

Jane Morris's Invalidism Reconsidered(1)

By **Wendy Parkins**, University of Otago

There remains the mystery of the ill health of Mrs Morris, who took to the sofa in 1869, at the age of twenty-nine, and never really left it. (MacCarthy xiii)

<1> Jane Morris's invalidism has been both an orthodoxy and an enigma in scholarship relating to her husband William Morris. While his death was famously attributed to “the disease [of] simply being William Morris” (Mackail 336), the disease of simply being Jane Morris often seems to have been taken as sufficient explanation for her life. As represented by those “who knew her only in effigy,” in Helen Rossetti Angeli's telling phrase, Jane Morris has been read as a rather one-dimensional character in comparison with the men in her life, with her silence being stressed as frequently as her invalidism (211).(2) In the biographical literature, Jane's ailing body, as interpreted or narrativized by the observer, is often assumed to provide the authoritative account which the woman does not, cannot, provide on her own behalf. In this essay, I will re-examine the persistent myth of Jane Morris's invalidism in the light of recent studies of Victorian understandings of illness, pain and disability.(3) Beginning with an overview of biographical work on Jane and William Morris, I will discuss the perpetuation of the stereotype of the lady of the sofa in relation to aspects of Jane Morris's life which have seemed both to trouble and preoccupy biographers (such as her class mobility and her status as an object of desire and exchange among prominent men). I will then consider accounts of Jane's symptoms and illnesses in the wider context of her life, drawing chiefly from her correspondence, in order to argue that the fixity of “the image of the invalid lying permanently on the sofa” does not so much perpetuate the “mystery” of the Pre-Raphaelite muse and model as render her all too decipherable through the trope of an invalidism assumed to be convenient or strategic (Marsh 79).(4) Drawing on Maria Frawley's exploration of Victorian invalidism, my aim is to shed new light on Jane Morris as a figure who represents contradictory aspects of Victorian femininity in relation to health, sexuality, and illness.

<2> Firstly, however, the question of what *was* wrong with Jane Morris needs to be addressed. That Jane was often incapacitated throughout her adult life cannot be disputed, but the difficulty of decoding chronic conditions from seasonal illness or secondary infections (themselves potentially life-threatening in an era without antibiotics), as well as the imputation of nervous or psychological disorders, has led to much speculation, often of an unsympathetic kind. The most cited symptom was chronic back pain, hence the frequent need to recline on a sofa, although Jane

was able to travel (by train, boat, even gondola) in a semi-recumbent position, and to carry on her needlework in this position too (Bryson 108). Delicacy of digestion and appetite, as well as general lassitude or weakness, are often mentioned but these kinds of symptoms could be associated with convalescence from secondary infections or episodes of fever rather than being a generalized condition. Jane's trip to the German spa town of Bad Ems in 1869 has been widely assumed to be due to a gynecological disorder, as treatment for such disorders were an advertised feature of the resort (MacCarthy 201; Marsh 260). The fact that May Morris never elaborates on the symptoms which took her mother to Bad Ems has been taken to lend support to a diagnosis of a gynecological problem of some kind (Morris xj-xij).⁽⁵⁾ Melancholia or depression has also been named in connection with Jane, although it is certainly debatable if this was confined to specific episodes in response to domestic crises (such as a deterioration in Jenny Morris's epilepsy) or a more general disposition. Against this range of complaints, however, other evidence muddies the waters somewhat. Jane's two (known) pregnancies and labors, for instance, seem to have been free of complication although—as is so often the case in Victorian contexts—this inference is largely based on archival silence. In addition, as Jan Marsh has argued, photographs of Jane in old age (itself a complicating factor here) depict her maintaining an admirable posture, seemingly ruling out the existence of a serious spinal condition (Marsh, *Jane and May Morris* 78).

<3> The “mystery,” then, is due partly to a certain ellipsis in contemporary discussions of Jane's health that has required interpretation by later biographers and scholars. In this interpretative process, the body's capacity to apparently communicate the truth of the subject's emotional life has been assumed to provide the key to understanding a historical subject who would otherwise remain mute. In the case of Jane Morris, interpreting the body has been complicated by two factors, the first being that pain was the most persistent symptom. The problem with decoding the ailing body becomes particularly acute when the question of pain arises. As Elaine Scarry observes, “To have pain is to have certainty; to hear about pain is to have doubt” (13). But if we accept the repeated statements about Jane Morris's pain then the difficulty of narrating such chronic pain needs to be considered as a factor shaping both Victorian and subsequent accounts of Jane's invalidism. As Stoddard Holmes and Chambers attest, chronic pain is hard to narrate “because of its intermittent yet ongoing nature and its lack of clear trajectory” (127-141, 132). Chronic pain is also frequently accommodated within the contexts of work and social life, as part of the ebb and flow of “normal” life to which sufferers need to adapt (132). Despite its ubiquity, however, the fundamental “unsharability” of pain, its “quietness or invisibility” in Lucy Bending's terms, renders its representation problematic (Scarry 4; Bending 79). There is no single, authoritative account of pain that would prove the severity or otherwise of the sufferer's experience to observers, there are only socially-recognized (or mis-recognized) accounts, imagery or behavior through which it can be conveyed. The dilemma, in short, is that whether the sufferer is silent or articulate ambiguity remains: silence could be seen as an expression of a Victorian “ideal of non-verbalized suffering,” or as an invalidation of the pain's existence, while articulation may fail to convey the sufferer's experience convincingly (Bending 132).

<4> The second complicating factor in accounting for Jane Morris's health has been the common identification of a psychosomatic element in her condition. While I adhere to Joyce McDougall's inclusive account of psychosomatic phenomena as “all cases of physical damage or ill health in which psychological factors play an important role,” I have not felt able to draw a firm

conclusion as to the basis of Jane Morris's ill health on the existing evidence, even as I have found this evidence persuasive on the existence of chronic pain (19). McDougall's differentiation between psychosomatic and hysterical symptoms should also be borne in mind when considering the difficulties biographers seem to have found in accounting for Jane Morris's condition. Hysterical symptoms, which rarely cause physiological damage, “refer to dysfunction when a body part or a sense organ takes on an unconscious symbolic meaning”; psychosomatic symptoms, by contrast, represent not a symbolic meaning but rather a somatic expression of an emotional response that is felt to be life-endangering and may result in physiological damage (McDougall 16, 28, 30). The imbrication of the emotional with the physical, moreover, should not be seen as confined to exceptional cases but as part of the continuum of the lived experience of embodiment. If, as McDougall maintains, “Emotion is essentially psychosomatic” and it is common to “somatize” when stressful events override more customary ways of dealing with mental pain or conflict, the attribution of a psychosomatic explanation to Jane Morris's invalidism does not necessarily close the question of her invalidism (McDougall 95, 20). Nevertheless, in the biographical tradition psychosomatism is often paradoxically both a charge and an explanation. In the following section, I will trace some of the most significant representations of Jane Morris, most of which are derived from biographies of her husband, in order to show how these two problems—of narrating pain, and explaining or identifying the psychosomatic—have been circumscribed by classed and gendered assumptions about the status and authenticity of Jane Morris's body.

Sofas and silence: the biographical accounts

<5> One important contemporary source of the image of Jane Morris prostrate on the sofa was the observation offered by Henry James. In a letter to his sister (herself a persistent invalid⁽⁶⁾) in 1869, James situated Jane's silent invalidism in relation to her uncanny embodiment of Pre-Raphaelite art. “It's hard to say,” James famously wrote,

whether she's a grand synthesis of all the pre-Raphaelite pictures ever made—or they a “keen analysis” of her—whether she's an original or a copy. In either case she's a wonder. Imagine a tall lean woman in a long dress of some dead purple stuff, guiltless of hoops (or of anything else, I should say,) with a mass of crisp black hair heaped into great wavy projections on each of her temples, a thin pale face, a pair of strange sad, deep, dark Swinburnian eyes, with great thick black oblique brows, joined in the middle and tucking themselves away under her hair, a mouth like the “Oriana” in our illustrated Tennyson, a long neck, without any collar, and in lieu thereof some dozen strings of outlandish beads.... [Jane], having a bad toothache, lay on the sofa, with her handkerchief to her face.... [a] dark silent medieval woman with her medieval toothache. (17-18)

In James's account, Jane's silence is metonymically linked both with her ailment and her social withdrawal and in much subsequent discussion Jane's silence has been similarly associated with her invalidism. One quality could substitute for another, so that to describe her silence was to imply a morbid self-absorption. George Bernard Shaw, for instance, described Jane on their first meeting as “the silentest woman I have ever met. She did not take much notice of anybody, and none whatever of Morris, who talked all the time” (Shaw xxiv).(7) These qualities—silence,

social withdrawal, invalidism—form a “paradigm of traits” which constitute the historical representation of Jane Morris.⁽⁸⁾ Such an image of the wife of William Morris was also inflected by the narrative of her social mobility from working-class poverty to middle-class affluence through her marriage. Accounts of a working-class woman turned genteel invalid could mark an anxiety about a too-successful social mobility, or could offer a reassurance that astute bourgeois observers could see through a mere histrionic performance of middle-class femininity.

<6> In the earliest authoritative biography of William Morris by J. W. Mackail, first published in 1899, Jane Morris is indeed represented as an exemplary middle-class Victorian wife of a famous man. This representation comes through her absence: she is a shadowy figure meriting just four entries in the index (although the body of the text contains other, non-indexed references to her), and no sustained discussion of her or the marriage is included at all. While it is not surprising in a biography of this time that the famous man's wife remains squarely in the background (with no hint of scandal attached to her), Mackail's biography warrants attention here for the diffidence with which it approaches issues of illness. Mackail's silence reveals a certain squeamishness about the body's intrusion into the life of his subject, as he outlines in a letter to S. C. Cockerell in 1897: “The fluctuations of illness are certainly no matter for permanent record, either in [Morris's] own case or in that of others; one of the *sources of embarrassment* in his more intimate letters is the perpetual recurrence of Jenny's state of health from day to day” (MacCarthy xiii; emphasis added). Mackail's insistence on the exclusion of the body from history as at best irrelevant and at worst “embarrassing” not only impedes the representation of Morris's distress over his daughter's epilepsy and his close bond with Jenny which later biographers have noted (e.g. MacCarthy). It also requires him to largely ignore a recurring concern of Morris's correspondence and a substantial aspect of his everyday life, namely health. As Peter Gay has observed, health was a theme that dominated nineteenth-century personal letters, whether expressing concern for the health of the addressee or recounting the writer's current condition, and showed that close attention to the condition of the body was a significant aspect of daily experience (Gay 326). Mackail's reluctance to address the issue tells us much about what was considered appropriate for the public disclosure of biography, but as Kelvin's *Collected Letters of William Morris* have since made abundantly clear, Morris's public life—whether concerning the company, his writing or his political activities—was at all times interwoven with his own health, both physical and emotional, and solicitude for the health of friends and family.

<7> Despite Mackail's reservations, however, Morris's body does intrude into the biography, notably in a lengthy passage where Mackail seeks to convey the unique vitality of his subject:

[Morris] had the incessant restlessness of a wild creature[. . .]. Even at work or at meals he could not sit still for long [. . .]. This restless movement was a necessity to him as a means of working off his great bodily strength and superabundant vitality[. . .]. He was often at work at his writing, or his designing, or his loom, by the summer sunrise[. . .]. His mind was always working, and his hands never long idle. (215-19)

Needing to account for episodes of illness or incapacity, Mackail insistently juxtaposes such temporary weakness with Morris's super-human productivity, employing a recurring image of

body-as-machine. Describing Morris's attack of rheumatic gout in 1878, for instance, Mackail writes: "The machinery had been taxed beyond its power: he never quite regained his old strength" (215-19). Morris's final physical decline in the 1890s is similarly described: "The amount of work he had already done, in literature, in art, in politics, in handicraft, was enough to fill not one, but many lives; and the machinery which had been working at continuous high pressure for so long began to show signs of permanent weakening" (2, 267). This binary between machine-like productivity and the stasis of illness not only distinguishes Morris from his peers in Mackail's account but implicitly haunts subsequent representations of Jane Morris in relation to her husband. Jane is inevitably defined as unproductive in relation to her husband's noted hyperactivity: compared to the demonstrable output of Morris, that is, the labors of any housewife, however healthy, could not help but be rendered invisible. Mackail's description of Morris's distinctive approach to work further underlines the contrast between the creative, meaningful work of the productive body and the "drudgery" of other kinds of labor:

he had learned, in a way that few can, the great secret of not doing, whether it took the guise of work or of amusement, what he did not want to do[. . .]. The drudgery of business he could not wholly escape, but he never allowed it either to absorb his time or to master his intelligence. That neglect of detail which is one of the secrets of success came to him naturally. For the intricacies of business he had no taste and little patience. (v. 1, 221)

The impossibility of imagining this passage transposed to describe an exemplary Victorian middle-class woman—for whom (domestic) business precisely absorbed time and necessarily involved attention to both detail and routine—reveals the underlying assumptions of what constituted achievement and success in Mackail's terms. If, then, to the invisibility of Jane Morris's domestic labor is added the *visibility* of her invalidism, with its connotation of idleness, Morris's wife necessarily becomes a figure "who fades into the background of her husband's overwhelming personality," as another early biographer put it (Weekeley 51).

<8> E. P. Thompson's 1955 biography of William Morris gave Jane a little more attention than Mackail, including discussion of her relationship with Dante Gabriel Rossetti, and seemed initially to extend some sympathy to the working-class woman who "through no fault of hers" became the object of Morris's chivalrous intentions (75). In Thompson's biography, however, the disclosure that Jane was "occasionally high-spirited and good-humoured in more intimate company" is the exception that proves the rule: "All accounts agree upon her strange, moody beauty, her poise and majestic presence—and also on her silence. For many years she was the victim of unexplained ailments, which seem to have had some nervous origin" (75, 158). The apparent non sequitur between these two statements in fact implies a connection between Jane's silent beauty and inexplicable ailments, explained by the "nervous" origin of the latter posited by Thompson. Such statements play a significant role in perpetuating the stereotype of Jane (in a direct line of descent from James and Shaw) by asserting its unassailable authority ("All accounts agree"). The central elements of the myth of Jane Morris—her unconventional beauty, silence, and mysterious ailments—are thus offered as incontrovertibly known, even as they ensure she remains an "enigma," apparently beyond the explanatory scope of the biographer (Thompson 158).

<9> Thompson's insistence on the “nervous” basis of Jane's personality and health problems in fact provides the key by which she becomes thoroughly explicable in *William Morris: Romantic to Revolutionary* through the biographer's uninterrogated assumptions about femininity and sexuality. Silence, for instance, soon slips into “passivity,” a quality Thompson frequently attributes to Jane,⁽⁹⁾ and Jane Morris becomes a distinctly unappealing character in Thompson's biography. The attribution of adjectives such as “aloof” (160) and “spoiled” (167) to Jane may, however, give some indication of the cause of Thompson's disapproval; for the Marxist historian, the working-class woman's apparent embodiment of a bourgeois lifestyle of privileged invalidism may have smacked of an aspirational and inauthentic class identity. By 1877, Thompson avers, “Janey appears to have entered a *settled* melancholia and hypochondria (the symptoms mentioned include lumbago, sciatica, neuralgia, migraine, sore throats, fevers)” (812, n. 19; emphasis added). While apparently attributing a psychological cause to Jane's ill health, Thompson effectively implies the inauthenticity of Jane's condition through the narrative juxtaposition of emotional estrangement from her husband with what he sees as a narcissistic investment in the cultivation of symptoms (“melancholy self-absorption”) (159). The constellation of symptoms Thompson attributes to Jane, moreover, lacks any sense of chronology, as if they either all co-existed simultaneously or followed no discernible pattern (in Jane's case, for instance, fever could accompany an infection or be the result of travelling in Italy, a common fate for English travellers at this time). Interpreting Jane's symptoms solely as hysterical in nature, then, conflates the psychosomatic with the inauthentic and provides an explanatory matrix that reflects a “settled” state of affairs in Thompson's terms: there is no sense of episodes of ill-health followed by recovery, or seasonally-explicable bouts of illness (such as bronchitis in the winter) in this account. Jane's character is thus fixed, “congeal[ed] around visual appearance and physical condition,” to borrow Cherry and Pollock's description of the textual representations of another Pre-Raphaelite beauty, Elizabeth Siddall (209).⁽¹⁰⁾

<10> Given the rather heavy-handed treatment of Jane in Thompson's biography, then, it is not surprising that from the 1970s, with the rise of feminist scholarship, a different interpretation of Jane Morris's life and health should begin to emerge. Positing that “patriarchal socialization literally [made] women sick, both physically and mentally,” in Gilbert and Gubar's blunt assertion (54), numerous feminist studies sought to demonstrate the ways in which Victorian cultural norms either victimized women or motivated their unconscious rebellion through incurable symptoms.⁽¹¹⁾ The concept of strategic invalidism associated with Victorian figures such as Florence Nightingale seemed to offer a means by which to explain Jane Morris's invalidism, interpreting it as a response to the constraints of Victorian gender expectations. Such feminist revision raised the question of whether Jane could be seen as a transgressive figure whose symptoms were a silent, possibly unconscious, protest or a strategic deployment of the constraints of feminine indisposition to escape other socially-imposed roles. In her 1986 *Jane and May Morris*, still the only extended biographical study of Jane, Jan Marsh speculated on the nature and causes of Jane's chronic health problems, prefacing her discussion with the statement: “It is worth pointing out [. . .] that as far as can be ascertained, Janey suffered from no severe organic disease” (79). Raising the possibility of “a gynaecological cause,” Marsh also speculates on the role “emotional stress”—that catch-all quasi-medical term—played on her physical well-being, noting that Jane's decline seemed to become marked “following the period of acute and unresolved tension between herself, Gabriel and Morris” (79). Given that this discussion occurs in a chapter entitled “Jane Discovers the Benefits of Invalidism,” however, the effect is to leave

the question of the legitimacy of Jane's suffering open. Despite a discussion of the gender and class connotations of robust health and genteel illness for women which Marsh rightly insists must provide the context within which Jane's reputation as a "chronic invalid" should be viewed, the implication is that Jane's retreat to the sofa was a silent plea for sympathy, fearing social reprisals for her evident attachment to Rossetti (Marsh 80).

<11> Marsh had put the matter in somewhat stronger terms in her *Pre-Raphaelite Sisterhood*, published the year prior to *Jane and May Morris*. Considering the Morris's trip to Bad Ems in 1869, Marsh speculated that the trip abroad was useful for Jane to avoid the increasing complexities of her relationship with Rossetti while ensuring his romantic interest was maintained because "he responded to illness, as Lizzie [Siddall] had found, with renewed devotion" (Marsh, *Sisterhood* 261). Having first stated that Jane's "sickness may have been an unconscious means of securing the public support she needed at this point," Marsh then continues:

In this she was successful, [. . .] the legend of Jane's weakness and debility served and *still serves to protect her from criticism*: the invalid who languished on the sofa most of her life is not generally felt to have been capable of decisive action, and all the responsibility for her extra-marital affair has been ascribed to Gabriel. In the terms used by the old-fashioned divorce courts, he is seen as the culpable figure, whereas *in my view that role was largely taken by Jane*. (*Sisterhood* 261; emphasis added)

The possibility that Jane's symptoms were the result of unconscious processes seemingly discounted, Marsh in fact concludes that she was *more* culpable than Rossetti in the emotional entanglement and its consequences. Strategic invalidism is therefore implied to be a powerful means of agency for Victorian women, resulting in a greater attribution of culpability than can be ascribed to the apparently more autonomous male subject. Jane's "illness" thus becomes crucial in deciding where guilt lay in this account, suggesting a greater continuity between Marsh and Thompson's narratives than their more avowed positions on gender issues might at first suggest. Whether, then, Jane's prostration on the sofa was the result of the conversion of emotional or psychological distress into symptom, or a knowing manipulation of the "Benefits of Invalidism," comes to mean the same thing in these accounts. It can probably never be known now whether Jane's symptoms were from an undiagnosed organic or psychosomatic condition, but, by situating Marsh's (in many ways) revisionist reading of Jane Morris in relation to the broader Morris biographical tradition, it becomes clear that the biographies, whether apparently sympathetic or otherwise, are haunted by a question of authenticity in relation to bodily symptoms.⁽¹²⁾ Far from Jane's invalidism protecting her from criticism, as Marsh asserts, I would argue that it has figured as the crucial site for questioning—implicitly or otherwise—the legitimacy of Jane Morris's role and status. The seemingly powerless but actually controlling woman of Marsh's account, moreover, is more consistent with Victorian constructions of the femme-fatale's body than with post-Freudian understandings of the mind-body relationship that undermine the sharp "opposition between natural causation and cultural meanings" (Moi 71-92).

<12> Whether attributed to "nerves," "stress" or Victorian sexual double-standards, Jane's invalidism is always problematic in the biographical tradition and remains so in the most recent

authoritative biography of William Morris by Fiona MacCarthy. While in some ways diverging from the kind of standard “artist's biography” Cherry and Pollock describe, *William Morris: A Life for Our Time* largely repeats the stereotype of Jane Morris's strategic frailty (212).(13) In a brief discussion of Janey's invalidism, framed in rather similar terms to Marsh, MacCarthy asks:

Was Janey's trouble basically spinal? Or was it gynaecological? Or was it the result of her emotional troubles? Janey's ill health continued intermittently for much of her life, but there is no evidence that she ever suffered from a serious organic disease. Her illness must be seen in the context of its period. A good deal has been written about how Victorian women were “invalided out” of society; Janey exemplifies the opposite tendency, *the illness of convenience*, for the women to whom taking to the sofa added a new, exotic dimension, attracting sympathy, cultivating mystery, removing them to realms beyond domestic blame. (201; emphasis added)

The nomination of the “illness of convenience” seems to preclude a genuine—that is, organic—cause for Jane's behavior and, by contrast, attracts further sympathy for William Morris, whom MacCarthy describes as having to deal with “domestic handicaps” such as his wife and daughter's ill health (xiii). MacCarthy may state that “The effects of his invalid household upon Morris were complex and far-reaching,” citing Shaw's hypothesis that Morris felt burdened by a sense of responsibility for Jenny's epilepsy (xiii), but the significance of this delineation of Jane's invalidism is to establish this as another hindrance which the heroic subject must overcome.

<13> Like Jenny's epilepsy, Jane's debility had an air of unpredictability but this is where the similarity ends for MacCarthy: “the ease with which Janey could spring back into normal activity, with Rossetti or with Blunt, able suddenly to walk for many miles across the countryside, suggests her illnesses were psychological as well”(xiii). In the context of an illness of convenience, then, “psychological” seems synonymous with “invented,” or at least strategically and hence knowingly deployed, rather than an unconscious somatisation of emotional distress or conflict.(14) MacCarthy's contrast, moreover, between debility and vigorous walks with Rossetti and Blunt also implies a sexual dimension to Jane's episodes of vitality and further contrasts the passivity of the invalid on the sofa with the active sexual agency of the adulterous woman. While MacCarthy reminds us of the significance of context in Jane's fluctuations between health and debility, by confining that context to Jane's romantic entanglements, the importance of other factors such as location, symptom and treatment in Victorian understandings of invalidism are not given sufficient weight.

<14> In a recent study of Victorian invalidism by Maria Frawley, a more nuanced understanding of the Victorian invalid emerges which significantly develops earlier, feminist-inflected analyses of the so-called strategic invalidism of Victorian women as either a knowing or unconscious escape from gender constrictions. Frawley argues that the invalid was an ambiguous and “multivalent social actor” whose role was socially scripted and inflected by other dimensions of identity such as gender and class (4). Understood in this way, Jane Morris's invalidism may be thought of as a performance not in the sense of faking but rather as enacting a socially-scripted role through which potentially conflicting obligations and desires could be negotiated and understood within the limits of physical and social constraints, *and* the relative freedoms

afforded by middle-class affluence. To have become—or to have been labelled—an invalid was, Frawley argues, to have already been associated with a state of inertia or immobility, “to have moved out of medicine's narrative of promise, a trajectory marked by diagnosis, treatment, and cure” (5). But the status or role of invalid was not a mono-dimensional one. Through a study of texts produced by and for invalids in nineteenth-century Britain, Frawley contends that there were two major strands in representations of invalidism: one in which the invalid was represented as actively engaged in the restoration of health (for example through travel or undertaking experimental treatments); and another marked by an acceptance of a chronic, settled state of ill health (often but not always associated with nervous disorders or hypochondria) (5). The biographical accounts of Jane Morris considered so far seem to have tacitly placed her in the latter category when a closer examination of her correspondence, for instance, aligns her with the first type of invalidism Frawley describes. Seeking cures, evaluating (and sometimes rejecting) proposed treatments (such as the use of opiates(15)), travelling at home and abroad, and, not least, expressing a desire for activity and a pleasure in vitality, Jane Morris should be seen as actively seeking health rather than passively resigning herself to incapacity.

Walks and work: the epistolary accounts

I shall have to find something to occupy my time if I keep as well as this. I can think of nothing but novel-writing, one of my sisters-in-law suggested standing for a Poor Law Guardian. I wonder which I should do worst. (Faulkner 24)

<15> The letters and diaries of Jane's friends and family paint a picture of a widespread obsession with ill-health, evidence of what Vrettos has called a “compelling desire to ‘talk of diseases’ in the nineteenth century” (Vrettos 1). The concerns expressed by both Morris and Rossetti, for instance, in letters written to Jane while she was in Italy with Rosalind and George Howard (the ninth Earl of Carlisle) in 1877-8, attest to the solicitude with which Victorians scrutinized the wellbeing of loved ones. Even the handwriting in a letter could become a cause for alarm: Rossetti detects Jane's decline by the absence of her usual “firm hand” and her resort to writing in pencil, from which he inferred she was unable to sit upright to use an ink pen (Bryson 53, 58). In the light of this context, it is interesting to note the tone in which Jane Morris discussed her own health problems in letters. As the quotation at the beginning of this section suggests, her letters show that she was not without a sense of humor(16) and was often quite prepared to direct her humor against herself, making light of her health. A letter to Rossetti, for instance, apologizing for delaying a visit to him after her return from Italy, describes her altered appearance (including both hair and weight loss) resulting from a bout of fever and is signed “Scarecrow.” Rossetti, it seems, did not share Jane's humour: “never sign anything again but your own dear name,” he scolded in reply, “it is no joke to substitute nonsense for that” (Bryson 69). While the available letters to and from Jane provide evidence of a range of symptoms experienced, with varying degrees of severity, even a relatively cursory examination of this archival material begins to complicate the picture of the “dark silent medieval woman” reclining on a sofa.

<16> Firstly, Jane's whimsical musing as to what she would do if her good health continued should not be taken at face value as implying that she associated poor health with inactivity. Jane

seems to have viewed idleness as negatively as her husband and did not see indolence as a desirable pastime. In a letter to Rossetti, Jane notes in passing her ability to embroider “when I am lying down flat on my back” (“I find it hurts my eyes less than reading constantly,” she continued (Bryson 108)) and two sketches of Jane by Rossetti show her reclining on a sofa still engaged in favorite activities such as reading or needlework (Bryson 196; MacCarthy 65). In a similar vein, Helena Swanwick's reminiscence of a reclining Mrs Morris may be seen as a counter to Henry James's more gothic representation of a comparable scene. Swanwick's account of visits to the Morris family at Hammersmith begins with the emblematic image of “Mrs Morris reclining on a couch in all her strange beauty” but continues, “her long pale hands moving deftly over some rich embroidery” (Swanwick 101). To the child Swanwick, moreover, the fascination of Jane Morris was not as an uncanny embodiment of Pre-Raphaelite beauty but as an engaged interlocutor and the possessor of almost magical skills as a needlewoman:

to watch for the slow raising of her stone-grey eyes from under the brooding brows, and listen for the delicious chuckling laugh with which she would greet our youthful extravagances—these were enough for me. I was never weary of marvelling at the confident skill with which she laid one stitch by another [. . .]and following a design so slightly indicated that I often could not detect it. There would come the exciting moments when she would rise and fling the great *portière* down and spread it out, so as to judge whether the general effect was what was intended. (101)

<17> Far from fostering an “illness of convenience,” then, Jane seems to have demonstrated ingenuity in seeking to minimize the considerable *inconvenience* of a chronic back condition. There are several instances where she contrives to have a sofa provided or to find some means to ensure she can be semi-recumbent in order that she may still participate in trips and outings with family and friends. For example, prior to her first trip to Italy with Rosalind and George Howard, Jane reassured Rosalind: “as to a long railway journey, I can do that quite easily lying down, which I fancy is always possible” (Castle Howard Archives, J22/55/2). Jane also successfully contrived to undertake more rustic journeys as well, such as the “Ark” journey up the Thames or when she described a holiday spent with May at Cornell Price's Broadway Tower:

We went out early this morning to enjoy the lark's song, we made friends with the poor old dog, admired the hills, got very cold, and came in and got up a good fire [. . .]. Our beds are luxurious, being the two of us, and I brought a sofa to use in the daytime [. . .]. I believe I am getting fatter already. (qtd. in Price 54)

Such descriptions of long walks in the countryside, it should be noted, are not solely confined to the company of Rossetti and Blunt as MacCarthy implies but, as in this instance, were always associated with Jane being away from her London home.

<18> It is, however, Jane's correspondence—and relationship—with Dante Gabriel Rossetti that has tended to reinforce the image of Jane as a rather melodramatic invalid. If, as I have suggested in discussing Mackail's biography, Jane's invalidism has been unflatteringly juxtaposed with her husband's zealous productivity, with Rossetti Jane has been associated with a kind of co-dependent hypochondria. MacCarthy, for instance, describes Jane and Gabriel as “intertwined in

illness, [...] theirs was hypochondriac passion, taken to extremes,” while Thompson similarly describes them as “two self-preoccupied people, conjoined by a melancholy retrospective obsession” (MacCarthy 242; Thompson 812, n. 19). Read in isolation, Jane and Rossetti's correspondence can seem preoccupied with health, especially on his side. Rossetti's Bad Ems correspondence in particular displays a keen attention to the slightest fluctuation in Jane's condition, displacing his romantic obsession with her into a form that could more easily be accommodated within the conventions of personal correspondence, especially as the letters were often mediated by, if not addressed to, William Morris as well. Jane and Rossetti, however, were not alone amongst Victorian couples in this respect; as Bailin has observed, G.H. Lewes and George Eliot, Thomas and Jane Carlyle, Henrietta and T. H. Huxley all “shared or competed with each other's bodily unease” (2). Rossetti's correspondence to Bad Ems in 1869, moreover, is not solely concerned with Jane's health (or his own) but conveys news or expresses anxiety about the health of Edward Burne-Jones, Charles Eliot Norton, P. P. Marshall, Bessie Burden and Burnett Payne. From death and amputation to seasickness and depression, a wide range of maladies are recounted in Rossetti's letters, with the assumption that his sympathetic attentiveness to a network of friends and associates is shared by both William and Jane.

<19> Rossetti's ill health, like Jane's, comprised a range of symptoms, including a period of sustained psychological derangement, and further complicated by chloral addiction. The practice of convalescing away from home and the belief in the efficacy of coastal and rural locations for recovery clearly enabled Jane and Gabriel to spend time alone together that would not have been possible in other circumstances. In 1870, for instance, the two met at Scalands, where Rossetti sought a restoration of health and artistic inspiration, and Jane joined him from Hastings where she was recovering from a throat infection (Marsh 383-90). Rossetti wrote to Ford Madox Brown that due to the profound improvement of health they had both experienced at Scalands, he had been able to resume work, thus combining the rationale of Jane's modelling with her convalescence to explain the duration of her stay:

Janey has been here for a week & is wonderfully better. She walks 3 miles a day easily. I believe if she stayed a month, she would be set up better than by all the mineral baths of Germany. This evening Top [i.e. Morris] comes down to stay a day or two, but I hope she will remain longer, as it is most important she shd do so. I have begun a drawing of her which I am sure is the best thing I ever did; and have enjoyed returning to work a little immensely. (Fredeman 448-9)

Letters from Rossetti to family and friends which openly communicated the progress of Jane's health not only demonstrated a presumption that the correspondent shared Rossetti's ardent solicitude, but that it was felt there was no impropriety in broaching such a topic. As in his Bad Ems letters, the effusive expression of concern for Jane's wellbeing remained an indication of his preoccupation with her. By contrast, Jane's letters to Rossetti—briefer and fewer in number than his to her—attend sympathetically to Rossetti's symptoms while confiding her own state of health in a relatively matter-of-fact tone and always contextualized in relation to domestic events and the seasons. In a fairly typical example, shortly after moving into Kelmscott House at Hammersmith Jane wrote to Rossetti: “I am grieved indeed to hear of your bad nights, mine are improving I expect I am over-tired and anxious to get things straight, and moreover I have got

used to the noise of the river-steamers which seemed at first to go on all night” (Bryson 83). Jane could at times write with passion, as in some of her later letters to Blunt, or her venting of emotion to Rosalind Howard after receiving a hurtful letter from her, so her restrained letters to Rossetti suggest a careful balancing of affectionate concern (which may have included a desire to downplay her symptoms so as not to aggravate his fears for her) with the kind of details of everyday domestic life that only a close friendship would warrant.⁽¹⁷⁾ Discussion of health, good or bad, was thus part of the spectrum of topics that Jane and Gabriel canvassed in (the surviving) correspondence that often resembles the easy familiarity of a married couple rather than the illicit passion of lovers.

<20> Jane's correspondence with Wilfrid Scawen Blunt, with whom she was romantically involved in the 1880s after Rossetti's death, by contrast often demonstrates less restraint than her letters to Rossetti and provides another challenge to the image of taciturnity associated with her. At times playful and often lively, Jane's letters to Blunt also offer a glimpse of a life she would have preferred to live. They reveal, for instance, a woman whose sedentary existence contrasts with her stated preference for “an out-of-doors life” in the countryside. Whether in Italy, the Welsh hills, or at Kelmscott Manor, Jane declares she is at her happiest when away from London and her letters usually describe an accompanying improvement in health. After her first journey to Italy with the Howards, Jane wrote to Rosalind that “always as long as I live [I] shall remember our stay in Italy as one of the happiest bits of my life” (Castle Howard Archives, J22/55/6). On a later visit to North Wales, Jane writes to Blunt: “I like this place, I am in a most romantic valley with hills and woods all about me, I see different effects of sunlight every hour in the day, I go out driving, enjoy all I see, and sleep soundly afterwards, it is like a new life” (Faulkner 34). In 1889, Jane repeatedly writes of her desire to experience life outside the confines of the domestic hearth: “I have always thought an out-of-doors life the only one worth living,” she wrote in January. Writing again in the summer, Jane said: “I am delighted to hear of your happiness in camping out—it must be a great pleasure, I have often wished to be a man or a very strong woman in order to try it” (Faulkner 27, 32). Jane's sense of herself as, by implication, *not* “a very strong woman” could be seen as a coquettish insistence on her own delicacy to appeal to Blunt's masculine vanity or to enhance her own claims to gentility. In the overall context of her correspondence, however, such an observation is in keeping with the sense of practicality that pervades Jane's letters: “there must be the good climate to render [camping] possible” she writes (Faulkner 27).

<21> Nevertheless, Jane, like many Victorians of uncertain health, travelled regularly, especially to places associated with health benefits such as coastal resort towns in England or the Italian Riviera, which she visited regularly from the late 1870s to the early 1890s (Parkins 66-87). In 1887, for example, Jane and Jenny Morris travelled through Italy, initially with the Howards again, but then continuing with their own itinerary, which Jane later described in a letter to Rosalind Howard:

We went to Perugia after we left Rome, stayed there a week, perfect weather all the time, we drove to Assissi [sic] one day, and thought it the most perfect place possible. I was quite free from fever directly I got among the hills—we had three days at Pisa, then went on to Turin,

sleeping there a night and one night in Paris, so that there was nothing tiring about our homeward journey. (Castle Howard Archives, J22/55/8)

On a later visit to Italy in 1892 staying alone in a hotel in Bordighera, Jane wrote glowingly to Blunt, "I am walking three or four miles at a time without feeling any ill effects afterwards ... all is delightful with no pain to sadden or depress one" (Faulkner 83-84). During this same trip to Italy, Jane's letters also described a side of herself as far removed from the silent lady on the sofa as it is perhaps possible to imagine. Participating in the amateur theatricals of George MacDonald's family, Jane cross-dressed as a troubadour, wooing his lady with a mandolin serenade. "I managed to play a little love-ditty on my mandoline without dropping it," she wrote to Blunt, "so all passed off well [. . .] the audience was delighted, altogether it was very amusing, especially when the love-making had to take place" (Faulkner 84).

<22> Even when largely confined to her Hammersmith home, as she was during the winter of 1889, Jane compensated with her own pursuits and relied on the visits of friends to bring the outside world to her: "I am not unhappy staying in, I read and work, and friends come in and out and tell me what is going on to some extent" (Faulkner 84). While thus confined, then, Jane was not disengaged from social and political involvement; she tells Blunt of meeting Kropotkin and the favorable impression she had formed of him, and often discusses political developments in Egypt and Ireland in an informed manner. Perhaps of most interest for shedding a different light on Jane Morris was a letter to Blunt written in March 1889 in which she describes the visit of an un-named American who had discussed his plans for a utopian community on the Mexican coast:

I think I have never known so dark a winter—it makes me want to go to Topolobampo, perhaps you don't know what this is—it is a new city, a modern Utopia, where everything is as it should be, an American was here the other day with plans of it (for it is not yet built) blocks of houses arranged in a chess-board pattern with gardens at intervals with an esplanade of many miles along the bay... (Faulkner 27-8)

However far-fetched the plan or naïve Jane's approval may now seem, what is striking is her declaration of a desire for adventure, travel and change which she sees represented by "Topolobampo" (which incidentally challenges Shaw's contention that Jane took no interest in the kind of politics or projects associated with her husband(18)). Jane's attraction to exotic escapes was also understandable within the context of a home life in which anxieties associated with Jenny Morris's epilepsy were at times overwhelming.(19) While MacCarthy's designation of the Morris "household of the ailing" (xiii) emphasizes the strain placed on William Morris, this characterization manages to effectively under-estimate the emotional impact—and responsibility—of daily care for Jenny (from which his work protected him to some extent) which must have mostly fallen to Jane, even with the assistance of nurses. When Jane writes to Blunt in 1888 that "my doctor says I must never again live with Jenny while she is in her present condition, my brain is suffering from it," Blunt records in his diary that Jane is "a singularly uncomplaining woman, and things must be bad with her if she has spoken about them" (Faulkner 18, 71). Jane's customary silence here is shown to be the result of stoicism rather than self-absorbed detachment and suggests that its meaning was understood in this way by sympathetic observers.

Conclusion

<23> The longstanding perception of Jane Morris as a strategic invalid needs to be reconsidered, then, within a more nuanced understanding of Victorian constructions of health and illness as a relatively fluid continuum. Among her circle of family, friends and acquaintances, Jane was hardly exceptional in alternating between periods of physical or emotional suffering and times of wellbeing and vigorous activity. Symptoms linked to season or climate could co-exist with chronic conditions and such “daily drama of the body,” as Virginia Woolf put it (44), needed to be accommodated within the everyday rhythms of work, family and social life, however alarming or tedious these could variously be for all concerned. Jenny's epilepsy, William's gout, May's headaches and lassitude were as much a part of the Morris household as Jane's chronic back condition and seasonal infections. But what is at stake in the persistence with which Jane has been associated with the “lady on the sofa” image?

<24> If “to be ill is to produce narrative,” as Athena Vrettos has argued in *Somatic Fictions*, the silence attributed to Jane Morris's body seems to have served as an “incitement to narrative” for both contemporary acquaintances and subsequent scholars (2, 21). For observers such as James, for example, Jane's role as artist's model meant that her body was already narrativized, and her prostration on the sofa represented merely another tableau for interpretation (as either complicit embodiment of her own medieval myth or a claim to gentility). In examining the disputed legibility of the female body, Vrettos has identified “a pervasive tendency in Victorian culture to read the human body—and particularly the female body—as a text that offers privileged access to the emotional life of the subject (74, 15). Jane Morris's presence on the sofa exemplified the communicative potential attributed to women's bodies, as “mysterious texts that defied interpretation at the same time they demanded it” (Vrettos 29). Despite the usage of psychoanalytically-inflected terms such as “psychosomatic,” moreover, post-Victorian interpretations of Jane Morris in the biographical literature remain resolutely pre-Freudian in their impasse between organic illness and strategic invalidism. The difficulty of narrating—or verifying—pain and illness has, in the case of Jane Morris, paradoxically resulted in a narrative which has proved particularly tenacious and attests to the apparent ineluctability of a (scholarly) desire for a body that will yield the secret of an authenticity beyond dispute.

Endnotes

(1) Thanks to my colleagues Nicola Cummins and Tom McLean for constructive feedback on an earlier draft of this article. (^)

(2)Angeli is not, however, exempt from the practice of reading Jane's life from her body: “hers was not a happy face,” she writes, “nor, is it to be inferred, a happy life” (210).(^)

(3) See, for example, Frawley; Stoddard Holmes, *Fictions of Affliction*; Wood; Vrettos; and Bailin.(^)

(4)It should be noted that not all of the Morris biographers had full access to this correspondence at their time of writing (embargoes were lifted in 1964 and 1972; see MacCarthy xii), but even when access was available interpretation was all too often limited by pre-existing assumptions about Jane Morris (see, for example, discussion of E. P. Thompson's biography of Morris below).(^)

(5)Janet Oppenheim contends that water therapy was seen as particularly appropriate for cases difficult to diagnose conclusively, such as nervous and gynaecological complaints (134). A list of those Victorians who tried hydropathic treatment (with varying symptoms and outcomes) includes Tennyson, Dickens, Eliot, both Carlyles, Ruskin, Darwin, and Nightingale (Oppenheim 136). E. P. Thompson attributes the Bad Ems trip to Jane's “first breakdown,” consistent with his dismissive reading of her ailments as chiefly “nervous” in character (811). Jane's recurrent lower back pain could possibly indicate gynaecological problems such as endometriosis or simply dysmenorrhea.(^)

(6) For an illuminating case study of Alice James' invalidism, see Bronfen 384-392.(^)

(7)Shaw, like James, confesses to a preconceived image of Jane as “this beautiful, stately and silent woman” derived from her artistic representations (but also later concedes coming to appreciate her “plain good sense” and stoicism). Marsh, quoting this anecdote, wryly observes that the opportunity for anyone else to speak at a meeting between Morris and Shaw may have been limited: the importance of perspective in evaluating silence or volubility should not be underestimated (*Jane and May Morris* 202). Wilfrid Scawen Blunt also recorded in his diary that Jane was “so silent a woman that except through the physical senses we never could have become intimate,” a comment which may say as much about his sense of masterful conquest as Jane's personality (Faulkner 53). For an alternative explanation of Jane's silence, see Rosalie Glynn Grylls, who saw Jane's response to Shaw and James somewhat differently: “She would have sensed that Henry James had come to look at her like a scientist examining a specimen [. . .] . She saw through the young Bernard Shaw [. . .] . Her silence said what she thought of them all [. . .] . It was boredom that had reduced her to silence” (119).(^)

(8)Seymour Chatman has described literary character as “a paradigm of traits” in which a trait labels “a personal quality of a character, as it persists over part or whole of the story” and hence provides the means by which a character's temperament and actions are interpreted in relation to the events of the narrative (125).(^)

(9)For example, Thompson, 158, 159, 160, 161. At times, “passivity” seems to serve as a euphemism for frigidity (158, 160).(^)

(10) While Thompson's biography was written before the disclosure of Jane's correspondence with Rossetti and Blunt, his 1976 postscript reveals a contradictory attitude to these disclosures. On the one hand, they potentially offer an expanded understanding of the relationship between Morris, Jane and Rossetti which could only assist a biographer of William Morris. On the other hand, Thompson explicitly seeks to draw a line between what is and is not a valid concern for a biographer; of Jane's relationship with Rossetti, he openly admits he has not read the correspondence (although he later does), saying, "I think the matter has been pried into enough" (767) and is sharply critical of other (female) scholars who have investigated the matter further, railing against their perpetuation of "most ancient and most disabling" gender stereotypes (of *men*). His unwillingness to investigate further the "enigma" of Jane Morris and her relationship with Rossetti, then, suggests that some persistent gender stereotypes—like the sphinx-like inscrutability of female sexuality, for instance—are not a cause for concern, or even interest, for the male biographer whose desire to produce a coherent subject perhaps requires a wife-as-enigma (see Cherry and Pollock 207, 224).(^)

(11) See Vrettos 22. Examples of such studies include Ehrenreich and English and Showalter.(^)

(12) While I have emphasized here what I see as Marsh's problematic rendering of Jane's invalidism, this is not to underestimate the significance of Marsh's contribution to a significantly expanded knowledge and understanding of Jane Morris. In her biography of Rossetti, for example, Marsh describes Jane as "a quietly assured wife and mother who also played her part in the business, executing and supervising embroidery commissions [. . .]. Quiet in company, she nevertheless had a marked taste for jokes, tall tales, ghost stories and extraordinary dreams, and sensitive sympathy when required, succeeding socially as both hostess and guest, without any desire to shame" (*Dante Gabriel Rossetti* 338).(^)

(13) In his review, Peter Stansky even goes so far as to describe MacCarthy's biography as "postmodern" for its refusal to integrate the disparate parts of Morris's character and work into one coherent project and personality (549-51, 550).(^)

(14) In none of the biographical discussions of Jane Morris's invalidism I have read is there any sense of an underlying "psychological" cause being seen in this way: neither due to organic disease nor to deliberate performance, but as a bodily expression of that which cannot be consciously acknowledged and the origin of which is as obscure to the sufferer as to the observer. Such an understanding of "psychological" symptoms would undermine the simplistic binary of either legitimate illness or deliberate shamming and requires a more complex consideration of the relation between psyche and soma.(^)

(15) In 1880, Rossetti sent Jane a bottle of "Chlorodyne," an anodyne based on chloroform and morphia, which he recommended for her neuralgia (in a letter addressed to "Dear suffering Janey"). Jane, however, diplomatically declined the medication, writing in reply, "the medicine I am glad to see shows your kind thought for me as ever, but indeed I will take nothing of the nature of an opiate" (Bryson 130, 132).(^)

(16)For instance, in a letter to Blunt written while staying at Castle Howard, Jane wrote that Lord Houghton “is occupying the room next mine, and seems to spend his spare time in tramping up and down and throwing his teeth about” (Faulkner 10).(^)

(17)See Castle Howard Archives, J22/55/6. Faulkner, for instance, speculates that Jane's lack of discussion of any embroidery projects in her letters to Blunt means that she was not occupied with such work during this period (135). This silence may rather indicate that this was not a topic of relevance in this intimate, at times flirtatious, correspondence. That such everyday topics of home and family life are discussed more readily with Rossetti, by contrast, suggests that this relationship was on a somewhat different footing, with an intimacy that included the domestic as well as the romantic.(^)

(18)Shaw was not the only contemporary of Jane's to express this view. Vernon Lee, too, claimed that “poor Mrs Morris is perfectly miserable at her husband's socialistic doings” (see Irene Cooper Willis, *The Letters of Vernon Lee*, London, privately published, 1937, 219), but Lee—by her own admission—was relying on second-hand gossip in this instance and the context of the letter suggests that Lee has confused Jane's political views with her misgivings about May Morris's engagement to an uninspiring socialist acolyte of her husband's. Jane's correspondence with Blunt, for instance, expresses anti-imperialist and anti-aristocratic opinions and, as Kelvin has argued, William Morris's letters to Jane in the 1870s assume “that she is informed about politics and able to share in his own analyses of events” (xxxix). Shaw's rendering of Jane's politics also need to be seen in the context of his ambiguous relationship with May which was another cause for concern for Jane. Jane's problem seems to have been with specific socialist men, not their politics *per se*.(^)

(19)See Kelvin xxxiii-xxxiv on this point. Rosalind Howard provides sympathetic insight into Jane's domestic realities, based on her observation of the Morris women in Italy. Witnessing one of Jenny's seizures, Rosalind wrote to her mother, Lady Stanley: “I had never seen anything of the sort before & was horrified. What a horrifying thing it is & how hard it must be for her sister & her delicate mother to bear such shocks—I believe it was only the second time such a thing had happened in the open air & the last time was 18 months ago & of course it has greatly increased her mother's anxiety” (March 9, 1878, Castle Howard Archives).(^)

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