious: I was in my sane mind” (*Villette* 229). Lucy attempts to control her illness, not wanting it aligned with fantastic events or madness. However, Sally Shuttleworth writes that “[i]n projecting herself as a physical system, at the mercy of external physical changes, Lucy is able to deny her responsibility for her mental disorder: it is her ‘nervous system’ which cannot stand the strain; the controlling rational ego is dissolved into the body” (233-4). Shuttleworth exposes a flaw in Lucy’s rationalization: that is, Lucy cannot simultaneously deny her responsibility for her mental disorder (by using meteorological language as an active force upon her passive nervous system) and try to control the reader’s experience of her illness by using medical language, which

places her in an active position – as doctors gain authority by using such specialized language.³¹ Or can she? Lucy’s mixing of specialized languages and her use of imperfect tense and modalization (as defined in my Introduction), specifically modalization in the passages cited above, undercuts her authority as a healthy narrator, causing the reader to experience hesitation regarding Lucy’s illness narrative – was she at the time sane or not?

Close analysis shows how Lucy uses both modalization and imperfect tense. Susan Eggins states that, grammatically, “modalization is the expression of the speaker’s attitude towards what” s/he’s discussing (174). Todorov explains that ambiguity “results from the use of two stylistic devices ... imperfect tense and modalization” and that modalization “consists, let us note, in using certain introductory locutions which, without changing the meaning of the sentence, modify the relation between the speaker and his utterance” (38). Mood adjuncts, part of modalization, “provide a second chance for the speaker to add her judgment of the probability/ likelihood to a proposition” (Eggins 160). Todorov uses an example to explain this principle: “For example, the two sentences ‘It is raining outside’ and ‘Perhaps it is raining outside’ refer to the same fact; but the second also indicates the speaker's uncertainty as to the truth of the sentence he utters” (38). After Lucy awakes from her fever she says, “I tried to settle it by saying it was a mistake, a dream, a fever-fit; and yet I knew there could be no mistake, and that I was not sleeping, and I *believed* I was sane” (emphasis mine, *Villette* 237). If Lucy had said “I was not

³¹ Mitanoff argues that “Lucy discovers that Dr. John uses his authority to silence and dismiss her; he fails to acknowledge the healing potential of open, sympathetic conversation despite L's own dialogic efforts to engage him” (9). For more on the dialogic effects on Lucy’s illness see Mitanoff. Also see Patricia Lorimer Lundberg’s article, “The Dialogic Search for Community in Charlotte Brontë’s Novels.” Lundenberg asserts that “Brontë’s narrators are dependent on their social environment for their well being and search for an understanding of their ‘experience through the narration of it to a resisting or receptive community of readers’” (qtd. in Mitanoff 36).

sleeping, and I was sane,” her sentence would not betray an uncertainty regarding her sanity. Similarly, the use of “believed” is interesting as we, as readers, are unsure of which Lucy believes she was sane: is it narrator-Lucy looking back on ill-Lucy and saying “I believed I was sane,” or Lucy recently illness-free looking back to the night before and saying “I believed I was sane”? While this passage does not quite match Todorov’s example of imperfect tense, it does create ambiguity along the same lines by “signif[ying] that it is not the present narrator who thinks this way, but the character at that particular time” (Todorov 39). A similar effect is created by Lucy’s last sentence before she passes out: “Instead of sinking on the steps as I intended, I seemed to pitch headlong down an abyss” (*Villette* 233). If “seemed” is removed from the sentence, Lucy would be “pitch[ed] headlong down an abyss.” Todorov states that “Without these locutions, we should be plunged into the world of the marvelous, with no reference to everyday reality. By means of them, we are kept in both worlds at once” (38). This straddling of everyday reality and the marvelous is important as it sets up Lucy’s illness as analogous to the manner in which the fantastic functions. Without the locution of “almost,” Lucy’s sweeping statements about “almost wish[ing] to be covered in with earth and turf” would be taken as her expressing suicidal thoughts (*Villette* 227). However, the word “almost,” plays a supporting role: it tethers Lucy’s sentiments to the edge of reality.

Early in her affliction Lucy starts to directly reference the fantastic; she writes that “the ghastly white beds were turning into spectres” (*Villette* 229). While dreams are not fantastic events in the same sense as ghosts are (ghosts being outside of a person’s unconscious), the most direct fantastic events in *Villette* – apart from the ghost-nun appearances and story – (embodying the gothic principles of the obscure and storytelling)

are her descriptions of her dreams. Samuel Taylor Coleridge explains his perception of the difference between stories of dreams and stories of ghosts: “Dreams have nothing in them which are absurd and nonsensical; and, though most of the coincidences may be readily explained by the diseased system of the dreamer ... the great and surprising power of association ... But ghost stories are absurd” (591). Coleridge’s description of dreams highlights the “diseased system of the dreamer.” Lucy is often ill at the time of her dreams; she states,

By the clock of St. Jean Baptiste, that dream remained scarce fifteen minutes — a brief space, but sufficing to wring my whole frame with unknown anguish; to confer a nameless experience that had the hue, the mien, the terror, the very tone of a visitation from eternity. Between twelve and one that night a cup was forced to my lips, black, strong, strange, drawn from no well, but filled up seething from a bottomless and boundless sea. Suffering, brewed in temporal or calculable measure, and mixed for mortal lips, tastes not as this suffering tasted. (*Villette* 228-9)

Recalling the discourse of Burke’s sublime, and specifically the obscure, it is, therefore, important to note that the experience is “nameless,” that Lucy is wrung with “unknown anguish,” and that the cup is “strange” (*Villette* 228-9). The narrator’s phrasing is also important because does not and can name neither the anguish nor the experience. Terror is the source of the sublime: “it is productive of the strongest emotion which the mind is capable of feeling” (Burke pt. 1, sec. 7). Burke describes the obscure in relation to poetry; he says, “the obscure idea, when properly conveyed, should be more affecting than the clear” (Burke pt. 2, sec. 4). He uses Milton as an example as he describes Satan.

The description it is not clear and concise, but rather, “a crowd of great and confused images; [sic] which affect because they are crowded and confused” (Burke pt. 2, sec. 5).

The figure of Vashti (the actress) in *Villette* shows the relationship between the sublime and the obscure and speaks to Lucy’s illness or internal splitting. Tanner says that Lucy “finds the figure [of Vashti] profoundly ambiguous ... she is in one sense sublime, [but] she is also ‘demonic’” (23-24). Lucy does not clearly describe Vashti; rather the sight is “marvelous ... a mighty revelation. It was a spectacle low, horrible, immoral” (*Villette* 328). Significantly, Brontë alludes to Milton in her description of Vashti: she says, “Behold! I found upon her something neither of woman nor of man: in each of her eyes sat a devil ... They wrote HELL on her straight, haughty brow” (328). The language that Lucy uses to describe her reaction to Vashti is clearly affective and taking part in a variant of the obscure: one more closely aligned with the sublime. Lucy’s diction becomes fragmented as she views Vashti, recalling her broken syntax when she both first views the nun and prior to her initial illness. Vashti, while not fantastic in the same sense as the ghost nun, creates a moment of hesitation for Lucy as she mentally compares Vashti’s sublimity to “the Cleopatra, or any other slug” and the lifeless four portraits of a woman’s social role in “La vie d’un femme” (329). However, Lucy does not sicken, her feelings and passion are not manifested somatically to create an illness. Rather, her feelings are projected onto the theatre, which catches fire. I argue that Lucy does not become ill when faced with this moment of hesitation because she reevaluates the ideas of woman that she was provided with in the art gallery, which keeps the moment of hesitation from continuing and pervading her body.

The power of association is important in the Burkean concept of the obscure; Coleridge explains that “when we sleep, the mind acts without interruption. Terror and

the heated imagination will, even in the daytime, create all sorts of features, shapes, and colours out of a simple object possessing none of them in reality” (592). Coleridge underscores that terror can create features for an “object possessing none of them in reality”; thus, a white bed becomes a ghastly spectre and, for Lucy, “the coronal of each [bed] became a death’s head, huge and sun-bleached – dead dreams of an elder world and mightier race lay frozen in their wide gaping eye-holes” (*Villette* 229).³² The associations that Lucy makes from bed through to the “gaping eye-holes” of “death’s head” are impressive and filled with a gothic tone. Lucy makes it clear that this association is created because “the solitude and the stillness of the long dormitory could not be borne any longer” (229). Even Lucy’s description of herself proves to be written in a gothic tone: “pulling down my veil, and gathering round me my cloak, I glided away” (232). Here Lucy herself seems to be ghostly, gliding. Her veil and cloak foreshadow the image of the ghost-nun: “a figure all black or white; the skirts straight, narrow, black; the head bandaged, veiled, white” (316). Lucy’s associations adopt the language of the fantastic illustrating that when she is ill the fantastic manifests itself: in her language, and her being.

The Ghost-Nun Encounters

In *Villette* Lucy’s self-fragmentation (occurring as a form of discrepancy between inner and outer realities) splits her identity; this split is illustrated by Lucy’s fragmented syntax and her use of Gothic motifs and language. However, the gothic language refers not only to the epistemological uncertainty apparent in the above examples of modalization, but also to metaphors. Lucy encounters a ghost-nun (who haunts the

³² Jessica Brent notes that “Significantly, Lucy’s delirium uncannily resembles Anna O.’s vision of a death’s head in [Freud and Breur’s] *Studies on Hysteria*” (105).

school's garden according to stories) five times over the course of the novel: "The legend went, unconfirmed and unaccredited, but still propagated ... imprison[ed] deep beneath ... the bones of a girl whom a monkish conclave of the drear middle ages had here buried alive, for some sin against her vow" (*Villette* 172). The Gothic language and motifs are manifested (to varying degrees) in Lucy's response to the ghost-nun. Lakshmi Krishnan explains that "Recurring Gothic motifs can be read as an extrapolation of self-fragmentation (a condition that was considered unnatural), while its 'realm of ghosts and spirits, of revenants and vampires' (Bronfen 40) becomes, ultimately, an area of psychological crisis, re-evaluation, and either recovery or collapse" (3). Lucy's encounters with the ghost-nun have often been read as occurring at moments of heightened sexuality. I read the first two encounters with the ghost-nun as negative experiences which fragment Lucy's identity: the first occurs as she reads the long-awaited letter from (her newly recognized old friend Graham Bretton) Dr. John; the second encounter happens as Lucy is literally burying said letter – packing away the part of herself that thought that she could have a romance with Graham (who is interested in Paulina Home). The first two of these five experiences place Lucy in a position where she is trying to reconcile her inner and outer realities.

When the ghost-nun appears for the first time, Lucy's narrative choices concretely set the scene as a fantastic event using both gothic language and modalization (which adds to the moment of hesitation integral to the scene):

Are there wicked things, not human, which envy human bliss? Are there evil influences haunting the air, and poisoning it for man? What was near me? ...

Something in that vast solitary garret sounded strangely. Most surely and certainly I heard, as it seemed, a stealthy foot on that floor: a sort of gliding out from the direction of the black recess haunted by the malefactor cloaks. I turned: my light was dim; the room was long – but, as I live! I saw in the middle of that ghostly chamber a figure of all black or white, the skirts straight, narrow, black; the head bandaged, veiled, white. (*Villette* 315-6)

The use of the obscure permeates this passage, of things “*not* human,” of “*something* in that vast solitary garret” (315). The unknown haunts the gothic garret, which is “solitary,” reflecting Lucy’s own social position, “poisoning” the air. The fantastic elements remain indeterminate: obscure yet vivid, increasing the terror in Lucy. In this passage, as in earlier discussed passages, modalization of the word “seemed” is used. Lucy states, “as it seemed” and “as I live,” which in contrast to the “gliding” and “haunting,” ensures to the reader that she is living. The “dim” lighting, and “black recesses” set the Gothic stage as Lucy first views the “NUN” (316). Lucy’s syntax becomes fragmented. Increasing verb use, as well as exclamatory phrases, punctuate the passage where Lucy is at the height of her hysterical moment: “Say what you will, reader – tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed: this I vow – I saw there – in that room – on that night – an image like – a NUN. I cried out; I sickened” (316). The image is not fully formed: it is not of a nun, but like a nun. The similar but not same aspect of Lucy’s vision is important because it underscores the indeterminacy of the entire scene.

Lucy’s discussion with Dr. John after her encounter with the ghost-nun further highlights the importance of the obscure in this fantastic event. He asks, “You are able,

consequently, to tell me what you saw? Your account was quite vague, do you know? You looked white as the wall; but you only spoke of ‘something,’ not defining *what*. Was it a man? Was it an animal? *What* was it? ... just specify the vision” (*Villette* 318-19). Dr. John tries to coax Lucy into telling him *what* she saw; however, as a doctor he chalks up her vision to “a matter of the nerves,” saying: “I think it a case of spectral illusion: I fear, following on and resulting from long-continued mental conflict” (319-20). There is no moment of hesitation for Dr. John – the reality of the ghost-nun is not up for discussion. He ignores Lucy’s “secret horror” and tries to make light of the situation.

After Lucy’s first encounter with the ghost-nun, Dr. John becomes romantically entangled with Miss de Bassompierre (who is little Polly Home from Lucy and Graham’s childhood). As Dr. John moves further away from Lucy, her inner splitting becomes more apparent. Ginevra Fanshawe asks Lucy, “Who *are* you Miss Snowe?,” and later, “But are you anybody?” (*Villette* 379). Lucy’s psyche is not the same as it was when she received her letter from Dr. John; she states: “I felt, not happy, far otherwise, but strong with reinforced strength” (368). This reinforced strength comes from no longer needing to rely on Dr. John; despite the integral role he and his mother (Louise Bretton) played in her initial recovery, Lucy sets to “bury[ing] a grief. That grief over which [she] had been weeping, as [she] wrapped it in its winding-sheet, must be interred” (368). As Lucy’s inner and outer realities struggle to fuse the nun appears again:

I looked more narrowly, to make out the cause of this *well-defined contrast* appearing a little suddenly in the obscure alley: whiter and blacker it grew on my eye: it took shape with instantaneous transformation. I stood about three yards from a tall, sable-robed, snowy-veiled woman ... Five minutes passed. I neither fled nor shrieked. (369)

In her second encounter with the ghost-nun the scene is once again set with gothic tones. Lucy has the “queer fantastic thought” of burying her letter in a bottle at the base of the courtyard’s pear tree: “One great old pear-tree – the nun’s pear-tree – stood up a tall dry as skeleton, gray, gaunt, and stripped. A thought struck me – one of those queer fantastic thoughts that will sometimes strike solitary people” (366). Lucy’s description of the pear tree mirrors her feelings for Dr. Bretton, stripped, now a skeleton. Lucy’s feelings for Dr. John are initially strong; however, as she reexamines him she strips her affection for Dr. John away (debunking that her feelings could have been romantic) leaving the husk: Lucy’s friendly feelings for Dr. John. Once again, Lucy notes that she is “solitary” (366); this time her solitariness is welcome, the beginning of knitting her inner and outer realities together. However, she still does not have someone with whom to discuss the supernatural: “This time there was no Dr. John to whom to have recourse: there was no one to whom I dared whisper the words, ‘I have again seen the nun’” (368-9).

However, Lucy and M. Paul grow closer as the novel progresses, and become friends. Their friendship is important to Lucy’s psyche healing as M. Paul offers himself as a conversation partner and as someone who is capable of discussing the fantastic. Lucy and M. Paul are walking around the garden when he says: “Answer me only this question ... Mademoiselle, do you Protestants believe in the supernatural” (*Villette* 439). Lucy, aware of Dr. John’s diagnosis of the nun as “spectral illusions” brought on by her illnesses replies, “I am constitutionally nervous. I dislike discussion of such subjects” (440). Lucy says she “dislikes discussions of such subjects”; however, I believe she needs someone with whom she can have such discussions. M. Paul proves to be said partner. Lucy and M. Paul finish each other’s phrases as they discuss the supernatural. While Lucy’s own syntax or appears broken, it is completed by M. Paul. Lucy says,

“I dislike it more because —”

“You believe?”

“No: but it has happened to me to experience impressions ——”

“Since you came here?”

“Yes: not many months ago.”

“Here? — in this house?”

“Yes.” (440)

Instead of reacting from a position of authority and making Lucy feel horrified, M. Paul is happy to hear of Lucy’s experiences, explaining that “[He], too, ha[s] had [his] ‘impressions’” (440). Lucy quickly says that she wishes him to tell them and he says: “I desire no better, and intend no less” (440).

In her first experience of the ghost-nun, Dr. John has to coax Lucy into telling him what she saw, stating: “You may trust me as implicitly as you did Père Silas. Indeed, the doctor is perhaps the safer confessor of the two, though he has not gray hair” (*Villette* 320). Dr. John refers to Lucy’s attempted confession to Père Silas. Aside from addressing M. Paul as “Monsieur,” neither Lucy nor M. Paul make reference to hierarchy and authority as Dr. John does, placing himself as a doctor above religious confessors.³³ Lucy is not confessing to M. Paul; rather, they are having a dialogical exchange. Therefore, instead of the gothic convention of confession, here we get the self-reflexive aspect of tale-telling and the gothic (as indicated in Chapter Two). M. Paul asks Lucy,

“You know the legend of this house and garden?”

“I know it. Yes. They say that hundreds of years ago a nun was buried here alive at the foot of this very tree, beneath the ground which now bears us.”

“And that in former days a nun’s ghost used to come and go here.”

“Monsieur, what if it comes and goes here still?” (440)

Neither Lucy nor M. Paul is the interviewee: they take turns asking and answering questions. M. Paul also uses the obscure saying, “*Something* comes and goes here ... I have indisputably seen a *something*, more than once” (emphasis mine, 440). Lucy mirrors M. Paul’s actions: “Instead of telling what he meant, he raised his head suddenly; I made the same movement in the same instant; we both looked to one point” (440). Their likeness is picked up by M. Paul who, first points out their differences, but then says: “but we are alike – there is affinity. Do you see it, mademoiselle, when you look in the glass? Do you observe that your forehead is shaped like mine – that your eyes are cut like mine? Do you hear that you have some of my tones of voice? Do you know that you have many of my looks?” (440). The unity between M. Paul and Lucy is key to healing her split psyche. After Lucy tells Dr. John about the ghost-nun they discuss the nun’s eyes, which Lucy says “glittered” (322). Dr. John interprets this as, “handsome eyes – bright and soft,” Lucy replies, “Cold and fixed” (322). The difference between their descriptions of the nun’s eyes shows the lack of unity between Dr. John and Lucy. M. Paul and Lucy, however, view things similarly, completing each other’s syntax and discussing their experiences with the supernatural as companions – indeed as friends.

Lucy’s observation of the nun over the first three experiences changes drastically. The nun starts out as “something” which “glides” (*Villette* 315). The most detail Lucy can make out from the nun is her skirts of black and white and her “cold and fixed ...

glitter[ing] eyes” (322). After she buries her friendship with Dr. John, the nun transforms from a “well-defined contrast” to “a tall, sable-robed, snowy-veiled woman” (369).

When Lucy and M. Paul view the nun she becomes even more focused:

We watched fixedly. A sudden bell rang in the house – the prayer-bell. Instantly into our alley there came, out of the berceau, an apparition, all black and white. With a sort of angry rush – close, close past our faces – swept swiftly the very NUN herself! Never had I seen her so clearly. She looked tall of stature, and fierce of gesture. As she went, the wind rose sobbing; the rain poured wild and cold; the whole night seemed to feel her. (441)³⁴

Lucy’s syntactical fragmentation has mostly resolved itself at this point; her use of modalizing terms, indicating possibility or uncertainty, also decreases. Each time the nun appears the sharp contrast of black and white is mentioned. Lucy says, “never before had [she] seen her so clearly” (441). As she begins to fuse her inner and outer realities she is able to turn the knob and sharpen her observations of the nun, reducing the use of the obscure.

The other important transformation over the three apparently fantastic events is seen in Lucy’s reaction. Lucy’s questioning of the nun helps to shape the fantastic event in Todorovian terms: for Lucy, the moment of hesitation regarding the nun’s status changes over the course of the novel. Lucy cries out and sickens the first time she sees the ghost-nun and must be consoled by Dr. John’s soothing voice. The second time she

³⁴ Akiko Higuchi notes that “In *Villette*, the bells of St. Jean Baptiste are often heard: sometimes as a clock; other times as music to the scenery; or as a resonance to the state of Lucy’s mind” (34). It is this final idea, that of the bells as a projection of Lucy’s state of mind, that I find most compelling; particularly when thinking about the similarities with storm imagery.

sees the nun she does not shriek, and even ventures to speak to her: “Who are you? and why do you come to me?” (*Villette* 368). Her question to the nun is mirrored when Ginevra asks Lucy, “Who *are* you, Miss Snowe?” (379). When Ginevra first meets Lucy on the ship *The Vivid* she asks Lucy if she attends school; Lucy replies that her business is to find work. Ginevra’s response is curious, she says: “To earn! ... are you poor then?” She also asks Lucy if she “can play, sing, speak three or four languages,” to which Lucy responds “By no means” (120). After Ginevra’s first impressions about Lucy, she is inclined to believe Lucy could be a student, rich, or clever. However, as Ginevra reexamines Lucy (after Lucy has become a favourite of the Bassompieres) she questions whether Lucy is a “nobody” (379). Similarly, Lucy is originally more inclined to believe in the supernatural reasons for the fantastic nature of her first encounters with the ghost-nun; however, after further examination she believes the ghost-nun to be less, to be plain and natural. Maureen Peek has noted that during the first appearance of the ghost-nun “[Lucy] could easily have proved the apparition false [but] she is more inclined to accept its validity as a supernatural visitation. She wonders if there are evil spirits at large in the world” (224). In the second encounter, Lucy “stretched out [her] hand, for [she] meant to touch her” (*Villette* 369): Lucy attempts more each time to find out if the nun is real or, as Dr. John suggests, a “spectral illusion” (320). The moment of hesitation is also shared by M. Paul who says: “Whether this nun be flesh and blood, or something that remains when blood is dried and flesh wasted ... Well, I mean to make it out: it has baffled me so far, but I mean to follow up the mystery” (441). Whereas Lucy’s initial moment of hesitation is between the marvelous (a supernatural ghost-nun) and a variation of the real (a figment of Lucy’s insanity), M. Paul’s moment of hesitation is between the real (a flesh and blood nun, or someone dressed as a nun) and the marvelous (a supernatural ghost-nun). Lucy is

still heavily influenced by her illness: her idea of the real is that it would have to be a spectral-illusion created by her illness. M. Paul, later in the novel, after Lucy has been to Mme. Walraven's house and heard the tale of Justine Marie (M. Paul's late fiancé, a nun), asks if she connected Justine Marie's history with, "what [they] saw that night in the berceau" (481). Lucy states, "I know not what to think of this matter; but I believe a perfectly natural solution of this seemingly mystery will one day be arrived at" (481).

Lucy's last two encounters with the ghost-nun aid her in determining whether there is "a perfectly natural solution" to the nun mystery (*Villette* 481). As her relationship with M. Paul strengthens, "kind subjects of conversation had grown between [them] ... feelings of union and hope made themselves profoundly felt in the heart; affection and deep esteem and dawning trust had each fastened its bond" (514). It is thus difficult for Lucy when she receives the news that he is leaving and she is to be isolated again. Mme. Beck and Père Silas try to keep Lucy and M. Paul apart: Lucy says, "what bodily illness was ever like this pain? This certainty that he was gone without a farewell – this cruel conviction that fate and pursuing furies – woman's envy and priest's bigotry – would suffer me to see him no more?" (521). Lucy refuses to go to bed, when she does Gotton gives her a drink that will help her sleep; drugged, Lucy wanders about Villette.

The fourth time Lucy sees the nun, she is not the tall fierce cloaked ghost-nun; rather, she is Justine Marie Sauveur, M. Paul's ward. Madame Walravens asks, "où donc est Justine Marie?" (*Villette* 535).³⁵ Lucy's reaction is anchored firmly to a natural explanation; she thinks "Why in her grave, Madame Walravens ... You shall go to her, but she shall not come to you" (535). Justine Marie's arrival creates a moment of

³⁵ Where then is Justine Marie?

hesitation for Lucy. As revelers cry “Là voilà! ... voilà Justine Marie qui arrive,”³⁶ and “She comes!” Lucy experiences a vivid revival of memories of all of the ghost-nun sightings up until that moment: “I called up to memory the pictured nun on the panel; present to my mind was the sad love story; I saw in thought the vision of the garret, the apparition of the alley, the strange birth of the berceau” (536). The ambience of the Park in Villette creates “so strange a feeling of revelry and mystery,” that Lucy says, “scarce would you discredit me, reader, were I to say that she is like the nun of the attic, that she wears black skirts and white head-clothes, that she looks the resurrection of the flesh, and that she is a risen ghost” (537). Lucy’s modalization, “were I to say,” creates the effect of setting the scene for the ghostly nun that the reader expects. “So much for ‘Justine Marie,’ says Lucy, the girl in the Park is M. Paul’s ward – but instead of resigning herself to this fact Lucy continues the moment of hesitation by stating, “this girl certainly is not my nun; what I saw in the garret and garden must have been taller by a span” (537).

Nevertheless, Lucy does not experience a nervous reaction to the vision she sees of Justine Marie. Perhaps owing to the narcotics themselves, Lucy seems more outside of herself than ever, discussing herself in third person: “Little knew they [Mrs. Bretton and Mr. Home] the rack of pain which had driven Lucy almost into fever, and brought her out, guideless and reckless, urged and drugged to the brink of frenzy” (*Villette* 529). Lucy, unlike *Wuthering Heights*’ Cathy, is always self-aware, and self-reflexive. She consistently uses specific medical language to describe her illnesses. Cathy, however, refers to herself as Heathcliff. Cathy’s inability to fuse her internal split (her split from her double Heathcliff) creates an environment where she cannot examine her illness self-reflexively as Lucy does. While Lucy is drugged, paradoxically the scene is not as

³⁶ There! ... Justine Marie is coming!

fantastic as those preceding it, Constance Wilmarth explains, “In fact the administered drug allows for the fuller expression of reality as the imagination conceives it, objectively situating certain fantasies and narrating them” (141). Lucy’s language during the festival chapter uses varying techniques to create uncertainty as to whether or not Justine Marie is the nun or not.

Lucy’s final encounter with the ghost-nun illustrates Lucy’s almost integrated psyche. Lucy, returning home from her encounter in the Park says, “On [Lucy’s couch] ... nothing *ought* to have lain: I had left it void, and void should have found it. What, then, do I see between the half-drawn curtains? What dark, usurping shape, supine, long, and strange? ... It looks very black, I think it looks – not human. ... Approach I must. Courage! One step! –” (*Villette* 543). Her ideas about the fantastic have changed: earlier in the novel Lucy would automatically assume that something was not human, but in this passage her first reaction is rather that nothing should be out of place, nothing should be on her bed. Lucy’s modalization in her early ghost-nun encounters was related to the distinction between order and disorder – firm categories and permeable ones. In her first encounter, Lucy says, “tell me I was nervous, or mad” (316): there appears to be a lot of slippage between these two categories (illness or madness) as indicated by Shuttleworth in Chapter Two. In her final encounter, Lucy wonders if the shape is “a robber” or “a wandering dog” (543). Both humans and dogs belong to the natural world, there is less hesitation and the potential perpetrator fits into a static category. Here, the obscure is different than before: instead of Lucy looking for “something,” she looks for “nothing.” There is less obscurity in this encounter. While the light remains “faint,” Lucy does not “seem” or “believe” to see, she says: “I saw” (543). Lucy becomes brave and courageous over the course. Instead of shrinking back she makes motions to find out the mystery,

reaching out, speaking, finally “rushing” towards “the old phantom – the NUN” (543). In earlier encounters with the nun, it rushes towards Lucy (440); Lucy, now, usurps the action and rushes toward the nun: “I rushed on the haunted couch; nothing leaped out, or sprung, or stirred; all the movement was mine, so was all the life, the reality, the substance, the force; as my instinct felt” (543-4). All of the action belongs to Lucy: Brontë associates Lucy with active verbs and contrasts her with the supernatural: “*I tore her up* – the incubus! *I held her on high* – the goblin! *I shook her loose* – the mystery! And down she fell – down all around me – down in shreds and fragments – and *I trod upon her*” (emphasis mine, 543-4). Lucy claims a position of power, diagnosing the situation, and acts. While her psyche is knitted together by this experience, her opponent – the nun – is fragmented, shredded. Lucy explains: “I could afford neither consternation, scream, nor swoon. Besides, I was not overcome. Tempered by late incidents, my nerves disdained hysteria. Warm from illuminations, and music, and thronging thousands, thoroughly lashed up by a new scourge, I defied spectra” (543-4). Lucy’s psyche is strong, her “nerves disdained hysteria,” she “defie[s] spectra” (543-4); this is the moment where Lucy is no longer plagued by her somatoform disorders – her nerves are steeled. As Ginevra later writes, “*I should have gone mad; but then you [Lucy] have such nerves! – real iron and bend leather!*” (547).

The final step to Lucy’s recovery is discussing the fantastic events with M. Paul. Lucy says, “I want to tell you something ... I want to tell you all” (*Villette* 563). As in their first encounter with the ghost-nun together the pair converse. In the prior encounter Lucy begs M. Paul to tell his story and he reciprocates; here, it is the opposite. M. Paul orders, “Speak, Lucy; come near; speak. Who prizes you if I do not? Who is your friend, if not Emmanuel? Speak!” (563). As Lucy has once prized her letter from Dr. John, M.

Paul now prizes her and her stories: “I spoke. All leaped from my lips. I lacked not words now; fast I narrated; fluent I told my tale; it streamed on my tongue” (563). There is an urgency to Lucy’s willingness to share with M. Paul that was missing with Dr. John – M. Paul is Lucy’s friend. Their discussion about the supernatural and subsequent conversations highlights two things: first, “how perceived disjunctions between body and mind (as in the case of nervous disease) inspired a renewed faith in language as a means of reconstructing the self” (Vrettos 15); and second, that Lucy begins to heal when she is no longer isolated, plagued by moments of hesitation, and has someone to call her friend.

Discussing the supernatural also allows Lucy to examine the moments of hesitation she experiences. Todorov explains that,

At the story’s end, the reader makes a decision even if the character does not; he opts for one solution or the other, and thereby emerges from the fantastic. If he decides that the laws of reality remain intact and permit an explanation of the phenomena described, we say that the work belongs to another genre: the uncanny. (41)

Lucy is concerned with “emerg[ing] from the fantastic” (41). She says, “I always, through my whole life, liked to penetrate the real truth” (*Villette* 538). After discovering that Justine Marie is not her ghost-nun she exclaims, “All falsities - all figments! We will not deal in this gear. Let us be honest, and cut, as heretofore, from the homely web of truth” (537). When Lucy’s psyche is split and she is fragile after her nervous fever her sensibilities were more tuned to accepting the supernatural – the marvelous. As she grows, heals, discusses, and questions the supernatural, Lucy becomes more critical and pushes towards a natural explanation. Todorov describes “the uncanny,” or natural events, as “readily accounted for by the laws of reason, but which are, in one way or

another, incredible, extraordinary, shocking, singular, disturbing or unexpected, and which thereby provoke in the character and in the reader a reaction similar to that which works of the fantastic have made familiar” (46). Therefore when Lucy reads the note pinned to the head-bandage of the nun in her final encounter she pushes forward and forces a conclusion.³⁷ The conclusion comes from Ginevra Fanshawe, who acts almost as a Poirot character: she sends Lucy a letter explaining everything – how Count de Hamal (her suitor) would disguise himself as the nun to sneak into the school to visit Ginevra who says, “But for the nun’s black gown and white veil, he would have been caught again and again by you and that tiger-Jesuit, M. Paul. He thinks you both capital ghost-seekers, and very brave” (*Villette* 547). In fact, the causation Ginevra identifies deflates the supernatural. The solution to the mystery not only fits Todorov’s definition of “the uncanny,” (that is the supernatural debunked and returned to its natural state) but also fits into the nineteenth century obsession with assigning causations to the supernatural (Vrettos 60). Wilmarth believes that “the ghost-nun, with its message of the emptiness behind the image, and behind the narrative, must be relegated to the sidelines for the novel to continue” (174). In one sense this is true; Lucy cannot recover without solving the mystery of the ghost-nun; however, the nun’s appearance is integral to Lucy’s development, both in terms of her health and character. The moments of hesitation that surround the fantastic encounters resolve as Lucy reaches a full recovery from her illnesses.³⁸

³⁷ The note reads, “The nun of the attic bequeaths to Lucy Snowe her wardrobe. She will be seen in the Rue Fossette no more” (*Villette* 544).

³⁸ Critics such as Russell M. Goldfarb and John Maynard argue that Lucy has rescued herself “from the verge of psychological disaster ... by acknowledging her feelings and accepting a life of emotions and desire” (Maynard 210). Vrettos notes that “A number of feminist readings have attributed Lucy’s cure to her achievement of independence” (76). Gilbert and Gubar, as well as Showalter connect Lucy’s health with her love for Paul “along with rewarding work” (Showalter 71). Karen Chase argues that “M. Paul’s

Lucy's initial illness is brought on by her inability to conform to her culture's norms. This is not to suggest the failing belongs to Lucy; rather, that it is a problem with the larger culture epitomized by the art gallery's section entitled "La vie d'une femme": the lack of roles for single, foreign, Protestant women living in French-speaking, predominately Catholic Brussels. She isolates herself and cannot find room for her identity in Villette. Her stint outside in search of human contact after her long isolation leads to solace and her recognition of isolation as the triggering effect. Lucy's subsequent illnesses are continuations of her somatoform disorder. Lucy's inner and outer realities are at odds when she is attempting to forge a relationship with Dr. John. Therefore, despite his role in her initial recovery, her psyche remains split after her initial recovery at "La Terrasse". As Lucy faces the fantastic events in the novel, she realizes that she needs someone with whom to discuss the events. The friendship she forges with M. Paul leads to honest conversations about the supernatural. Once Lucy no longer attributes the ghost-nun to a mental illness or the marvelous, she is able to question the boundaries of the fantastic experience: moving the novel from its status as pure-fantastic work to the boundary-genre, "fantastic-uncanny." Because the fantastic events are ultimately determined to be natural events, the moments of hesitation ends and Lucy is able to recover and her psyche is able to fuse.

withdrawal enlarges Lucy's view and that the ocean provides a healthy and expansive vista for Lucy's newfound independence" (90). Vrettos, however, says that "Despite Lucy Snowe's independence, hard work, and happiness, *Villette* ends with a storm. The violence of weather that affects Lucy's nerves throughout the text is no less disruptive in its conclusion" (77). Thus, for Vrettos, the tempest challenges Lucy's claims of health.

CHAPTER FIVE

CONCLUSION

Answer me only this question ... Mademoiselle, do you Protestants believe in the supernatural?

- Charlotte Brontë, *Villette*

Hysteria and other nervous disorders have remained much written-about illnesses for a number of reasons – the intimate relationship between hysteria and the culture that (at least partly) constructs it, the instability of the definitions of hysteria and “nerves,” and the interesting nature of the illness that has kept psychologists and readers interested in literary characters such as *Wuthering Heights*’ Cathy Earnshaw and *Villette*’s Lucy Snowe. As a reader also captivated by the psychological intricacies of Cathy and Lucy, I examine the circumstances of their illnesses in the two novels and argue that there are critical benefits to reframing nineteenth-century illnesses like hysteria as somatoform disorders. Appropriating the terminology of somatoform disorders, I ground Cathy’s and Lucy’s illnesses in twenty-first-century terms, an approach that also strengthens the connections and divisions between mind and body while outlining the extreme and real effects of social pressure and the need to conform during the Victorian era. Reframing their illnesses as somatoformic, or conversion disorders, helps to underscore the underlying complexities of their illnesses, as they at once psychic and physical (the very characteristics of somatoform disorders) and also simultaneously culturally and personally shaped. Using somatoform disorders as the lens through which we view these disorders allows us to understand them as illnesses in Kleinman’s terms – as magnifications of culture.

However, in analyzing the characteristics of somatoform disorders I argue that viewing these illnesses through a Todorovian fantastic lens is beneficial to understanding the correlation between illness and (supposedly) fantastic events. If the hesitation that the characters experience was simply attributed to the illnesses themselves (hesitation or uncertainty as a symptom of a specific illness), would it be an incorrect analysis of the characters' illness? It is tempting rather to attribute the hesitation to an analysis of the novels' fantastic elements: the moments of hesitation are particularly necessary to both the construction and recovery from somatoform disorders. In applying Todorov's theory of the fantastic, I provide not only a means of appreciating the "grammar" of the illnesses in the two novels (particularly through the use of modalization and the imperfect tense), but also expose the complexity of the narrative art of both novels – the authors treat the moment of hesitation differently, conveying the narrative indeterminacies both texts create by illustrating the complications of the protagonists' somatoform disorders.

In both *Wuthering Heights* and *Villette*, the heroines' illnesses are in part constructed from their environments. Cathy's psyche is split between herself and Heathcliff prior to her initial illness; however, it is when she is forced to choose between a socially approved life with Edgar Linton and one outside of societal norms with Heathcliff that her psyche tears and she sickens. While Cathy makes a choice (to marry Edgar), Heathcliff is separated from Cathy against his will further tearing his psyche. Similar to Cathy's experience, Lucy is unable to exist in her environment as a single, English-speaking, Protestant woman in French, primarily Catholic Villette. As indicated in Chapter Four, the inability to exist within culture's normative boundaries does not rest solely on the individual; it is a problem with the roles available to single women in Brussels' culture (as depicted in the art gallery's exhibit "La vie d'une femme").

For Lucy, Cathy, and Heathcliff their psyches split because of an inability to reconcile their inner and outer realities. Lucy's inner and outer realities remain at odds after her recovery at "La Terrasse" from her initial illness, that is, when she attempts to forge a relationship with Dr. John her inner and outer realities cannot fuse because Dr. John does not truly listen to Lucy's concerns regarding the supernatural. Cathy, especially, faces problems because her psyche had been previously split between herself and Heathcliff (prior to any choices regarding her social situation) making it virtually impossible to reconcile her realities if Heathcliff is not part of both her inner and outer realities. Brontë "meditat[es] on notions of selfhood and the irreparable trauma experienced by a self that cannot re-form," in Cathy and Heathcliff's final communion scene writes Lakshmi Krishnan (7). Heathcliff also has difficulties reconciling his realities after Cathy dies; he cannot adjust to living in a world without Cathy and resorts to behaviour that Nelly Dean finds horrifying in order to try to reconcile his realities. He can only achieve this reconciliation and join Cathy in death.

While similar in both the construction of their illnesses and their split psyches, the self-reflexive abilities of Cathy and Lucy differ greatly. When Lucy leaves the dormitories of Mme. Beck's school seeking human contact after her long isolation, she recognizes isolation as the triggering effect of her illness. Lucy also uses specialized medical language to describe her illnesses, referring to her blood, circulation and nervous system. Both during and after her initial illness, Lucy is very conscious of noting in her narrative when she was sane of mind, and she discusses these things with Dr. John. Cathy, however, does not show self-reflexivity to the same extent. While she does threaten to use her illness to get what she wants, "I'll cry myself sick," her illness is ultimately involuntary. Cathy's references to her illness are tied closely to her

manipulation of Edgar and Heathcliff. This contrast is particularly interesting because Lucy's self-reflexivity and questioning nature is partly what helps her recover from her illness, whereas Cathy dies, suggesting that a certain amount of self-reflexivity is necessary in order to recover from somatoform disorders.

A certain self-reflexivity regarding illnesses and moments of hesitation are correlated. Even when moments of hesitation are questioned in *Wuthering Heights* they remain ambiguous – I argue this is because of Cathy and Heathcliff's split psyches and Cathy's inability to view her illness as anything more than a manipulative tool. However, the fantastic events in *Wuthering Heights* are presented more ambiguously than those in *Villette*. *Wuthering Heights*, I would argue, is a purely fantastic text – at the end of the novel the fantastic events continue to create moments of hesitation and are not resolved. Because the moments of hesitation stretch and pervade the whole text, Cathy and Heathcliff cannot unite their psyches, and die. Whereas, in *Villette* the (supposedly) fantastic events turn out to be “uncanny” – that is, ruled by the laws of the natural world. The moment Lucy no longer attributes the ghost-nun to a mental illness or the marvelous, she is able to question the boundaries of the fantastic experience: moving the novel from its status as pure-fantastic work to the boundary-genre of “fantastic-uncanny.” Lucy's honest conversations with M. Paul regarding the fantastic events help to quell the moments of hesitation and leads to Lucy's ability to recover from her illness and reunite her psyche.

Both novels reveal that illness (particularly somatoform disorders) can be connected to Todorov's fantastic to expose rhetorical manifestations of the moments of hesitation. Thus, the fantastic emerges as a valuable tool, allowing us to cross disciplines in order to reveal a greater sense of the cultural and historical effects of illness.

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