

## ***Wuthering Heights: A Challenge to the Victorian Universe***

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Emily Bronte's *Wuthering Heights* (1847) is considered one of the most enigmatic novels of the Nineteenth century. Despite its centrality to the canon of Victorian literature and women's writing in the nineteenth century, it paradoxically embodies both an anti-Victorian universe in its refusal to adhere to the moral and sexual codes of the time as well as upholds some of its major traits, especially with regard to the disappearance of the sexual body while violence keeps on reappearing. Despite this dearth of a moral universe was criticized by its earliest commentators, there was a predominantly patriarchal logic at work which led them to simultaneously grudgingly appreciate the male author, since Bronte was using a male pseudonym, who had, 'at once gone fearlessly into the moors and desolate places for his heroes' and discovered the deeper recesses of the mind.

The paper explores two ways in which the body functions with regard to the socio-cultural scenario of the nineteenth century. First part of the presentation looks at the connected if convoluted relation between the body, love, violence and aggression. The second part of the paper looks at body in terms of the correlation between mental illness and pathological ailments and how it affects the familial relations and societal fabric in the light of the contemporary developments in medicine and psychology, with special focus on puerperal Insanity and hysteria.

Victorian culture was characterized by a "sharp distinction between men and women, the male public sphere and the female private sphere, the sexually active man and the sexually passive woman, all united in a belief in sexual restraint, however hypocritical, a stern moralism, and a reluctance to discuss or exhibit any form of sexuality in public." (Evans) *Dr William Acton in his Disorders of the Reproductive Organs, in Childhood, Youth, Adult Age, and Advanced*

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*Life, Considered in the Physiological, Social, and Moral Relations* (1857) states: "The majority of women (happily for them) are not very much troubled with sexual feeling of any kind." (Acton 65) This also in a way highlights the binary between the sexless angels in the house and the sexually profligate loose woman on the streets. Acton's statement was expressive of the widely held belief by both men and women in the Victorian society. Women, especially the figure of the mother, were the objects of sentimental idealization in Victorian literature. Fidelity within marriage was considered one of the greatest virtues, and sexual profligacy one of the gravest sins. Walter Houghton in his *The Victorian Frame of Mind* (1957) describes the transition of sex from an openly talked about subject in the eighteenth century to its disappearance in the nineteenth century (and the concomitant disappearance of the body): "In the Victorian home swarming with child sex was a secret. It was the skeleton in the parent chamber. No one mentioned it. This conspiracy of silence... sprang from a personal feeling of revulsion. For the sexual act was associated with many wives only with a duty and by most husbands with a necessary if pleasurable yielding to one's baser nature..." (Evans) Moreover, this was a world in which there was no contraceptive pill and mechanical methods of contraception were ineffective and not widely available. The only safe method was abstinence, and since it was women who bore the risk of pregnancy and all the consequent burdens, it was women who began to repress their sexual feelings especially after the acts like *The Poor Law Commissioners' Report of 1834*.

In the light of these developments, it is understandable that the ideal heroine of Victorian fiction would be figured largely in the angel in the house mode even if she does not start with that premise. Catherine Earnshaw does not suppress or sublimate her desires, including her love for Heathcliff and stubbornly refuses to the taming that the other Victorian heroines undergo. The willful, passionate heroine in fact, all too clearly recognizes her feelings and is vocal in her expression of them. Unlike in *Jane Eyre* where containment becomes a mode of controlling sexuality the partial taming of Catherine's body happens through an entry into the cultured space, that of Thrushcross Grange. The girl who had promised "to grow up as rude as savages" (Bronte 48) when she returns, she is no longer the unfeminine, wick girl; she is transformed into a young lady, and her manners are "much improved... dignified person, with brown ringlets falling from

the cover of a feathered beaver” (Bronte 55) Yet Bronte describes this transition, in keeping with the Miltonic framework that she employs, as a fall from heaven rather than into it. As Catherine says, “If I were in heaven, Nelly, I should be extremely miserable... I was only going to say that heaven did not seem to be my home; and I broke my heart with weeping to come back to earth; and the angels were so angry that they flung me out into the middle of the heath on the top of Wuthering Heights; where I woke sobbing for joy.”(Bronte 84)

Catherine’s choice of husband in Edgar Linton- the calm, rich, sophisticated gentleman is a practical choice she makes based on rational considerations. It reflects not simply her adherence to the social mores of the Victorian society where marriages are a matter of families and classes and where marriage and desire/love occupy two mutually exclusive domains. In fact Catherine’s decision reflects her capacity to separate the two. Her impulsive nature and reasonable self coexist. “He’s more myself than I am! Whatever our souls are made of, his and mine are the same; and Linton’s is as different as a moonbeam from lightning, or frost from fire.”(Bronte 84)

By presenting in her both these contrary tendencies Bronte in a way critiques the hypocrisy entrenched in a culture that refuses to recognize the economy of desire, love, the very real presence of the personal in the social sphere. Catherine is neither the Victorian angel in the house, nor the fallen woman or conversely she is both. In fact, there is a refusal to adhere to normative modes of social behavior, Catherine’s relationship with Heathcliff does not undergo any change after her marriage. More importantly, within the framework of the novel, it is not seen as a transgressive act rather it is depicted as an unselfconscious pre-moral sense of joy and belonging unperturbed by artificial constraints. There is a refusal to acknowledge the conjugal bond as normative in the first place, unlike in Jane Austen where it is naturalized. Even the rational voice of the narrator Nelly is often at a loss in terms of her inability to understand Heathcliff and Catherine and often misinterprets the actions and motives of the characters.

For men, the Victorian ideal of manliness became a way of controlling the feral forces and base instincts of maleness. Richard Evan argues that “The Victorian cult of manliness involved the diversion of these base instincts into disciplined aggression; it’s not too fanciful to

think of the Victorian invention of modern sports, many, if not most of which were pioneered in the public schools of the day, as a form of displacement of sexual urges into physical aggression.” (Evans) It is of little surprise that the concept of “muscular Christianity” (Charles Kingsley) becomes popular around the same time. Thomas Carlyle, Leslie Stephen, John Ruskin and Charles Kingsley, all expressed this ideal of manliness.

Heathcliff as the dark, brooding, Byronic hero or rather the anti-hero whose aggressiveness makes him attractive is as passionate in his love as he is in his hate. In fact, it is revenge, which determines the latter half of his life as love motivates the earlier part. What remains constant is his preoccupation with Catherine. He finds no outlet for expressing his desires, his aggressive behavior bordering on the violent can be seen as a sublimation of his sexuality. Much as they are vocal in their desire to hurt the people they lack the vocabulary that expresses the desire to be one physically as well as mentally. Catherine’s assertion, “I am Heathcliff” (Bronte 86) and Heathcliff’s exhumation of her corpse are two moments when they come close to it or even in his wilful death.

Moreover, both Catherine and Heathcliff display traits which in psychiatric terms be considered sadistic and masochistic. The terms were popularized by Austrian Psychiatrist Richard Freiherr von Krafft-Ebing in his *Psychopathia Sexualis* (1886) but it manifested itself before in different ways in literature and elsewhere like in *Fanny Hill* or Marquis De Sade’s works. Cathy gets a delirious fever by deliberately soaking in the rain when Heathcliff first disappears, later she starves herself for three days in order to avoid making a choice between Edgar and Heathcliff. She blames her willful, often erratic acts on others, as she tells Heathcliff, “I shall not pity you, not me. You have killed me and thrive on it, I think...” (Bronte 164) and a few lines later, “I care nothing for your sufferings. Why shouldn’t you suffer, I do.” (Bronte 164) Similarly Heathcliff feeds upon revenge and asserts, “I have no pity! I have no pity! The more the worms writhe, the more I yearn to crush out their entrails!” (Bronte 154) Hindley too exhibits similar symptoms and so does Isabella, from being attracted to Heathcliff’s aggressive behaviour to valiantly displaying her wounds even as she flees from Him.

Moreover, Hysteria, which in the nineteenth century was seen an exclusively women's disease and was related to the womb in some form which contributed to locating mental imbalance of women in their own physiognomy. Its symptoms included faintness, nervousness, sexual desire, insomnia, fluid retention, heaviness in abdomen, muscle spasm, shortness of breath, irritability, loss of appetite for food or sex, and "a tendency to cause trouble." (Maines) The scientific/medical establishment of the period reveals the nexus between gynaecology, psychiatry, and the ideological production of gender. Catherine's anger and frenzy characterized by frequent mood swings, acts of verbal and physical violence, then can be understood not just in terms of an obsessive romantic impulse which can't reconcile to loss but also as having its roots in a pathological cause. Hence, the need to bleed her when she succumbs to a fever and then delirium. In fact, it was estimated that three quarters of women suffered from Hysteria in the nineteenth century. However, Heathcliff too exhibits similar symptoms. His passion knows no bounds whether in his pleading to Catherine's ghost to return, "Cathy, do come. Oh, do-once more," in an "uncontrollable passion of tears."(Bronte 166) or in exhuming Catherine's corpse.

Moreover, the phenomenon of mothers showing signs of mental disturbance, intense misery, or erratic, violent, behaviour following delivery was recognised long before the nineteenth century by midwives, men-midwives and women attending at deliveries. The pains of childbirth left women debilitated or propelled them into a state of frenzy. Puerperal insanity entered the medical canon in the early nineteenth century, as a term used describe the mental breakdown of women following childbirth.(Marland) "There is a change in temper, an irascibility inducing snappish remarks, and a peculiar hurried manner; sleep is much disturbed, the countenance betrays distrust, the pulse is rapid, and the patients are generally voluble. They often become negligent of their infant. At length both behaviour and language are incoherent, and delirium is fully developed. Acts of violence, sometime suicide, are in this stage committed before the nature of the malady is suspected." (Burrows 368) The first English treatise on puerperal insanity was written in 1820 by an eminent London obstetrician Robert Gooch, who also coined the term 'puerperal insanity' in 1820. He explains that "During that long process, or rather succession of processes, in which the sexual organs of the human female are employed in

forming; lodging; expelling, and lastly feeding the offspring, there is no time at which the mind may not become disordered; but there are two periods at which this is chiefly liable to occur, the one soon after delivery when the body is sustaining the effects of labor, the other several months afterwards, when the body is sustaining the effects of nursing. (Gooch 54) It was further subdivided into insanity of pregnancy, puerperal insanity and insanity of lactation. (Gooch 11) John Bucknill and Daniel Tuke, in their *A Manual of Psychological Medicine* following Gooch suggest that puerperal insanity could take at least three forms: Mania, melancholia and dementia but mania is the most common. Bucknill and Tuke, reported instances where cases of puerperal insanity made up twenty five per cent of female admissions in hospitals.

Puerperal insanity, argues Hilary Marland, was a disease of the nineteenth century, a diagnosis made possible by the Victorian sense of woman as a "victim of her fragile nervous system and unpredictable reproductive organs" (Marland 6). Environmental explanations for insanity still held sway over the hereditary explanations that would consume late nineteenth- and early twentieth-century medicine. According to the Victorian domestic ideology of these decades, it was to the ideal of natural mother and moral wife that women were supposed to conform, and to which doctors were supposed to restore them. The disorder was disruptive in its ability to challenge the hegemony of domestic ideology, as the household was disrupted, turned upside down, social mores and notions of domestic order challenged in a noisy and forceful way, as women became alarming spectres in their own homes. (Marland 65)

Catherine's delirious fever which occurs during her pregnancy might not strictly qualify as puerperal but her symptoms clearly point out to Bronte's awareness of it. The circulating medical knowledge of the period is deployed by her well to present one of the most striking ways in which the Victorian domestic ideology is challenged. Also, Nellie typifies the kind of nurse/caretaker as J. Reid's, 'On the Causes, Symptoms, and Treatment of Puerperal Insanity' advises, "A particular type of nurse should be sought out: 'vigilant, firm, though kind superintendence, soothing violence, encouraging and cheering. Despondency, soon produces its effect; and a nurse who is skillful and experienced in these cases, will have much more moral control (289.)

## References:

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