A Costly Morality

Dependency Care and Mental Difference in the Novels of the Brontë Sisters

Paul Marchbanks
Department of English, California Polytechnic State University

The article investigates four fictional accounts of the complications involved in providing dependency care for one with a compromised mind—difficulties the authors knew well due to their father’s decision to keep his alcohol- and opium-addicted son Branwell at home instead of institutionalizing him. Charlotte and Anne create fictional heroes who struggle to compassionately manage individuals dealing with drug addiction, mental illness, and cognitive disability, while Emily indicted the domestic sphere in the creation of such conditions.

The early Victorian period witnessed a marked increase in the public’s willingness to deposit family members diagnosed with mental illness, cognitive disability, or drug addiction inside Britain’s growing number of government- and charity-run asylums. By bucking this trend and refusing to relegate the care of his drug-addicted son to professionals, the Reverend Patrick Brontë unwittingly acquainted his daughters Anne, Emily, and Charlotte with the challenges involved in private supervision of a disordered mind. A despondent and self-destructive Branwell—once the impetus behind the siblings’ adolescent storytelling—would assume in his final years the role of those dissolute antiheroes he and Charlotte had so energetically detailed in their juvenilia. As this was the period in which his sisters were shaping their masterpieces, the frequency with which Branwell’s troubles infiltrate their respective plots comes as no surprise. What does bear reexamination is the remarkable accordance between each sister’s personal response to Branwell’s addiction and her respective, fictional incarnation of his dysfunction and its management.

In Inventing the Addict (2008), Susan Zieger investigates nineteenth-century representations of drug use and the frequency with which questions about an addiction’s genesis generate a storytelling impulse that becomes “the principle discursive mode of addiction in a failed but irresistible bid to identify its origin” (3). Lennard Davis discovers the same impulse in the public’s approach to mental and physical difference: we wish to know where and when a disability emerged so that we can spin a comforting and manageable—usually sentimental—tale about its progress and social impact (3–4). The Brontës’ works
anticipate these critics’ shared rubric relatively well, though some novels demonstrate greater interest in a disability’s or disease’s progress and treatment than its inception, and each successive story’s posture toward caregiving shifts with respect to the author’s temperament and her attitude toward Branwell. In The Tenant of Wildfell Hall (1848), Anne, the youngest and most consistently dutiful of the sisters (Barker 330, 434), casts the family’s experience with Branwell in the guise of a didactic and decidedly unsentimental, tragic romance: her brother’s drug-addled years find equivalence in the dissipated behavior of the alcoholic Arthur Huntingdon, while his victimized wife recalls Branwell’s long-suffering sisters. Charlotte, bound more closely to the writing partner whose imagination had once traipsed with hers through the paracosm of Angria, provides more complex, conflicted portraits of the family’s experience with Branwell. What biographer Juliet Barker calls the “two rocks of duty and conscience” (516) war with Charlotte’s old affection for her brother, creating a tension which informs both the troubled marriage relationship of Edward Rochester and the mentally ill Bertha Mason in Jane Eyre (1847) and, following Branwell’s death, the uncomfortable custodian-ward association which briefly binds Lucy Snow to her intellectually disabled charge in Villette (1853). Lacking Anne’s sense of duty and Charlotte’s emotional investment, Emily remains the least involved in attempts to reverse Branwell’s slow trek “to the edge of insanity” (Barker 237, 455, 496). Fortuitously, this distance fosters the objectivity which allows her to examine the synergy of environment factors sometimes involved in the emergence of mental difference.

The Institutionalization of Dependency Care

The type of intimate encounter with mental difference experienced by the Brontë sisters grew less common as the number of available institutions tripled across the first half of the nineteenth century. Depositing inconvenient family members in European asylums had once been a simple process for only a well-placed minority—wealthy Frenchmen concerned more with their family’s “honor” than its structural integrity (Foucault, 67); a few secretive London magistrates and Bethlem governors preoccupied with personal economy (Andrews, Briggs, Porter, Tucker, and Waddington, 124); and those members of the upper classes eager to pursue some love affair, perhaps with the assistance of a reallo-

1. “Mental difference” will serve as the inclusive umbrella for the three categories discussed below. Each category will be denoted alternately by archaic or current terms (e.g. “idiocy” vs. “cognitive disability”) to establish their practical, historical parallelism.
cated family estate (Masters, 64, 70). Within the course of Charlotte’s own life, however, that removal of society’s cumbersome denizens so decried by Michel Foucault would become a socially acceptable, often professionally encouraged option in Britain.

During the Middle Ages, the king’s officials had made few attempts to classify idiots and lunatics, considering such categories primarily when protecting a vulnerable individual’s property rights, or determining one’s criminal culpability (Andrews, Briggs, Porter, Tucker, and Waddington, 95–97, 100). Interest in typologies of mental difference spiked in the 1790s with the revelation of George III’s mental illness, a purple press campaign which unearthed the mis-handling of patients in private madhouses, and James Hadfield’s assassination attempt on the king in 1800—a crime that resulted in the unique verdict of not guilty by reason of insanity. Related legislation followed this cluster of events, including the Act for Safe Custody of Insane Persons Charged with Offences (1800), a County Asylums Act (1808) which encouraged (without mandating) the creation of public asylums for “dangerous idiots and lunatics,” and An Act to Regulate the Care and Treatment of Insane Persons in 1828 which required doctors to visit patients weekly. The government’s commitment to categorizing citizens affected by the Factory Act (1833) and the new Poor Law (1834) accelerated the growth of medical statistics (Davis, 25–29), as did two new pieces of legislation in 1845 that formalized the process of identifying and distributing the country’s cognitively disabled and mentally ill. The County Asylums Act turned the largely disregarded suggestion of 1808 into a loud demand, requiring that each borough and county provide public-funded asylums for its pauper lunatics. The Lunatics Act reified an already common tripartite separation of the “insane” into mentally ill lunatics, incurably disabled idiots, and less severely disadvantaged persons of unsound mind, parsing out these subgroups still further into those who were “dangerous” and should be removed to county asylums, and those “curable” individuals who would presumably benefit from treatment (Wright, 16–18, 37–38).

The optimism surrounding this latest legislation lasted long enough to witness the construction of a host of new asylums, as well as the opening of two English institutions reserved for idiots and imbeciles in the late 1840s—one of which would expand and subdivide twice by the year of Charlotte’s death (Wright, 40–43). Lamentably, these and other advances encouraged delimiting distinctions that would soon fill the quickly erected institutions to overflowing with neatly pigeonholed “lunatics” and “idiots.” As Lennard Davis explains in Enforcing Normalcy (1995), the promising discipline of medical statistics grounded itself in the pernicious, proto-eugenicist assumption that
deviations from proposed physical and mental norms should be cordoned off and methodically minimized (30–31). This type of thinking slowly reshaped public practice: the same period which witnessed expanding treatment options also witnessed constriction in this newly industrialized society’s willingness to devote long hours to caring for those with illnesses and disabilities. The English began to view their increasingly visible and numerous institutions less like a last resort and more like a practical panacea. The growing number of asylums housing mentally ill, cognitively disabled, and drug-addicted individuals presented a less personally demanding alternative for those who had once taken care of their inconvenient relatives as a matter of course (Andrews, Briggs, Porter, Tucker, and Waddington, 100–101). Where public policy in the medieval period had at least nominally encouraged family and friends to care for the mentally challenged (Masters, 25), mid-nineteenth-century public opinion and medical precedent regularly recommended that such individuals be removed from their familiars. In effect, the solution had aggravated the problem. More houses of confinement had made treatment increasingly practical for just long enough to establish the public’s reliance on the resource, making it increasingly difficult for families to embrace care of their own once the new institutions had filled.

The Branwell Factor

While the depression and bouts with delirium tremens caused by Branwell’s addiction closely matched those of at least one institutionalized contemporary whose story the Brontës would have perused in Fraser’s Magazine,² the family took on the care of the young man they had always assumed would support the household upon the Reverend’s death.

Branwell’s troubles appear to have begun as early as 1841; in May of the following year he refers to his time as Clerk in Charge at Luddenden Foot station as one of “groveling carelessness … malignant yet cold debauchery, the determination to find how far mind could carry body without both being chucked into hell,” the escape from which was a “recovery from almost insanity” (LFC,

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2. Aunt Branwell begins a subscription for the family to Fraser’s in 1832 (Barker, 179). In 1842, a contributor writes disparagingly of his relative’s institutionalized progeny, noting that he “has brought himself an access of that dreadful malady called delirium tremens, through over-indulgence in the use of ardent spirits and a long course of dissipation … nothing very interesting can be expected in reference to a being who has debased himself by excessive drinking, far below the level of the brute creation” (“Philosophy,” 553).
Branwell spent the holiday granted by his next job drinking himself into illness (Smith, notes to LCB, 1:88) and, upon being fired from the position after two years for inappropriate behavior (a passionate affair with Mrs. Robinson, his employer’s wife), appears to have resigned himself to depression (LFC, 2:113–114). From this point until his death in 1848, the broken-hearted Branwell spent what money he could get on stimulants, borrowing on his family’s credit when his own funds ran dry, and forcing his father and sisters to deal with his incessant “drinking bouts, unstable temper, and deteriorating health” (Smith, notes to LCB, 1:88, 91). Before death could release him from the torment his life had become, he had ceased writing poetry and fiction altogether, undermined his health to the point where he often fell down in fits (LCB, 1:551), required extrication from a burning bed he himself set alight (Preston, 35–38), and taught his closest sister to loathe as much as she had once loved him (LCB 1:455–56). The merciful arrival of his death two years later ended Branwell’s struggle but not Charlotte’s, as evinced in her recollection of those old, fond “aspirations and ambitions for him” that dissolved into intense “bitterness of pity for his life and death” (LCB 2:122–123).

That bitterness which so adulterated the pity offered Branwell likely owed something to pervasive ideological as well as potently personal factors. Combating the Reverend Brontë’s merciful disposition and his discovery that insanity could be inherited (Barker, 543–45) was the period’s Enlightenment-renewed faith that will power alone could solve humanity’s problems. Such optimism guided William Tuke’s confidence that mental illness at the York Retreat (opened in 1796) could be reduced with personalized therapy, John Barlow’s claim in Man’s Power over Himself to Prevent or Control Insanity (1849) that self-regulation could prevent nervous disorders, and Samuel Smiles’ popular and intuitively titled Self-Help (1859). By such popular measures Branwell was weak, the family’s commitment to caring for him undeserved. Charlotte and Anne, however, had imbibed their father’s sense of duty with his doctrine of Christian charity, and remained adamant about a family’s responsibility to itself. When Charlotte heard that Ellen Nussey’s brother John refused to care for the intemperate Joseph, a sibling whose behavior and condition mirrored Branwell’s, Charlotte lashed out with characteristic indignation. She considered the wealthy doctor “deeply to blame” for not helping his family tend to Joseph, remarking that though John obviously had many duties on him already, the obligation to care for his brother was “certainly one of the most sacred he [could] have” (LCB, 1:411–414).

3. From this point on, LFC refers to The Brontës: Their Lives, Friendships and Correspondence, while LCB refers to The Letters of Charlotte Brontë.
The Brontë family’s refusal to institutionalize Branwell likely spared him that more public form of stigmatization in which the object of the prejudicial gaze is transformed “from a whole and usual person to a tainted, discounted one” (Goffman, 131). The tension visible between Charlotte’s loud support of dependent care and her admission of bitterness concerning such care’s practice, however, suggests that she and her sisters had difficulty refraining from privately stigmatizing him. This struggle to overcome impatience and anger with that “attitude of care” and “open responsiveness” necessary for effective dependent care (Kittay, 260) begs the question of whether writing Branwell into their fiction would constitute more a public pillorying of their brother, or an exhibition of self-therapy which would exhume their own failings as well as his.

A Simple Dichotomy

Anne Brontë’s *The Tenant of Wildfell Hall* (1848) provided Victorian readers with a rather transparent and unflattering transliteration of Branwell’s difficult behavior. Anne, a steadfast student who had won the prize for good conduct at Roe Head in December 1836, and whose intrinsic sense of duty governed her adult years as both governess and family peacemaker (Barker, 237, 434, 479), applied the same severe code of behavior to her brother’s fictional counterpart. Instead of joining contemporary thinkers like American physician Benjamin Rush in labeling alcoholism a *disease*, or anticipating the aggregate of “genetic, environmental, psychosocial, [and] behavioral” factors cited by today’s physicians, she casts addiction as a product of bad character (United, 37–38).

In Anne’s novel, the Brontë family’s shared affection for Branwell is transformed into the romantic attraction of the beautiful Helen for the dashing Arthur Huntingdon, a libertine who betrays his wife’s affections within a year of their marriage. With the assistance of fellow carousers and regular “business” trips to London—the requisite den of iniquity in Anne’s novel—Arthur begins a downward course his wife’s plaints fail to slow. Arthur succeeds in killing himself with drink and other excesses in about the time it takes Branwell to do the same, but not before successfully alienating his wife by teaching their little son to drink and swear, and by conducting extramarital affairs within the confines of their home. Fearful that her son will grow into a replica of his father, Helen takes flight and creates a new life for herself and little Arthur in another town (263).

If Anne had ended the story at this point, with her heroine escaping sorrow and moral degradation through relocation, then the book’s lesson would be as
simple as that articulated in her preface to the second edition: “I know that such characters [as Arthur and Helen] do exist, and if I have warned one rash youth from following in their steps, or prevented one thoughtless girl from falling into the very natural error of my heroine, the book has not been written in vain” (xxxviii). The didactic novel also preaches, however, that one should temper moral outrage with compassion, and balance the instinct for self-preservation with a willingness to serve. When Helen hears that her husband’s debaucheries have imperiled his health, she returns to the man for whom she has such mixed feelings and, instead of bringing in nurses to do the thankless work, tends him during the long weeks that precede his death. With her son’s safety eliminated from the equation, she can respond to this other call of duty; that she does so knowing full well the difficulties she will face surprises everyone, most of all her ungrateful husband. Like the Brontë family, Helen cares for one bound to her by familial ties stretched to the breaking point, doing so not for personal gain (she interrupts a budding romance with Gilbert Markham to look after her husband), but in response to that call of duty recognized by her author.

Conflicted Care

The character of Bertha Mason, the absent-present madwoman of Charlotte’s *Jane Eyre* (1847), is another fictionalization of the Brontë family secret given form and movement. Though female, and sporting a disability toward which she was constitutionally predisposed, Bertha’s actions unmistakably echo Branwell’s own (Gordon, 134). Her habits exacerbate her dysfunction in the same way that Branwell’s behavior creates his, and her condition presents Rochester with the same quandary that faced Charlotte: how does one responsibly supervise the differently functioning mind in one’s midst?

Critics enjoy identifying the character who shuts his spouse away in a secluded attic and tries to marry the novel’s titular heroine as power-hungry and sadistic. Rochester has been likened to a British imperialist who attempts to enforce his will onto a cultural other (Schwartz, 558–559), and has been written off as a pleasure-seeking profligate whose criminal habit of “exploiting others” led him to marry his first wife “for status, for sex, for money, for everything but love and equality” (Gilbert and Gubar, 356). As revisionary tellings like Jean Rhys’s *Wide Sargasso Sea* (1966) would have it, Bertha (“Antoinette” in Rhys’s novel) is the real victim of circumstance, not Rochester. She is the sad partner of one who actively, malevolently originates her disability through his neglect and abuse.
Charlotte does not, however, appear willing to cast her brother’s fictional doppelganger as the innocent victim of a caregiver who, at least in part, represents her own family. The tale of Bertha’s descent into insanity, which Rochester regurgitates to Jane when confronted with his duplicity, only appears a desperate fabrication until one notices how closely his explanation corresponds to the period belief that alcohol abuse and sexual promiscuity could accelerate the course of mental illness. Born of a mother now mad and sister to an idiot and a simpleton (389–390), Bertha inherits a complex of interrelated predispositions that Rochester had little opportunity to identify during their whirlwind romance in the West Indies. Only after entering into a marriage set in motion by his father and elder brother did he discover those “‘intemperate and unchaste’” habits which quickly and “‘prematurely developed the germs of insanity’” (391). Following the precedent set by doctors in the West Indies who confined Bertha four years into their marriage, Rochester secludes his wife in the ancestral mansion upon returning to England and hires Grace Poole from the nearby Grimsby Retreat to care for her (395).

In a narrative choice that resonates as an unconscious defense of her own, imperfect handling of a sick dependent, Charlotte mitigates Rochester’s actions by revealing his ongoing struggle to counterbalance the rage he feels toward Bertha with a commitment to responsible care, and by suggesting alternative courses of action that he avoids taking. Considerable evidence supports the declaration he makes to Bertha’s anxious brother, “‘I do my best; and have done and will do it’” (270). The struggle to curb his dislike repeatedly plays across Rochester’s features whenever he gazes at Thornfield from its grounds, revealing an ongoing contest between passionate dislike of the woman secreted in the estate, and the claims of duty which regularly combat his aversion (175). The same self-control reappears as Mr. Mason describes the bloody result of his sister’s attack on his own person. Rochester shudders, and “a singularly marked expression of disgust, horror, hatred warp[s] his countenance almost to distortion; but he only [says]:—‘Come, be silent, Richard, and never mind her gibberish: don’t repeat it’” (267). When Bertha attacks Rochester himself, he again shows restraint. Admittedly, his sarcastic description of this attack as “‘the sole conjugal embrace [he is] ever to know’” dismisses the diseased Bertha’s own experience and perspective in demeaning fashion, but his bitterness should not occlude another important line that Jane slips into her description: “He could have settled her with a well-planted blow; but he would not strike: he would only wrestle” (371). In an era when corporal punishment of one’s spouse was commonplace (Cobbe, 132–171), surely no one present would have blamed Rochester for punching his powerful and “athletic”
attacker in self-defense, and yet he withholding his hand (371). He has nothing to gain from such self-restraint, and everything to lose: Jane’s account tells us Bertha nearly succeeds in strangling Rochester twice. When Bertha later sets fire to Thornfield—something Branwell nearly did to the family house in Haworth—Rochester again puts himself in danger. He does this in spite of Bertha’s earlier attempt to burn him in his bed, and receives for his rescue attempt the temporary loss of his sight and the more permanent crippling of a hand (a condition that, ironically, allows Jane to improve upon the imperfect model of dependency care modeled by her lover in the novel’s closing pages).

Readers unconvinced that violent internal struggle constitutes a firm commitment to one’s duty, or that not hitting someone is an indication of kindness, need only consider the nature of Mrs. Rochester’s confinement for additional evidence to weigh in the balance. The very circumstance often cited when passing judgment on Rochester contains evidence that works in his defense. Like the Brontës, Rochester chooses to provide in-house care for his dependent, and hires a professional presumably trained in the same progressive principles as those working at William Tuke’s York Retreat (Smith, notes to Jane Eyre, 480). Though unable to divorce his mentally ill wife (391), Rochester could easily have removed her to the secluded Ferdean Manor, an older and considerably damper property. A grudging sense of responsibility, however, prevents him from adopting a course of action likely to harm her health: “to each villain his own vice; and mine is not a tendency to indirect assassination, even of what I most hate” (383). If Rochester were the mercenary some critics consider him, he would have sent his wife to Ferndean 10 years earlier and by now have been legally free to remarry. He also could have institutionalized her in one of the period’s new asylums, an alternative such a wealthy man might have implemented secretly and without fuss.

Though tempting to take any author’s same-sex hero as the type of her creator, choosing to instead link Rochester’s caregiving struggles to those of Charlotte suggests the novelist was aware of the “double standard” Barker discovers in the extant letters dealing with Branwell (Barker, 471). Like Rochester, Charlotte too oscillated dramatically between her commitment to caring for those in need and her constitutional impatience with others’ (including her students’) imperfections, between accusing a family member of a lovesick lack of control and manifesting depression herself in the wake of unrequited affection (Barker, 251–252, 255, 470–472). Perhaps Jane Eyre provided Charlotte an imaginative arena in which to wrangle with her own failings as well as her brother’s, initiating a process of self-analysis that her final novel, Villette, would consummate.
Toward a More Balanced Portrait

As Juliet Barker notes in *The Brontës* (1994), Charlotte betrayed discomfort with her decision to avoid current events when writing *Villette*. The author turned from the fashionable “social novel” she had attempted in *Shirley* (1849) with mixed feelings, bemoaning in a letter to George Smith her supposed inability to tackle important and uncomfortable topics as successfully as, say, Harriet Beecher Stowe (714). Barker suggests that guilt from this omission in *Villette* prompted Charlotte to interrupt her work regimen during a London trip so that she could visit Newgate Prison and Bedlam (713–714), the living quarters for many of the era’s mentally ill and cognitively disabled individuals. Neither Barker nor Charlotte herself appears to grant, however, that *Villette* does indeed grapple with current events, taking on the same mental health issues Charlotte presumably considered during one day’s urban exploration in 1853. In the final literary representation of Branwell’s malady to be published by the Brontë siblings, the sister injured most by his decline reconfigures his mental disorder and outrageous conduct as the profound cognitive disability of one Marie Broc, a “crétin” (218) placed under the care of the narrator during a school holiday.

Charlotte tackles the topic of idiocy the more effectively for engaging it obliquely and avoiding over-dependence on popular stereotypes. In this, she dodges the pattern of configuration in Charles Dickens’ early novels, and adopts a strategy more consistent with her contemporary’s later, more enlightened works including *Little Dorrit* (1857) and *Our Mutual Friend* (1865) (Marchbanks, 173–179). Charlotte refuses, that is, to fit her creation into one of the prefabricated, constricting molds conventionally cast for such characters by literary tradition. The student Marie Broc does not serve as an innocent foil for some more calculating nearby character, nor does she play other archetypal roles often assigned the idiot, like that of the wise fool or the unwitting catalyst. Marie’s tangential position relative to the main action and the brevity of her appearance actually encourage a higher degree of mimesis than would be likely with a more fully developed and central figure. Lucy Snowe’s conflicted attitude toward Marie also heightens the novel’s realism, recreating the kind of tension that characterized interactions in the Huntingdon and Rochester (and Brontë) households—a now familiar oscillation between duty and revulsion. Charlotte rejects any two-dimensional representation of the idiot’s character and situation in favor of a layered portrayal, one which undercuts our dismissal of Marie as a mere type by effectively delineating her liminal social status, her behavioral complexity, and the wide array of reactions evoked by her presence.
Though the reader only observes Marie Broc’s actions within the limited space bounded by the pensionnat de demoiselles’s walls, we learn more about her as Lucy describes the attitude of those family members who cannot decide what to do with Marie, a dilemma that results in the girl’s repeated relocation. Sent to a school far from her stepmother’s presence—a rejection this surrogate parent renews when she refuses to receive Marie during the school’s long holiday (218)—the displaced girl must wait a month for an elderly aunt to gather her and, presumably, bestow some needed compassion and affection (220). The discordant responses displayed by these family members recall the conflicted postures toward Branwell adopted by the Brontës, and also prefigure the warring impulses that will evolve within Lucy as she provides extended care for this student with special needs.

Lucy’s experience with Marie is quite varied. The description she first offers the reader, once classes have ended and her duties as personal nurse and entertainer have begun in earnest, paints her young charge as more docile and submissive than otherwise:

> The crétin did not seem unhappy. I did my best to feed her well and keep her warm; and she only asked food and sunshine, or when that lacked, fire. Her weak faculties approved of inaction: her brain, her eyes, her ears, her heart slept content; they could not wake to work, so lethargy was their Paradise. (219)

Her physical needs met, Marie appears passive and at ease. She has not yet exhibited any remarkable volition or self-consciousness, effectively keeping the reader from attempts to trace her character. Nor do we know her name at this point, a detail Lucy withholds until describing her experience to M. Paul some four chapters later. Lucy’s description of Marie in negative terms—she “did not seem unhappy”—prevents us from unequivocally assigning Marie even the simplest emotion; she remains an innocuous enigma. A page and five weeks later, however, we find Lucy deeply relieved at the departure of one she now considers a “heavy charge” (220). Lucy’s second representation of Marie’s character provides a heavy counterweight to her earlier, more casual description: “I could not leave her a minute alone; for her poor mind, like her body, was warped: its propensity was to evil. A vague bent to mischief, an aimless malevolence made constant vigilance indispensable” (220). Marie appears to be an entirely different person, a distressingly insubordinate burden to the weary and bitter attendant who has watched her for over a month.

Lucy’s two very different stances toward Marie capture the emotional flux that sometimes visits one responsible for providing sustained attention to an individual with such unremitting needs. Lucy’s tirade does verge on the insensitive
and register some of the commonplace prejudices of her time—she likens Marie Broc’s facial distortions and “indescribable grimaces” to those of “some strange tameless animal” (220)—but then, her situation demands much of her. As Eva Kittay observes, “Care is a costly morality” (272). Lucy’s euphemistic description of “personal attentions” that “required the nerve of a hospital nurse” and at times drove her “faint to the fresh air” or took from her “the power and inclination to swallow a meal” likely included rather messy familiarity with the most intimate bodily functions of her grooming-challenged charge. While those working for years in the country’s workhouses and asylums would have grown inured to these conditions along with their fellow workers, such protracted duties likely tried many a Victorian man or woman who chose to perform them within a private care environment, unaccompanied by the ameliorating assistance of a professional. Describing the physical labor and acutely “wasting and wearing” mental distress engendered by a month of nursing Marie, Lucy adds, “but this duty never wrung my heart, or brimmed my eyes, or scalded my cheek with tears hot as molten lead” (220, my emphasis), a hollow declaration which collapses under the salience of its own, numerous metaphors.

Unsurprisingly, the protestations of Charlotte’s first-person narrator bear an uncanny resemblance to her own in her letters. Perhaps, by encouraging the reader to peer behind Lucy’s façade and deconstruct her claims of dutiful service, Charlotte was demonstrating to herself the degree to which she had—five years after Branwell’s death—confronted her own failure to care for her brother with more understanding and fortitude. Certainly, her novel moves closer to an equitable handling of both caregiver and dependent than either she or Anne achieved in their earlier work.

**Power Plays and Dependency Care**

Emily Brontë’s well-documented self-centredness and emotional distance from the sufferings of Branwell and her other family members (Barker, 237, 392, 455) appear to have birthed the objectivity to probe the caregiving provided in her home—implicitly questioning her own inaction, the Reverend Brontë’s somber leniency (Gordon, 134; Barker, 544–545), and her sisters’ growing ambivalence. Following the lead of such health reformers as Philippe Pinel who considered the “repulsive spectacle of debauchery, of dissensions, and shameful distress” visible in many of his contemporaries’ homes to be “the most fertile source of insanity we treat in the hospitals” (Foucault, 529), Emily implicates the domestic spaces of *Wuthering Heights* (1847) in the very creation of not only alcohol-
ism and lunacy, but idiocy. Specifically, Emily’s novel taps into contemporary notions of mental difference as contagious and malleable: cognitive disability and mental illness maintain an invisible but ubiquitous presence at both Wuthering Heights and Thrushcross Grange, resembling disembodied spirits that can enter into and possess one at any moment—spirits to be either eluded or courted.

In Emily’s Gothic novel, lunacy constitutes the most imminent type of mental difference, one toward which any number of characters are either drawn by an irresistible attraction or shoved by a domestic antagonist. The product of a permissive, hands-off parenting style, Cathy I demonstrates the ability to induce delirium, sickness, and prolonged mental illness in herself at will. The anti-hero Heathcliff, like the depressed and self-destructive Branwell, oscillates between desiring and spurning such madness, craving the restlessness of lunacy when generated by his dead lover’s haunting spirit (204) and later spurning such mental disorder when triggered by the irritating presence of young Cathy II (393). No such ambiguity hinders his eagerness to inflict mental disorder on others, however. Winning Hindley Earnshaw’s property out from beneath him and displacing him as lord of the manor drives Heathcliff’s “kept” enemy from despair and alcoholism into madness. Eventually, Heathcliff can candidly tell Joseph that the insane Hindley belongs in an asylum (219), the socially acceptable location for someone Heathcliff needs to get out of the way without becoming legally entangled in his inevitable demise.

In Wuthering Heights, cognitive disability provides a companion menace to the more traditionally Gothic threat of mental illness. The reliable anxiety of Nellie Dean, the resident nurse and self-proclaimed emblem of Victorian sensibility and convention, helps establish this related mental difference as a particularly dire hazard. When Heathcliff unwittingly saves Hareton after the boy jumps out of his father’s arms and over the banister, she cries out angrily at Hindley, “‘Injured!’ … ‘if he’s not killed, he’ll be an idiot! Oh! I wonder his mother does not rise from her grave to see how you use him’” (93). Though the specter of idiocy returns later to haunt Hareton, for the time being his faculties remain in perfect working order. The threat of idiocy reappears when Cathy I lies ill after more of her self-induced hystericics, a slow and insidious process of mental disintegration replacing physical trauma as the probable cause of cognitive dysfunction. Nellie notes that “‘[t]he doctor, on examining the case for himself, spoke hopefully … of its having a favourable termination, if we could only preserve around her perfect and constant tranquility. To me, he signified the threatening danger was not so much death, as permanent alienation of intellect’” (160). Nellie glimpses the ghost of cognitive disability a third time
when she looks upon the broken-down figure of Linton in the days preceding his death. In the distressed state wrought by his father’s threats and various unnamed abuses, Linton hangs onto Cathy II with frantic desperation, a clear sign to Nellie of impending mental disorder: “‘What was filling him with dread, we had no means of discerning, but there he was, powerless under its grip, and any addition seemed capable of shocking him into idiocy’” (327).

Heathcliff knows idiocy intimately, having had its garb thrust upon him as a child. In the wake of Mr. Earnshaw’s death years earlier, he gradually adopted the character profile of an idiot, a role consonant with the condescendingly low expectations of him made by his new and surly guardian, young Hindley. As Nellie Dean noted in her description of Heathcliff at age 16, the boy proved rather adept at assuming this new configuration. Heathcliff’s appearance “sympathized with mental deterioration; he acquired a slouching gait, and ignoble look: his naturally reserved disposition was exaggerated into an almost idiotic excess of unsociable moroseness” (84). The Heathcliff who returns to Wuthering Heights years later has cast off the accoutrements of idiocy and stands ready to fasten them onto another’s shoulders. He takes hold of his enemy’s son and begins shaping Hareton into an idiot-like simpleton, thus broadening his program of revenge against the father by counteracting his own, unintentional rescue of the boy years earlier. The thick web of constricting language and limited expectations that Heathcliff spins around Hareton cramps the latter’s mind, completely changing the course of his development. Heathcliff lays hold of a lad with what Nellie considers a promising physiognomy and “a wealthy soil that might yield luxuriant crops under other and favourable circumstances,” and shapes him into a proud, illiterate, morally obtuse brute, one wholly dependent on Heathcliff’s instruction (241, 267). Heathcliff takes the greater pleasure in enforcing such an atavistic state onto Hareton because the latter’s nature once held such promise: “If he were a born fool I should not enjoy it half so much. But he’s no fool; and I can sympathise with all his feelings, having felt them myself … I’ve got him faster than his scoundrel of a father secured me, and lower; for he takes a pride in his brutishness” (267). By abusing access to a co-inhabitant of the domestic space in this way, and crafting mental difference where none would otherwise have existed, Heathcliff demonstrates the enormous power wielded by even the non-professional, untrained caregiver.

The novel underscores the formative power of the guardian by showing how that very domestic environment that can foster mental disorder can also operate to counteract such a state. Cathy II’s initial, condescending interactions with Hareton demonstrate the success of Heathcliff’s villainous agenda and serve to delimit Hareton further, while the intimacy she later pursues with the boy
provides the means to his recovery. When, upon their first encounter, Hareton misunderstands her question regarding the description over the Heights’s front door, Cathy asks Linton seriously whether Hareton is “simple—not right?” (268), a conclusion the malicious Linton attempts to reinforce by observing to Hareton, “My cousin fancies you are an idiot” (269). Cathy’s initial behavior reflects her society’s common prejudices against the mentally and intellectually disadvantaged. Whereas her teasing and growing condescension toward Hareton discourage his attempts to move beyond his idiot-like state (303–304, 375–379), her eventual shift reverses this decline and begins to pull Hareton out of his mental torpor. Ignored by the now preoccupied Heathcliff, Hareton falls into the hands of one determined to revitalize Hareton’s mind and claim his friendship. The task proves difficult; Cathy’s feisty charge vividly remembers her ridicule and fights her advances, but only for a time. She eventually reaches him and begins to invalidate Heathcliff’s claim that Hareton would “never be able to emerge from his bathos of coarseness and ignorance” (267). Cathy II effectively transforms the Heights from an asylum that breeds idiocy and madness into a nurturing, educational care environment; her acceptance of Hareton and the confidence she shows in him despite his coarse ignorance help reclaim him from the limited role of hard laborer to which Heathcliff had relegated him.

**Conclusion**

The subject of mental difference served a twofold function for Anne, Charlotte, and Emily Brontë. Alcoholism, mental illness, and cognitive disability provided the writers with culturally relevant topics worthy of exploration during a time when such study was becoming more the province of professionals in enclosed institutions. It also afforded the sisters a forum in which to apply a family-systems approach to their questions about the source and progress of Branwell’s illness. Both Charlotte and Emily apparently intuited their family’s complicity in Branwell’s worsening condition, eventually realizing that pairing disdain with care constitutes the kind of damaging stigmatization that stunts personal growth (Coleman, 147) and reduces life chances (Goffman, 132).

By leaving Branwell to his own devices at critical moments, the sisters had performed that pernicious fiction of autonomy which “turns those whose dependence cannot be masked into pariahs” and “causes us to refuse assistance when needed” (Kittay, 268). Perhaps more overt shows of support for Branwell’s later poetry and greater sympathy after his distressful affair with Mrs. Robinson would have helped alleviate his suffering. Conversely, a more confrontational
approach might have helped him replot his life’s course: what if their father had enacted a more proactive regimen of restricted funds and limited mobility, forcing Branwell to confront his self-destructive behavior before it had a chance to kill him?

Aware of the active role for good or bad that intimates can play in the home, but unwilling or unable to assume a more active role themselves in this positively patriarchal space, imaginative engagement with Branwell’s condition may have seemed the most plausible option for three women determined to work through their family’s distress.

Works Cited


