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Hypochondria and the Failure of Relationship

By Rachel Ablow, University at Buffalo, SUN

<1> Victorian hypochondria might seem to have only a negative relation to Victorian liberalism: the self-involvement and self-conscious embodiment that are commonly supposed to characterize hypochondria seem incompatible with what Elaine Hadley has described as the "disinterested pleasure, motivated social generosity…and cultivated thought" that Victorians identified with the ideal liberal subject (7). "Integral to liberalism's abstraction," Hadley writes, "is a masked and often disavowed reliance on...the white, male body of property and high social standing" (12). Insofar as the ideal liberal body thinks of itself, it seems, it thinks of itself as healthy, and free of pain. In this essay, however, I argue that rather than maintaining a simply negative relation to liberal subjectivity, hypochondria serves as a way to think through at least one of the key tensions involved in "living liberalism," to use Hadley's phrase. Specifically, I suggest that it serves as a way to resist the homogenizing and normalizing influence of social life, while at the same time offering new avenues for communication and even communion. In *On Liberty*, John Stuart Mill describes "a social tyranny" that is "more formidable than many kinds of political oppression." For Mill, the "practical question" raised by such tyranny is that of *where* to place the "limit of [legitimate] interference of collective opinion with individual independence." Hypochondria, by contrast, suggests that the principal question is that of *how*: how to guarantee the freedom of thought and conscience supposedly necessary for full personhood despite the power of the social to penetrate, as Mill puts it, into "the details of life, and enslave[e] the soul itself" (63). The solution hypochondria offers is a supposed pathology that calls attention to the singularity and inaccessibility of consciousness while still providing tools for meaningful, if indirect contact between persons.

<2> This essay is divided into three sections. The first gives a very brief overview of Victorian hypochondria, focusing in particular on the way it was couched as the product of failed socialization. According to both sufferers and medical professionals, the problem is less the fact that the hypochondriac claims to feel pain in the absence of lesion than that, regardless of the etiology of her pain, her claims must in some sense be regarded as correct. The second section turns to Charlotte

Bronte's *Villette* in order to examine how Lucy Snowe embraces hypochondria as a positive resource even as she laments its palpable tortures. Lucy, I argue, offers a particularly clear case-study in the way hypochondria might make possible the recognition of others' feelings without any claim to understand or sympathize with them. A very brief third section discusses Lucy's recognition of the King's hypochondria as providing a new model for the work of the novel-form in which, rather than representations of persons, characters serve as something like counters between them: a way to preserve individuals' autonomy and privacy while nevertheless offering common objects of concern.

1. A Brief Guide to Victorian Hypochondria

<3> Hypochondria did not mean exactly the same thing in the nineteenth century as it does today. Although some Victorian commentators identified hypochondria with what Esther Fischer-Homberger has termed "pathophobia," others saw the fear of illness as incidental to rather than constitutive of the disease (395). What both medical professionals and lay commentators did agree on was, first, the illness's relation to isolation: whether as cause or as effect, hypochondriacs were thought to be cut off from others. As the anonymous commentator in *The Quarterly Review* explained, "Of all morbid habits, that of watching our own sensations is one of the most unfortunate; it is by this habit that the miserable hypochondriac induces upon himself the symptoms of any disease that his fancy apprehends, and endures thereby actual suffering from an imaginary cause" (498).(1) According to many experts on psychological medicine, Michael J. Clark explains, "Absorption in purely 'subjective' states of consciousness…upset the 'natural' mental balance by impairing the ability to receive and react to external impressions" (72). Self-absorption leads to an excessive sensitivity to one's own sensations—a sensitivity that could be experienced as pain, suffering, or sensations resembling and thereby potentially generating illness.

<4> The second aspect of hypochondria about which commentators usually agreed is that the illness is a disorder of the senses as much as an error of belief. The hypochondriac does not simply think she is ill when she is not. Instead, she *feels* ill in the absence of any verifiable cause. According to John Conolly, for example, hypochondria originates not in the mind, but in the "peripheral extremities of the nerves; from which…uneasy impressions are transmitted to the brain." The consequence is an "intense acuteness of smell, and extreme sensibility to the impression of the external air on the surface...conveying to the mind of the patient ideas of functional or even organic disease of a serious nature, when there is, at least, no structural change" (58). Although Conolly's view was not universal, many did agree with Thomas King Chambers's more general claim that in hypochondria, "the patient feels all wrong but understands all right:" it is their sensations systems that are disordered rather than their mental faculties (6).

<5> As the foregoing account begins to suggest, hypochondria reflects a far more nuanced understanding of the social nature of pain than has sometimes been recognized. Rather than simply a given that one has no choice but to register, these physicians assume, pain is in some sense produced between persons—hence their assumption that the hypochondriac represents what happens when one is cut off from that normalizing medium. Recognizing the social aspect of pain could, of course, be used so as to undermine the patient's authority over the one arena from which medical professionals might

seem to be excluded: her own experience.(2) Physicians did often take for granted their power to differentiate between hypochondria and "legitimate" disease. But at the same time, discussions of hypochondria are oftentimes quite compassionate, and commonly regard the hypochondriac's pains as real, even if not the product of identifiable lesion. As J. Russell Reynolds demanded in the President's Address, delivered at the Annual Meeting of the Metropolitan Counties Branch of the British Medical Association in 1871, "we must ever remember that in the practice of our noble profession we have to deal with man as a whole, to examine him and to treat him as such" (256-57). Patients' feelings are legitimate, he insists, even if they are the products of a kind of illness that medical professionals are largely unable to address.

2. Lucy Snowe, Hypochondriac

<6> Lucy Snowe identifies herself as a hypochondriac on at least three occasions: when she accepts Graham Bretton's apology for the fact he cannot help her because his "art [as a doctor] halts at the threshold of Hypochondria: she just looks in and sees a chamber of torture, but can neither say nor do much" (205); when she asserts her privileged power to diagnose the ailment besetting the King of Labassecour—a passage to which I will return in the third section of this essay; and when she invokes the "dark sayings in that language and mood wherein Nebuchadnezzar, the imperial hypochondriac, communed with his baffled Chaldeans" as a way to describe the impossibility of describing her feelings to others (303). Perhaps even more importantly, throughout the novel, she consistently embraces the key attributes of the illness as it was understood in the nineteenth century. She suffers acutely from her isolation, she possesses an intense sensitivity to her own feelings that is explicitly identified as a consequence of that isolation, and she explicitly identifies that sensitivity as a pathology. "The world can understand well enough the process of perishing for want of food," she complains at one point:

> perhaps few persons can enter into or follow out that of going mad from solitary confinement. They see the long-buried prisoner disinterred, a maniac or an idiot!—how his senses left him—how his nerves, first inflamed, underwent nameless agony, and then sunk to palsy—is a subject too intricate for examination, too abstract for popular comprehension. (303)

Solitude here acts directly on the nerves, first inflaming them and so making them a source of acute pain, and then making them incapable of proper functioning. Regardless of the state of his health prior to his internment, the narrator suggests, solitude is enough to rob the poor prisoner of his mental and physical health.

<7> In terms of its etiology and symptomatology, then, Lucy's hypochondria is easily recognized in the medical terms of her times. Yet, unlike most of the patients represented in contemporary case studies, Lucy seems to have no interest in being cured. Solitude may be described as both a source of suffering in itself, and as leading to acute mental and physical distress, but it is also so profoundly over-determined—and frequently sought after—that it is difficult to see it as a condition that could, or perhaps should, be remedied. Lucy leaves England after Miss Marchmont's death, traveling to a country where she shares neither a language nor a religion with the inhabitants. She then categorically resists the overtures of those who would seek to befriend her in this new land. One can of course attribute this

last refusal to the unappealingly homogenous community in which she finds herself. Although "great pains were taken to hide chains," she explains, "Each mind [in the school in which she teaches] was being reared in slavery." The children that come out of this training are "robust in bodies, feeble in soul, fat, ruddy, hale, joyous, unthinking, unquestioning" (140-41). Rather than unique individuals worthy of Lucy's friendship, these children are the mass products of Catholic mis-education. Yet, Lucy also actively repulses intimacies even with characters such as Dr. John and M. Paul, that she purports to admire or like.

> Madame Beck esteemed me learned and blue; Miss Fanshawe, caustic, ironic, and cynical; Mr. Home, a model teacher, the essence of the sedate and discreet...whilst another person, Professor Paul Emanuel, to wit, never lost an opportunity of intimating his opinion that mine was rather a fiery and rash nature—adventurous, indocile, and audacious. (334)

According to Mary Jacobus, this variety of opinions suggests that Lucy functions as "a blank screen on which others project their view of her" (44). But although it is certainly true that many of the characters see only what they wish to in Lucy, as Jacobus admits, she herself actively encourages these misunderstandings. "There is a perverse mood of the mind which is rather soothed than irritated by misconstruction," Lucy claims—but rather than an exception, this is a mood that seems to characterize her most of the time (109).(3)

<8> As a number of critics have noted, Bronte herself appears to have regarded isolation as necessary for the work of the woman writer. As she wrote to Elizabeth Gaskell in 1853, for example,

> Do you, who have so many friends…find it easy, when you sit down to write, to isolate yourself from all those ties…so as to be your own woman, uninfluenced or swayed by the consciousness of how your work may affect other minds…? Does no luminous cloud ever come between you and the severe Truth, as you know it in your own secret and clear-seeing soul? (182)

Isolation may be painful, but it may also be required "to be [one's] own woman, uninfluenced" not only by other people, but even by "the consciousness of how [one's] work may affect" them.(4) And of course Lucy, too, is a woman artist—supposedly the author of the text we read. But Lucy is not simply alone *within* the novel. She resists attempts at understanding not just from other characters, but from the reader as well. Ordinarily, readerly sympathy is called upon to compensate for the limitations of sympathy within the text. Mrs. Reed might not love Jane, but we do; Mr. Murdstone might reject David, but all the more reason to recognize the boy's value. In *Villette*, by contrast, the narrator repeatedly insists that we do *not* have full access to her interiority. She lies to us, she berates us for the conventionality of our expectations, she withholds information, and so on. As a result, she suggests not only that we do not understand her, but that we may very well be incapable of doing so. Perhaps most memorable is her refusal to tell us when she recognizes Dr. John as Graham Bretton, a moment whose apparent pointlessness makes it seem designed primarily to insist on the fact we are consistently denied access to Lucy's thoughts and feelings. Don't tell him, fine; but us?

3. The King of Labassecour

<9> In the previous section, I described the lengths to which Lucy goes in order to preserve her privacy, and so to maintain her status as a hypochondriac tortured by feelings that are hers and hers alone. My argument has been that hypochondria is not simply a lamentable or pathological state in the novel; it is also a way to insist on the singularity and incomprehensibility of one's feelings. In conclusion, I want to consider very briefly what resources remain for community in this context: how Lucy manages to engage with others even as she also maintains her solitude and singularity. In order to do so, I turn to the King of Labassecour, a minor figure who appears only for a single brief scene, but whose significance is suggested by the fact he is the only other hypochondriac in the novel.(5)

<10> The first time Lucy sees the King of Labassecour, a man with whom she would seem to have nothing in common, and about whom she claims absolute ignorance, she unexpectedly expresses not only her deepest compassion for his plight, but an almost preternatural ability to imagine what he is experiencing. "I had never read, never been told anything of his nature or his habits," she says of the King;

> and at first the strong hieroglyphics graven as with iron stylet on his brow, round his eyes, beside his mouth, puzzled and baffled instinct. Ere long, however, if I did not*know*, at least I *felt*, the meaning of those characters written without hand. There sat a silent sufferer—a nervous, melancholy man. Those eyes had looked on the visits of a certain ghost—had long waited the comings and goings of that strangest spectre, Hypochondria. Perhaps he saw her now on that stage, over against him, amidst all that brilliant throng. Hypochondria has that wont, to rise in the midst of thousands—dark as Doom, pale as Malady, and well nigh strong as Death. Her comrade and victim thinks to be happy one moment—"Not so," says she; "I come." And she freezes the blood in his heart, and beclouds the light in his eye. (238)

While Lucy is poor, female, and solitary in a country not her own, the King is wealthy, powerful, and attended by his wife and child. The "early bereavement" that Lucy claims some observers have credited with the King's melancholy may serve to connect them, although we have no way of knowing since the narrator never reveals the nature of the trauma that casts a pall over her early life. They are also both aliens in a strange land: the narrator notes that other commentators have attributed the King's disposition to the fact that it is a "foreign crown pressing [his] brows." More fundamental than either experience or circumstance, however, is "that darkest foe of humanity—constitutional melancholy," and the principal symptom of that melancholy: hypochondria, a condition that makes him unable to attend to those who love him and keeps him in thrall to something that seems like a figment of his own imagination. On stage, "amidst all that brilliant throng," Hypochondria here resembles no one so much as Vashti, the actress "in each of [whose] eyes sat a devil." "[D]ark as Doom, pale as Malady, and well nigh strong as Death," Hypochondria may be imperceptible to "both...the aristocracy and the honest bourgeoisie of Labassecour"—crass materialists unable to perceive the King's suffering (238). But Lucy knows she is there: her own experiences with hypochondria's horrors give her a privileged ability to imagine the King's imaginings. So strong is her vision, in fact, that Hypochondria seems to walk free of human tether; whatever doubts we might have regarding the accuracy of Lucy's insight are rendered nugatory by the way Hypochondria becomes a kind of character in her own right—one with nearly the same specific weight as her victims.

<11> Hypochondria here serves as a perverse point of connection between the two sufferers. The King has no awareness of Lucy's existence; he can take no comfort from her recognition and pity. Nevertheless, the personifications that enthrall them both—the illness they both share—seems to act as a kind of bond between them. It is an impersonal bond, and involves no direct contact between them. It is additionally a bond the king has no notion exists. Nevertheless, it serves as an implicit model for the way that persons might come together around an ambiguously fictional text. Ultimately, therefore, *Villette* is not simply a novel about a hypochondriac; it also offers a hypochondriacal account of the novel-form per se, in which characters serve not as representations of persons, but as intermediaries able to preserve the privacy of the private individual while providing a common set of counters between them.

Endnotes

(1)Interestingly, the principal subject of the writer's essay is not physical hypochondria, but the religious hypochondria supposedly induced by Evangelicalism. The passage continues: "if the act of watching our bodily sensations does itself derange the body, and disturb those vital functions which are only carried on healthily and regularly as long as they are unperceived, it is not less certain that the moral economy of our nature is exposed to a like danger by that system of self-watchfulness which the Methodists require" (498).

From the opposite perspective, see the claim in the Evangelical magazine, *Sunday at Home*, that "We may compare [those who wish to be saved] to persons hypochondriacal, who imagine there are certain things they cannot do. People will sometimes shut themselves up for years as prisoners, and fancy they cannot go out, though there is nothing to hinder them from crossing the threshold if they would. We had a friend so affected, who, after years of delusion, asked himself, 'Why cannot I do this? Give me my hat.' He put it on, went out, and from that hour was a new man" (745).(^)

(2)It could also be used in order to hold the ill responsible for their own illnesses: the claim that hypochondria can produce medical problems was quite common. See, for example, Andral's account of how excessive attention to the nerves leads to physical lesion: "Consecutive to this delusion [of hypochondria]," he explained, "various nervous derangements may supervene, and terminate in functional disorders" (549). As a result, "in the hypochondriac it is not rare to find that the attention, fixed on the lungs, has actually induced the disease which was the subject of the delusion" (552). Also see Forbes's claim that "sufferings both mental and physical are often aggravated in consequence of the patient imagining some particular structure or viscous to be the seat of disease." "[F]rom that circumstance," he continues, "the attention being constantly directed to the organ, actual lesions of structure are induced in the tissue or organic elements of the part—the persistent current of mental impulse, emotion or volition towards an organ, impels to it an amount of nervous energy sufficient to derange the circulation and so interfere with the assimilative functions and induce organic alterations in the tissue" (585). Or else see Anstie and Gull's claim that "attention being directed to particular organs,

the subjective symptoms naturally increase and the emotional excitement sets up severe functional disturbance" (629).(^)

(3)Dames argues that "pleasure…does not arise from the success or failure of the reading but in the fact of being read at all, and the peculiar, nonmnemonic manner in which the reading takes place." The clinical gaze does not merely taxonomize and fix in *Villette*," Dames continues; "it also challenges" (121). That notion that being given a character constitutes a kind of challenge is especially intriguing and seems closely related to my claim here that Lucy does considerable work here to avoid being known. As Hodge explains, "Clearly Lucy derives pleasure from making strangers of her friends" (913).(^)

(4)It is especially striking in this context that Brontë shuts down even the highly mediated form of engagement her own question seems to invite. "Don't answer the question; it is not intended to be answered," she concludes (182). Even in the form of a letter, it seems, she would rather think her own thoughts, believe her own beliefs, without the potentially distorting thoughts of others.(^)

(5)There is one other exception: the "rich old hypochondriac" who lures Dr. Pillule out of town, leaving the field open for Dr. John (106). This characterization of hypochondria, brief as it is, seems to me to partake of a very different tradition of thinking about the disease—a comic tradition in which hypochondria is identified with wealth and leisure, as well as self-absorption.(^)

Works Cited

Andral, M. "Lectures on Medical Pathology." *The Lancet* 1 (26 Jan. 1833): 550-556. Print.

Brontë, Charlotte. *The Letters of Charlotte Bronte, Vol. 3: 1852-1855*. Oxford: Clarendon, 2004. Print.

---. *Villette*. 1853. London: Penguin, 2004. Print.

Chambers, Thomas King. "Lecture on Hypochondriasis." *British Medical Journal* 2:653 (5 Jul., 1873): 6-8. Print.

Clark, Michael J. "'Morbid Introspection,' Unsoundness of Mind, and British Psychological Medicine, c. 1830-c.1900." In *The Anatomy of Madness: Essays in the History of Psychiatry, Vol. III: The Asylum and its Psychiatry*, edited by W. F. Bynum, Roy Porter, and Michael Shepherd. London: Routledge, 1988. 71-101. Print.

Connolly, John. "Clinical Lectures on the Principal Forms of Insanity." *The Lancet* 47:1168 (17 Jan. 1846): 55-58. Print.

Dames, Nicholas. *Amnesiac Selves: Nostalgia, Forgetting, and British Fiction, 1810-1870*. Oxford: Oxford UP, 2001. Print.

Fischer-Homberger, Esther. "Hypochondriasis of the Eighteenth Century—Neurosis of the Present Century." *Bulletin of the History of Medicine* 46:4 (Jul./Aug. 1972): 391-401. Print.

Forbes, Winslow. “The Psychological Character of the Physician.” *The Lancet* 59:1503 (19 Jun. 1852): 583-586. Print.

Gull, William Withey, and Francis Edmund Anstie. “On Hypochondria or Hypochondriasis.” In*A System of Medicine*, edited by J. Russell Reynolds. London: Macmillan, 1876. 623-630. Print.

Hadley, Elaine. *Living Liberalism: Practical Citizenship in Mid-Victorian Britain*. Chicago: U of Chicago P, 2010. Print.

“Hints to the Public and the Legislature, on the Nature and Effect of Evangelical Preaching.”*Quarterly Review* 4:8 (Nov. 1810): 480-514. Print.

Hodge, Jon. “*Villette*'sCompulsory Education.” *SEL* 45:4 (Autumn 2005): 899-916. Print.

Jacobus, Mary. “The Buried Letter: Feminism and Romanticism in *Villette*.” *Women Writing and Writing About Women*, edited by Mary Jacobus. New York: Barnes & Noble, 1979. 42-60. Print.

Mill, John Stuart. *On Liberty*. 1859. London: Penguin, 1982. Print.

Reynolds, J. Russell. “Fashions in Medicine: The President’s Address, delivered at the Annual Meeting of the Metropolitan Counties Branch, July 17th, 1871.” *British Medical Journal* 2:557 (2 Sept. 1871): 256-257. Print.

“The Parables of Christ.” *Sunday at Home* 186 (19 Nov., 1857): 745-747. Print.