Introduction: the psyche in pain

The famous “red room” episode in Jane Eyre (1848) ends with Jane experiencing a species of fit and passing out of consciousness. Describing the aftermath of her terror, she explains that for many weeks “and even to this day,” she suffers the tremors of the mental anguish she was made to endure:

No severe or prolonged bodily illness followed this incident in the red-room; it only gave my nerves a shock; of which I feel the reverberation to this day … Next day, by noon I was up and dressed, and sat wrapped in a shawl by the nursery hearth. I felt physically weak and broken down; but my worst ailment was an unutterable wretchedness of mind: a wretchedness which kept drawing from me silent tears; no sooner had I wiped one salt drop from my cheek than another followed. Yet, I thought, I ought to have been happy, for none of the Reeds were there; they were all gone out in the carriage with their mama … but, in fact, my racked nerves were now in such a state that no calm could soothe, and no pleasure excite them agreeably. (Emphasis added)

Jane goes on to describe how the servant Bessie brings her a tart on a “brightly painted china plate, whose bird of paradise, nestling in a wreath of convolvuli and rosebuds, had been wont to stir in me a most enthusiastic sense of admiration; and which plate I had often petitioned to be allowed to take in my hand in order to examine it more closely.” Allowed now to examine the plate and eat the circlet of delicate pastry on it, she can find no pleasure in it. Even the plumage of the bird seems strangely faded. Bessie asks if she might not like a book, books of course being Jane’s great delight. She asks for Gulliver’s Travels, but when this “cherished volume” is placed in her hand, she finds all “eerie and dreary” and closes the book and puts it on the table beside the untasted tart. The account is a poignant representation of the aftermath of overwhelming emotional shock. Brontë makes use of the language of nerves here as a hermeneutic through which to understand Jane’s experience of psychic suffering. Her pointed distinction between bodily illness and “wretchedness of mind” emerges in the description of what we would call dissociation and lack of affect.
Jane is not herself, we might say, and can relish none of the things that used to delight her. Few readers today would quarrel with the pronouncement that Brontë’s heroine is traumatized by her experience in the red room. But to what extent are contemporary concepts of trauma similar to Brontë’s formulation of a “shock to the nerves,” the reverberations of which continue to be felt in permanent aftershocks?

In *Little Dorrit* (1857) Dickens describes the latent effects of William Dorrit’s long imprisonment as a final and painful hallucinatory return to the Marshalsea. Now liberated from debtors’ prison, wealthy and living in the style that behooves a gentleman, Dorrit is attending a society dinner at the Merdles when he is suddenly mentally transported back to debtors’ prison. He asks for Bob, the turnkey, and then makes his humiliating speech to the assembled company requesting alms, standing upon his shabby dignity as a fallen gentleman, and claiming his position as The Father of the Marshalsea. “They got him up to his room without help, and laid him down on his bed. And from that hour his poor maimed spirit, only remembering the place where it had broken its wings, cancelled the dream through which it had since groped, and knew nothing beyond the Marshalsea” (emphasis added).3 The shift in Mr. Dorrit’s consciousness so that he is oblivious to his present circumstances and surroundings but lives again in the past dissociates him from the present “unreality” of wealth and status. In returning to the place where his spirit has broken its wings, Mr. Dorrit returns also to a reality that his daughter Amy can share. Her father’s delusion, with its refusal of the present, Dickens implies, is both a return to the overwhelming experience of debtors’ prison – the place that broke his spirit’s wings – and, paradoxically, a recognition of what is real and valuable in his life – his daughter. A life of riches has been unable to erase the wounding past; but worse, it is a “dream” that has replaced the painful reality of prison life. What is extraordinary about the passage is that one would expect the prison experience to be the dream or nightmare from which Mr. Dorrit awakens through his miraculous reversal of fortune. But the pretentious world of monied society is, in the Dickensian twist, the real delusion.

As Dickens creates a scene involving hallucination, memory erasure and confusion of time and place, he registers an interest in the latent effects of past crisis and the dysfunctions of memory and consciousness it can produce. It is not unknown for characters in Victorian novels to relive and inhabit happier, childhood memories in the passage from life to death. In *Mary Barton* (1848), for example, the dying Alice readily returns to the loving memories of her mother. But the painful return is less usual. In the
representation of Mr. Dorrit’s final days, we see Dickens broaching questions of the temporality of the unconscious and of memory. His grasp of psychic temporalities that defy the movement of linear time implies a sense of belatedness – the unbidden return of a painful, self-annihilating, yet paradoxically “real” past. From the vantage point of the twenty-first century both the episodes from Jane Eyre and from Little Dorrit appear to be in some ways about trauma, the aftermath of psychic shock and suffering, yet our use of the term “trauma” to mean psychic injury was quite unknown to Brontë or Dickens and their contemporaries. Did the Victorians have similar concepts for which other terms were used, or rather different ideas about the structure of mind and the nature of a mental wound?

In attempting to answer these questions, this book is about the cultural formation of trauma as a concept, the changing representations of mental, nervous or psychic shock in the mid- to late-Victorian period, and the various ways in which Victorian authors render the tangle of physiological and psychological effects that attend on great emotional upheaval, strain or terror. “[T]he fact is, I was a trifle beside myself; or rather out of myself,” Jane Eyre explains, when trying to convey her damagingly transformative experience in the red room. Interested in the narration of those occasions on which we are “not ourselves,” or “beside ourselves,” this book explores in fiction of the period the threat to self-possession and governance that a non-unitary model of mind entailed, and how that threat implicated the already fragile illusion of an individual subject in possession of itself. It is interested also in the kinds of narrative rupture occasioned by those fictional occasions of not being oneself. While valuable contributions to our understanding of Victorian theories of consciousness and unconsciousness have been made by literary and cultural critics and historians of science, there has been no sustained exploration of how Victorians construed the effects of psychic shock or pain and how such investigations shaped a cultural context whose legacy is detectable in late-modern theories of trauma, memory and unconscious processes.4 Shock, Memory and the Unconscious in Victorian Fiction works in two directions: from the vantage point of late-modern theories of trauma, I look back to the Victorian moment to uncover a pre-Freudian genealogy; from that vantage point I look forward to see how this longer history might inflect our understanding of the direction that trauma studies has taken in the last few decades. I will argue that theories of shock formed a crucial aspect of the way Victorians attempted to think through the relations between mind and body, and that changing conceptions of the emotions during the period were central in shaping mid-nineteenth-century theories of consciousness and memory.
Shock has been distinguished from trauma in current criticism in terms of an opposition between physical and psychical. Shock and trauma have also been differentiated in terms of a “decisive break between medical and psychoanalytic conceptions of the wound.” Such a view consequently posits “a radical discontinuity between a modernist culture of shock and a post-modern culture of trauma.” Mark Seltzer argues that these “distinctions and periodizations have their place” but also rightly disputes their purely oppositional nature. In Freud’s terms, as Seltzer points out, trauma remains a borderland concept between the physical and the psychical. In “Two Types of Shock in Modernity,” Tim Armstrong seems to support this formulation. He represents Freud as insisting that “there is a wound attached to the traumatic situation; a wound which is at first neurological, then fantastic, and finally located somewhere between the two.” However, Armstrong does not see pre-Freudian conceptions of shock as having a psychical component. In his view, Freud saved the “notion of trauma from the materialistic and historically specific neurasthenic paradigm, with its attachment to the ‘actual,’ the quotidian.” Freud dispensed with the “economic notion of ‘actual’ shock” in order to develop the idea of an internal trauma. In place of accounts of actual shock, “Freud substitutes family melodrama, and the timelessness of the unconsciousness.” Armstrong cites Freud himself as dismissing “the old naïve theory of shock” in favor of his own notion of trauma. Armstrong thus sets up an opposition between “the economic model of shock, in which experience is conceived as a succession of stimuli which must be processed in time,” and “the timelessness of the unconscious wound.” Before Freud we have what he calls a “neurasthenic paradigm,’ in which shock is seen in terms of processing speeds, (excitation, activation), rather than in terms of wound.”

In questioning Armstrong’s opposition, I would emphasize along with Seltzer that opposing shock and trauma has the effect of rewriting the tensions within the two concepts: “[S]hock, for example, refers both to the impact of the event and to its effect, the concept already encrypts the deferrals, or ‘afterwardness,’ of cause and effect that, in part, defines the trauma.” Similarly a distinction between shock as pointing to the world or the collective order, and trauma to the subject or individual, erases the complex interactions and dependencies between world and subject. Furthermore, the psychical effects of shock, and the relation between the psychic and the physiological, are the subject of increasing scrutiny and competing formulation in the period under consideration. To see trauma rather than shock as a “sort of switch point between bodily and psychic orders” is to discount (if not ignore) the rich variety of Victorian
thinking about the relationship between somatic and psychic registrations of shock. It is that rich variety that this book seeks to explore.

An interesting borderland between bodily and psychic orders in the Victorian novel is that suitably undefined ailment, “brain fever,” which functions as a loose and catch-all diagnosis for many kinds of mental crisis and is especially often related to emotional shock. The condition is of ancient origin, having arisen from the Greek “phrenitis,” meaning “frenzy,” but also translated as “brain fever.” Hippocrates defined it as an inflammation or affection of the mind. Historians focusing particularly on the nineteenth century characterize it as an inflammation of the brain, caused by either emotional shock or overuse of the brain. Not usually contagious, the Victorian versions of this disorder were rather different from the conditions of encephalitis or meningitis to which the term may refer today. Patients were warned to avoid shocks to the system and the experience of strong emotion, since these were often the putative causes of the problem.

In *Mary Barton* (1848) the eponymous heroine develops a brain fever after the strain of defending Jem in the dock while still trying to keep secret her father’s identity as a murderer. She raves deliriously for weeks. In *Great Expectations* (1861), Pip falls into a fever and experiences nightmarish delirium after the death of Magwitch, awakening at last to find Joe nursing him. Although he explains that the “late stress upon me had allowed me to put off illness, but not to put it away,” the illness itself seems related to his overwrought emotional state and functions as a kind of purgation of his moral shortcomings. In Charlotte Yonge’s *The Daisy Chain* (1856), Dr. May’s son Norman experiences great shock in witnessing his mother’s death in a carriage accident, an experience that brings him perilously close to brain fever. The boy cannot sleep and suffers horrific dreams. In Gaskell’s *Cousin Phillis* (1864), the disappointment and shock of being quietly jilted by the lover she thought was hers plunges Phillis into a dangerous brain fever. Even well into the next century, the label “brain fever” to denote “brain symptoms of great severity” occurs in Sherlock Holmes’ “The Adventure of the Cardboard Box” (1917). In this case, the symptoms are the result of a distressing shock that implicates Miss Sarah Cushing in the death of her sister. Unsurprisingly, women seem more susceptible to such fever as a form of purification or refeminization after acts of self-assertion. Like neurasthenia, a diagnosis of the nerves that was named in the late 1860s, brain fever could be caused by too much studying. Periodicals such as *Girls’ Best Friend* provide abundant examples of foolish young women who have carelessly overtaxed their
Nevertheless, as the example from *Great Expectations* shows, brain fever was a less conventionally gendered category than either hysteria or neurasthenia.

What is significant about the examples I have just discussed is that they all imply emotional or psychological rather than purely physiological causes for the imperiled condition. In many instances the sufferer undergoes a cleansing of sorts, even a form of expiation (as can readily be seen in Pip’s case) for past mistakes. Even as occurrences of brain fever suggest that mind and brain are intimately related, they also declare fever and delirium to be the guarantees of serious illness; shock and its “merely” psychic after-effects could be dismissed as malingering, hysteria or, worse yet, madness. To be really commanding of sympathy, illness must be bodily. At the same time, because brain fever is associated with fever and delirium, it is potentially an opportunity to explore altered states of mind, and to recover memories and knowledge inaccessible to ordinary consciousness. A case in point is that of an uneducated young woman who “during the delirium of fever, continually repeated sentences in languages unknown to those around her, which were found to be Latin, Greek and Hebrew.” She had unknowingly memorized what she had overheard as a child when in the care of a pastor who recited Rabbinical texts. The delirious mind ramblings of Pip or Esther Summerson, for example, are thus ways of gaining access to interiority and psychic realities of which the subject may be unaware. While brain fever is a serviceably capacious but vague category in Victorian fiction that can be used to represent shock, I focus particularly on aberrations of consciousness, affect and memory, which, although linked in materialist science to the physical, are more generally associated with the psychological.

Twentieth-century concepts of trauma imply a model of mind in which cognition and experience are severed. According to the dominant interpretative paradigm, knowledge of the experience is unavailable to ordinary consciousness, but in some other part of the mind, a record, as it were, of the overwhelming event is stored away. In much contemporary theory, dissociation rather than repression is the process which best describes the mind’s response to overwhelming experience. Inaccessible to conscious recall, memories of the experience obtrude nevertheless in flashbacks and hallucinations and wreak damage unconsciously. The attempt to “apply” trauma theory to literary texts raises a number of problems, not the least of which is that trauma theory is not a unified or stable set of propositions describing a timeless, historically transcendent condition. Psychoanalytically inflected theory differs in important ways from the definitions of psychological
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trauma (Post-Traumatic Stress Disorder [PTSD]) offered since 1980 in the Diagnostic and Statistical Manual of Mental Disorders, for example. Moreover, trauma theory, as it has been taken up and applied in literary studies, differs greatly in assumptions and emphasis from the now large body of psychological literature devoted to the diagnosis and therapy of trauma and dissociative disorders. On the one hand, I am critical of attempts to apply trauma theory as a set of transcendent truths about the way the mind functions, and would resist privileging or reifying trauma theory. On the other, I think it may, in its various incarnations, usefully open up a range of questions that shape historical and literary inquiry. I thus approach Victorian texts with the questions about self and consciousness that animate trauma theory from Freud to the present in order to recover and illuminate the array of specifically Victorian ideas about the mind and its operation in the aftermath of emotional shock.

The term “trauma” emerged in the late nineteenth century when the label for a physical wound came to be associated with a mental state. A precondition of that shift was that the mind had to be conceived of as physical, material and physiological – and therefore vulnerable – like the body. It could be argued that the rise of a discourse of trauma is concomitant with the establishment of psychology itself as a discipline, and more particularly with the emphasis in physiological psychology on mental shock as the basic unit of consciousness. But, of course, trauma is not just a concept formulated by medical and psychological discourse in isolation. It is highly dependent on social and cultural ideas about suffering, accountability, responsibility, reparation and victimhood, which is to say that its social, legal and cultural implications are far-reaching. What may be useful about the history I attempt to trace is that it illuminates the culture of belief, values and ethical codes that produced shifts in perceptions and explanations about the effects of emotional shock. Pondering the eminence (and yet abidingly controversial nature) of trauma theory today, we may recognize that it speaks to a “wound culture” in which relief or healing is sought for haunting psychological injuries, and along the way accountability established for their perpetration; evidence of wounding and its perpetrators is found in the unwitting witnessing, inaccessible to memory except through hypnosis and therapeutic recovery. Debates in trauma studies continue to swirl around precisely this question – the reliability of witnessing, and the extent to which the traumatic experience is recorded in the brain as “a reality imprint” or subjected to unconscious fantasmatic reordering. Given the current debates in trauma theory, we may ask what similar or different cultural imperatives produced Victorian formulations
of psychic suffering, and what social, professional and political ideologies they served or resisted.

As an exploration of the categories and languages available to the Victorians for articulating the idea of a psychic wound, this book focuses on the period 1850–86 and traces the emergence of trauma as a concept and object of knowledge in an array of disciplinary formations: pre-eminently literature, medicine, mental physiology and psychology, but also mental philosophy and epistemology of mind, as well as religion and law. I examine the growth of a cluster of ideas about the effect of shock on consciousness and memory; the psychology and physiology of emotions; the nature of will and susceptibility; theories of dreams and trance; the corporeality of thought; and the involuntary or unconscious aspects of psychic life.

The initial impetus for this study came, on the one hand, from my sense of the limitations of an unhistoricized and presentist use of trauma theory in relation to Victorian literature, and, on the other, from the omission of literature’s role in histories of the conceptualization of trauma. A recent trend in literary criticism deploying trauma theory is the retrospective diagnosis of anguished fictional subjects as suffering from trauma, as if trauma were a timeless and historically transcendent category. It is seldom that critics invoking the concept of trauma reflect on the history of its discursive development and provenance or attempt to read Victorian novels in the context of nineteenth-century theories of psychic shock or wound. As an alternative to the application of contemporary or Freudian formulations of trauma (themselves vexed and continually under interpretative revision), my project is to explore what Victorian novelists and mental physiologists understood by psychic shock and what valence and social meanings that concept had in mid- to late-Victorian culture. Historians of psychology have noted that developing nineteenth-century scientific areas of inquiry (physiology, medicine) and so-called “pseudoscientific” areas (mesmerism, phrenology) propelled “the puzzle of the mind–body relation” to the forefront of public debate.

By attending to the literary text not only as an index of cultural reactions to scientific concepts, but also as an agent in developing discourses of the mind and body, we may at once broaden our sense of the complexity of Victorian formulations of emotion and its potential to disrupt consciousness and memory, and provide further historicization of contemporary theories of emotion and of trauma.

It may be argued that literary representations have always been in the business of representing suffering subjects, irrespective of changing medical and psychological ideas about how the brain and mind work. There is obviously some truth to this contention – Mr. Dorrit’s reimagining of...
himself in the Marshalsea is as clearly a representation of his present dislocation as Lady Macbeth’s derangement is of hers. But beyond the broadly similar terms in which literature speaks of psychic suffering across time, there are important ways in which literary and psychological discourse at any period are interlinked and mutually influential. While broadly interdisciplinary, this book aims to explore in particular the participation of fictive narrative in what has been assumed to be the province of emergent psychology and memory science, and to offer new readings of a range of Victorian texts through a focus on mid-Victorian conceptions of emotional injury and the psychic wound. This study focuses, therefore, on the extensive traffic between literary and psychological discussions of the way the mind functions in the aftermath of overwhelming experience.

In so doing, Shock, Memory and the Unconscious in Victorian Fiction offers a corrective to studies of the genealogy of trauma that have largely disregarded fictive writing. It is curious that this gap should exist, since the contemplation of imagination and the powers of the creative mind were influential in spurring early-nineteenth-century investigations into the mind’s architecture, and trauma as a concept is closely bound up with ideas about unconscious knowledge and conscious recall. We have only to turn to the Romantic poets, and writers such as Hazlitt and De Quincey, to recognize that it was not uncommon to think about the unconscious mind as the source of poetic creation. This is an idea repeatedly echoed in the psychological discourse of the period and in theories of artistic creation from E. S. Dallas’s accounts of the workings of imagination to R. L. Stevenson’s witty attribution of literary work to his “Brownies.” When Dallas described the action of the imagination in The Gay Science, he drew on the notion of the “hidden soul,” by which he meant the creative capacity of the absent or unwitting mind. The study of this “soul” was to be a science of aesthetics, of pleasure—the “gay science.” His work can be situated in the context of a burgeoning interest in unconscious processes, the puzzle of how we can know things of which we are not conscious, and the secret stores of memory.

In a metaphor of the traffic between the dark (unconscious regions) and the light (consciousness) Dallas sought to probe the strange ways in which the unconscious mind worked creatively. Whereas Dallas was fascinated with the pleasure, aesthetics and creativity in the transmission from “the light into the dark, and back from the dark into light,” models of unconscious thinking more frequently provoked disquiet. If thinking could go on outside of the control of the will, did that mean that human beings are essentially governed by automatic processes over which they have little
control? Dallas’s idea of the hidden soul as associated with pleasure and play can be strikingly contrasted with the focus in literature and psychology on the more painful aspects of transmissions from darkness to light.

Towards the end of the century, the psychologist William James wrote an essay entitled “The Hidden Self” focusing on Pierre Janet’s investigations into memory and alternate consciousness, the study of which was a science of pain – trauma. James himself is cited in the Oxford English Dictionary (OED) as one of the first to use the term “psychic traumata” to explain psychic injury: “Certain reminiscences of the shock fall into the subliminal consciousness, where they can only be discovered in ‘hypnoid’ states. If left there, they act as permanent ‘psychic traumata’, thorns in the spirit, so to speak.”21 Dallas too writes about shock, but from his point of view the shock that art produces is indefinable and wondrous:

The poet’s words, the artist’s touches, are electric; and we feel those words, and the shock of those touches, going through us in a way we cannot define … Art is poetical in proportion as it has this power of appealing to what I may call the absent mind, as distinct from the present mind, on which falls the great glare of consciousness, and to which alone science appeals.22

From Dallas’s emphasis on shock as pleasure to James’s recognition of its painful aftermath, from secret association to unremembered dissociation, the trajectory I trace in this book follows shifts in models of the unconscious at work in literary representations of a self whose wounds are invisible, but detectable in disturbances of memory, affect and consciousness.23

That is not to say, of course, that a discourse of memory disturbance and mental pain did not exist before the period on which I focus. Schopenhauer writes that:

[e]verybody carries in his memory a general yet cohesive reminiscence of his earlier life that reaches into unconscious childhood. True health of the mind consists in complete recall … [T]he object of great mental pain lies invariably in our memory, … thus we can explain how such pain becomes madness (King Lear, Ophelia, etc.), because people cast away excessive pain just as they cast away memories and thus find relief in madness.24

The quotation suggests the contours of a history of thinking about the relationship between mental pain and memory, and, in cases where memory is torturous, resultant madness. What I wish to explore are Victorian attempts to understand the effects of great emotion and painful memory that do not depend on a stark opposition between madness and sanity but focus rather on changes in ordinary consciousness. As Joel Peter Eigen has shown in the case of legal rulings, the year 1876 marked an important