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Curing Cultural Dis-ease: Illness as Social Critique in the Novels of the Brontë Sisters

Reading the Brontë Body: Disease, Desire, and the Constraints of Culture. Beth Torgerson. New York: Palgrave Macmillan, 2005. ix + 180 pp.

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<1> The tragedy of the Brontë family is a well-told literary anecdote: the early death of the mother, Maria Branwell Brontë at thirty-eight, followed by the deaths of ten year-old Elizabeth and eleven year-old Maria Brontë of consumption, and finally the deaths of Branwell, Emily, and Anne within a year of each other leaving Charlotte, at thirty-three, as the sole-surviving sibling. However, as Beth Torgerson points out in *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture*, what seems to be a tragedy today is actually a Victorian success story. From a statistical point of view, it is surprising that all the Brontë children survived infancy, and that Branwell, Emily, Anne, and Charlotte all outlived the average age of death of twenty-five. In fact, having all survived scarlet fever, it is remarkable, Torgerson observes, “that they were not victims of even earlier deaths, contributing to Babbage’s [mortality] statistics rather than contributing to our literary heritage” (3). From a historical perspective, therefore, the Brontë family’s tragedy was commonplace in a world in which illness, disease and death were part of everyday life to an extent unknown in the West today. Hence the focus on illness in many of the Brontë sisters’ novels represents not only a historical reality but a paradigm that shaped the experience of nineteenth-century life and culture. That said, in *Reading the Brontë Body*, Torgerson contends that though illness and suffering were commonplace, they were not simply individual experiences but social and cultural constructions; thus, representations of illness and disease in the Brontës’ fiction invite a closer reading of nineteenth-century discursive contexts. Specifically, she is interested in how illness in the texts becomes a device deployed by the author to critique social issues such as gender and class constraints.

<2> Using contemporary body theory and the fields of medical anthropology and the history of medicine, Torgerson argues that analyzing nineteenth-century depictions of illness and disease helps us to understand how the body becomes a site for negotiating larger ideological conflicts. Drawing on theorists of the body such as Michel Foucault and Judith Butler, and recent works that conceive illness as a social construct, Torgerson makes the compelling case that the experience of illness is influenced by a variety of social factors including gender, class and ethnicity. In her introduction, Torgerson traces the history of illness and medicine, showing that, unlike our contemporary understanding of disease as originating from a specific part of the body, the Victorians believed that illness was a reflection of the state of the whole body or a person’s “constitution” and that the body was affected by the condition of the mind and by external factors such as the weather. Recommended cures for diseases of both mind and body were diet, hygiene, and temperance suggesting that self-discipline and regulation were necessary to maintaining one’s health and the corresponding status of ‘normality.’ In this way, illness became linked to individual agency so that poor health signified a lack of self-control which further signified a failure to conform to social norms. Torgerson thus connects depictions of illness in fiction with systems of ideology and power dynamics; yet, rather than making their fiction subject to such systems, she argues that the Brontës’ works use illness to represent larger cultural ills, thus laying the ground for social and cultural critique.

<3> Torgerson’s introduction sets up the argument and the historical background for the four chapters that focus on close-readings of specific works by each sister. Beginning with Anne Brontë’s *Agnes Grey* (1847) and *The Tenant of Wildfell Hall* (1848), Torgerson connects the Victorian issue of intemperance—the disease of alcoholism—with abuse of middle and upper-class masculine power. Anne’s fiction, she argues, was focused directly on social reform, and her writing “probes society’s wounds in order to heal them and [...] educate rather than simply to entertain” (20). Most fiction up to this time focused on intemperance as a working-class problem, connecting lower-class status with excess and lack of self-control. Brontë, on the other hand,



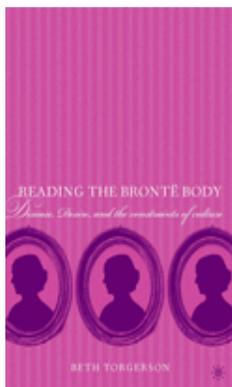
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depicts alcohol as a disease affecting all classes and, more importantly, shows how it functions as a social illness, related to larger power dynamics such as class and gender. As a social disease, alcoholism reflects such hierarchies and they play out, in Brontë's fiction, as patterns of abuse. In *Agnes Grey*, the abuse is directed by men at children, women, and animals; in *The Tenant of Wildfell Hall* it is also directed at the self, primarily through the character of Arthur Huntingdon. Torgerson's close readings of these texts are thorough and, from a cultural studies perspective, align compelling historical evidence with fiction. For example, she shows that despite the novel's setting in 1821, Arthur's wife Helen demonstrates a belief in his ability to reform through abstinence which reflects the later approach of the temperance movement in the time that Brontë was writing (1846-7). This anachronistic moment highlights the way in which contemporary social issues are reinserted into the fictional text, allowing it to speak historically and critically.

<4> Similarly Torgerson's reading of *The Tenant of Wildfell Hall* analyzes the power dynamics of gender in terms of illness and abuse, describing Brontë's critique of Victorian models of femininity and masculinity. As Torgerson cogently argues, alcoholism reinforced gender roles that placed the burden of keeping the family temperate on the wife, aligning femininity with self-sacrifice and excessive masculinity with the same lack of moderation that leads to drunkenness. Brontë, she proposes, purposefully allows her heroine, Helen, to challenge that model by developing enough autonomy to accept that she is not responsible for saving her husband. By providing her readers with a strong female heroine who rejects the model of feminine self-sacrifice, Brontë implicitly challenges the gender system and opens up a space for the redistribution of power along all Victorian hierarchies. Her writing, therefore, performs the role of social criticism, aligning individual disease with social dis-ease.

<5> Torgerson's argument that illness provides a metaphor for social criticism is sustained through her next two chapters on Charlotte Brontë's *Shirley* (1849) and *Villette* (1853). In *Shirley*, Torgerson proposes, the cholera epidemic of 1848-1849 appears as an "unspoken subject" in the novel (which is set in 1811-1812), with overt references to contagion and cholera-like symptoms which would have tapped into the Victorian reader's anxieties about the current epidemic. As a disease that could strike at all members of society, cholera threatened the Victorian class hierarchy and connected, therefore, with fears of class conflict and political revolution in the 1840s. Torgerson, however, argues that gender rather than class is being critiqued in *Shirley*, and she posits that Brontë's goal in writing the book was "to educate her male readers on how important female health is to the nation" (40). Torgerson goes on to analyze how the text of *Shirley* positions women in relation to illness as representations of gender hierarchy. While illness signifies the lack of control Brontë's female heroines exercise over their world, the commensurate feminization of her hero, Robert, through illness, opens his eyes to the plight of women and the importance of their health to the nation. In this way, Torgerson suggests, the book articulates a message of social reform aimed at the Victorian male reader.

<6> Illness, therefore, acquires a transformative power in *Shirley*, with the body serving as a site of ideological conflict. In *Villette*, Charlotte Brontë again uses the transformative power of illness—this time hysteria—to speak directly to women about their lack of agency in a patriarchal society. Torgerson's argument shifts away from the signifying body, visibly marked by illness, to the internal, psychological illnesses caused by the rigid rules governing a Victorian woman's behavior and place in society. As a single woman abroad, Lucy Snowe experiences hysteria and depression as a result of her isolation and inability to express her desires. As Torgerson shows, illness for Lucy offers a chance to withdraw her body from the cultural scripts that repress her and to reassess the ideologies of religion, science, and art which a patriarchal society enforces. The social reform of this text, therefore, is performed at the level of the individual, with Brontë offering the potential of transformation for her heroine through self-assessment and self-expression.

<7> The final text under consideration, Emily Brontë's *Wuthering Heights*, is a novel filled with illness, but, as Torgerson argues, this text marks a shift away from illnesses of the physical and cultural body and focuses on the disease of "dis-possession" which defines patriarchal culture. In perhaps the strongest and most theoretically complex chapter of her book, Torgerson identifies civilization as the subject of critique in *Wuthering Heights* with illness serving as a "metaphor for the flaws within a land-based patriarchy since Brontë views the patriarchy as a system where power perpetuates itself no matter what, preying upon the life-energies of those caught within the system" (94). These metaphors take the form of images of vampires and ghosts, supernatural creatures who represent possession and dispossession respectively. The alignment of masculinity with land ownership, inheritance, heredity, and power in the novel mark the distancing of patriarchal culture from nature which is mirrored by the alienation of the self from the body

Torgerson argues that Emily Brontë moves away from the possibility of transformation and social reform that illness offers in her sisters' novels, positioning herself outside of culture in order to denounce Victorian civilization and its unnatural, consumptive, and self-interested society. As the darkest of the five novels under discussion, *Wuthering Heights* offers little hope for a cure for the cultural dis-ease of Victorian society.

<8> Torgerson's project provides a valuable new approach to Victorian scholarship both for the connections it draws between illness in the lives of the Brontë sisters and in the larger historical context and for the extension of medical anthropology into literary analysis and theories of the body. While her arguments often build upon previous studies of illness and nineteenth-century maladies, such as Judith Lorber's *Gender and the Social Construction of Illness* and Sally Shuttleworth's *Charlotte Brontë and Victorian Psychology*, Torgerson strives to move beyond historicization of illness and to build a theory of Victorian illness as social critique which is supported by compelling close readings of the novels. Yet it would be possible to push this analysis still further; as Torgerson points out, more study is needed to bridge the gap between Victorian and modern understandings of the body and disease and how they are transformed in a literary context. In *Reading the Brontë Body*, Torgerson provides us with an excellent example of what that scholarship would look like.