

**LUCID DAYDREAMING:
EXPERIENCE AND PATHOLOGY IN CHARLOTTE BRONTË**

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Abstract

This paper examines representations of daydreaming in the correspondence, journals, and novels of Charlotte Brontë as a case study for the often hidden conflict between medical histories and first-person accounts of mental states. While the emerging field of nineteenth-century psychology diagnosed daydreaming as an intense and involuntary state of consciousness analogous to trances, sleep states, opiates, and mental illnesses, accounts by daydreamers themselves represented their daydreams as critical, rational, and conscious alternatives to dissatisfactions in their social and economic realities. By foregrounding this latter perspective in Brontë's letters and in *Shirley*, I argue for a re-evaluation of the relationship between the disciplinary authority of medical science and the historical individual's experience of their own mind, and for a more optimistic view of volition and autonomy, both in studies of Brontë and in medical humanities research more generally. This more hopeful reading of the literary and historical record enabled by an investigation of the common daydream also suggests the methodological value of shifting away from our existing focus on mental disorder and abnormality towards the significance of healthy, everyday, yet historically significant modes of consciousness.

On the 4th of February, 1836, a little over eleven years before the publication of *Jane Eyre*, twenty-year-old Charlotte Brontë sat down and wrote the following in her journal after a day's teaching at the Roe Head School:

My mind relaxes from the stretch on which it has been for the last twelve hours & falls back onto the rest which nobody in this house knows of but myself. I now, after a day of weary wandering, return to the ark which for me floats alone on the face of the world's desolate & boundless deluge [...] I fulfil my duties strictly & well. I must, so to speak [...] but] as God was not in the wind nor the fire nor the earth-quake so neither is my heart in the task, the theme or the exercise. It is the still small voice alone that comes to me at eventide [...] which takes my spirit & engrosses all my living feelings, all my energies which are not merely mechanical.²²

²² Charlotte Brontë, *Tales of Glass Town, Angria, and Gondal: Selected Writings*. Ed. Christine Alexander (Oxford: Oxford UP, 2010) p. 158. Further references are given after quotations in the text.

Such a description of entering into daydream is dominated by a combination of relief and vitality. Even as her 'mind relaxes', 'falls back onto [...] rest', finds shelter in 'the ark', and transitions from 'a day of weary wandering' to the calming 'eventide' of dream, this process of repose is entwined with a sense of awakening – after a gruelling twelve hours, the daydream finally offers a channel for the 'heart', 'spirit', 'living feelings', and 'energies' that have lain unused during a day of 'merely mechanical' labour. Most startlingly of all, Brontë's self-comparison to God's absence in physical miracles, and presence in the invisible 'still small voice' heard by the prophet Elijah, comes to express a sharp contrast between the mental deadness of real life and the vitality of mental interiority. The palpable sense of joy and need in this private journal entry suggests the crucial role daydreaming played in helping the young Brontë recuperate from (and perhaps even survive) the traumatic experience of her social, economic, and physical realities.

This was not, on the whole, how daydreaming was understood or represented in the Victorian public sphere. Outside private autobiographical records of subjective experiences, a developing psychological profession with increasing social and cultural authority viewed daydreams with suspicion, alongside trances, sleep states, opiates, and mental illnesses. Natalie Mera Ford's work has recently argued that new perceptions of psychological instability fused with Romantic associations of creative genius and poetic vision into a conception of daydreaming which emphasised intense, involuntary, and borderline insane states of 'reverie'.²³ This theorisation of daydreaming by Victorian doctors and mental theorists often conflicts irreconcilably with accounts by daydreamers themselves of the effects and affects of their own daydreams. While recent scholarship in the medical humanities has stressed the continuities and complementariness between science and culture in the nineteenth century, relatively little has been said about conflicting relationships between public medical definitions of mental states and private affective experiences. How did Victorians negotiate their understanding and experience of their own mind with emerging scientific theories about the brain, especially if the two disagreed? How self-disciplinary is such an encounter with medical authority, and how resistant?

²³ Natalie Mera Ford, 'The Interpretation of Daydreams: Reverie as Site of Conflict in Early Victorian Psychology.' *Conflict and Difference in Nineteenth-century Literature*. Ed. Dinah Birch and Mark Llewellyn. (Houndmills: Palgrave, 2010) pp. 81-94 (pp. 80-3). Further references are given after quotations in the text.

The history of conflict between medical practice and its subjects is central to the well-established field of scholarship on female madness and hysteria, but such studies have generally emphasised the historical silence of the patient under the disciplinary power of medical authority. Robert Brudenell Carter's 1853 treatise *On the Pathology and Treatment of Hysteria* recommends doctors 'to assume a tone of authority, which will, of itself, almost compel submission' from the female hysteric, who 'if she interrupts the speaker, she must be told to keep silence and to listen; and must be told [...] in such a manner as to convey the speaker's full conviction, that the command will be immediately obeyed'.²⁴ Elaine Showalter has argued from such accounts that 'the tradition of English psychiatric medicine during the nineteenth century has also [like the French tradition] tended to silence the female patient, to make her the object of techniques of moral management'.²⁵ Later in the century this kind of silence would be turned against the doctor, in perhaps the most famous case of individual resistance to psychological diagnosis: in the confrontation between Freud and his patient Dora, his interpretation of her hysterical symptoms and dreams as being driven by incestuous and homosexual desires is continually rejected by Dora herself, and eventuates in her refusal to continue with his therapy. But even as feminist critics like Hélène Cixous have represented Dora's rejection of her diagnosis 'as a silent revolt against male power over women's bodies and women's language' performed by 'a resistant heroine',²⁶ others have been more wary of either the effectiveness of such a revolt, or the dangers of romanticising mental illness. Phyllis Chesler has argued strongly that 'anxious and terrified women are [not] about to seize the means of production and reproduction',²⁷ while Showalter has expressed similar reservations that 'the self-destructive and self-enclosed strategies of hysteria' achieved 'at best a private, ineffectual response to the frustrations of women's lives [...] with] costs in powerlessness and silence' (p. 161). As Maroula Joannou's recent review of the critical debate

²⁴ Robert Brudenell Carter, *On the Pathology and Treatment of Hysteria* (London: J. Churchill, 1853) p. 119.

²⁵ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon, 1985), p. 154. Further references are given after quotations in the text.

²⁶ Toril Moi, 'Representation of Patriarchy: Sexuality and Epistemology in Freud's "Dora"', *Feminist Review* 9 (1981), p. 67; Claire Kahane, 'Introduction: Part Two.' *In Dora's Case: Freud--hysteria--feminism*. Ed. Charles Bernheimer and Claire Kahane (New York: Columbia University Press, 1985), pp. 60-74 (p. 25).

²⁷ Phyllis Chesler, *Women and Madness* (New York: Avon, 1972), p. 56.

summarises, if ‘madness [is] the label attached to women who are in a psychic revolt against patriarchy, such rebellion is doomed to fail because it has no social dimension, and the rebels cannot be taken seriously by society precisely because they are deemed to be mad.’²⁸ Whether enforced by medical treatment or protesting against medical diagnosis, women patients are silenced from voicing dissenting explanations of their own experiences and behaviours, and from providing counter-histories to the records of their doctors.

Compared to the scholarship accumulated over the past three to four decades on hysteria, madness, and insanity, the unassuming mental state of the daydream has often been critically overlooked. This paper will argue, however, that the perception of daydreaming as relatively minor compared to other mental states in fact provides unique opportunities to examine the relationship between public pathologisation and private experience. For one, as Ford has noted, even Victorian psychologists who worried over daydreaming’s unstable effects acknowledged that the ubiquity and ordinariness of its mild, harmless forms ‘effectively tempered constructions of extreme reverie as unsound’ and made it more difficult to claim as an area of specialised knowledge, compared to more serious diagnoses like hysteria, monomania, or moral madness (p. 81). For another, much lighter social pressures and cultural taboos than those experienced by patients of hysteria allowed daydreamers to speak for themselves – first-person representations of daydream present throughout the autobiographical writings and published novels of daydreamers like Brontë provide a wealth of literary evidence. The liminality of daydreaming as a pathology therefore allowed first-person descriptions of its subjective experience to stand as more sympathetic, relatable, and reliable accounts to both Victorian and modern readers than less common and more opaque experiences of mental illness – offering therefore a more credible form of resistance against medical theories which sought to exert definitive authority over the mental state.²⁹ At the same time, such advantages vindicate commonplace, peripheral, and often overlooked experiences like daydreaming as productive topics for critical attention.

Finally, an emphasis on autobiography and literature as platforms for subjective lived experiences also raises questions about the relationship of the literary critic to different types of historical records. The

²⁸ Maroula Joannou, *Contemporary Women's Writing: From the Golden Notebook to The Color Purple* (Manchester: Manchester University Press, 2000), p. 32.

²⁹ Subjective accounts of Victorian daydreaming read very familiarly, at least, to the brain of this modern critic.

interdisciplinary focus of recent scholarship on mutual assimilation, interpenetration, and the borrowing of cultural authority between medical treatises and literary works has enabled us to historicise fictions in their contemporary understandings of the mind and body. At the same time, however, examining how writers like Brontë may have disagreed with and actively resisted the medical theories of their time should also make us wary of how immersion in certain types of evidence can introduce new blindspots, as well as insights. This paper's discussion therefore begins not from top-down, objective standards of medical science, but from Brontë's first-person experience of her own daydreams, and the records of her being medically advised for them.

'A doctor could do me no good.'

In December 1836, ten months after writing in her journal about 'the rest which nobody in this house knows of but myself' (p. 158), Brontë started an unlikely chain of correspondence with Robert Southey, then Poet Laureate. That initial letter has not survived, but what can be extrapolated from Southey's response in the following March is that she had enclosed samples of her poetry and requested advice about publication. Southey's surviving letter has since become a classic piece of evidence for feminist criticism due to its early and crushing disappointment of a literary career which now holds prominent place in both the Victorian and feminist canons:

The day dreams in wh[ich] you habitually indulge are likely to induce a distempered state of mind; & in proportion as all the "ordinary uses of the world" seem to you "flat and unprofitable", you will be unfitted for them [...] Literature cannot be the business of a woman's life: & it ought not to be. The more she is engaged in her proper duties, the less leisure will she have for it [...] To those duties you have not yet been called, & when you are [...] You will then not seek in imagination for excitement, of wh[ich] the vicissitudes of this life & the anxieties from wh[ich] you must not hope to be exempted [...] will bring 'with' them but too much.³⁰

³⁰ Robert Southey, Letter to Charlotte Brontë, 12 Mar. 1837, in *The Letters of Charlotte Brontë: With a Selection of Letters by Family and Friends*. Vol 1. Ed. Margaret Smith (Oxford: Clarendon, 1995), pp. 166-7. Further references are given after quotations in the text.

Alongside the letter's reflection of social attitudes to female authorship, Sally Shuttleworth has also pointed out an implicit medical undertone with which 'Southey's warnings to Brontë [...] were underpinned, in contemporary medical ideology, by a more sinister, alarming message.'³¹ Shuttleworth's reading points out the letter's context in prevailing gynaecological theories which frequently warned that 'intellectual study for a woman [...] withdrawing physiological energy from the reproductive organs, and directing it instead into intellectual pursuits would lead, physicians argued, to a complete breakdown of female health' (p. 77). Southey's tactfully indirect references to feminine 'uses' and 'business' therefore euphemise a concern with Brontë being physiologically 'distempered' or 'unfitted' for the marriage and motherhood to which she has 'not yet been called [...] from which she must not hope to be exempted'.

The medical anxieties Shuttleworth detects in Southey's letter also potentially reflect Southey's own experience of being diagnosed and treated for the heart palpitations he had suffered since 1799. His physician, the experimental chemist Thomas Beddoes, subscribed to a Brunonian theory of medicine which attributed physiological illness to imbalances caused by under- and over-stimulation of various organs, especially the brain. Such assumptions about dangerous redirections of limited 'physiological energy' went on to shape the gynaecological theories which form the subject of Shuttleworth's study, but as Gavin Budge has noted, the more general principles of Brunonian medicine frequently underpinned Southey's thinking about social and medical issues. In a review of Malthus in 1832, Southey had argued that 'the more the mind is exerted, the more the body suffers [...] The most thoughtful people, taken as a body, are the least prolific [in reproduction]', a narrative of mental activity threatening physiological fertility which he would put in more strongly gendered terms four years later to Brontë.³² Budge's speculation that Southey himself may have stopped writing poetry from concerns that 'composing poetry "excited" him too much [...] and] fears that he might develop consumption through nervous overstimulation' (p. 59) heavily suggests the role of Southey's own medical

³¹ Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 2004), p. 78.

³² Robert Southey, 'Essay IV: On the State of the Poor, the Principle of Mr Malthus's *Essay on Population*, and the Manufacturing System. 1812.', *Essays, Moral and Political* (London: John Murray, 1832), p. 152 fn, quoted in Gavin Budge, *Romanticism, Medicine and the Natural Supernatural: Transcendent Vision and Bodily Spectres 1789-1852* (Basingstoke, Hampshire: Palgrave Macmillan, 2012), p. 2.

history in his response to social malaise – and to Brontë, whom he advised more explicitly in a second letter on March 22nd to ‘Take care of over-excitement, and endeavour to keep a quiet mind (even for your health it is the best advice that can be given you)’ (p. 170).

These gynaecological and Brunonian anxieties about the overstimulated mind form the backdrop to the more specific and psychological health risk suggested in Southey’s brief but significant reference to ‘day dreams’. It is difficult to say whether Southey’s choice of words responds to specific terms in Brontë’s missing initial letter, but the narrative of mental degeneration set out in his prediction that ‘day dreams [...] are likely to induce a distempered state of mind’ coincides strongly with Victorian theories of daydreaming as an inherently unstable mental state. As Ford’s research on medical archives has shown, scientific perceptions of daydreaming and ‘reverie’ in the nineteenth century fell into the periphery of ‘heightened anxieties about trancelike conditions [...] such as somnambulism, spectral illusions, and mesmeric trance’ (p. 81), as well as a ‘mounting association with degenerative material agents [...] nitrous oxide and opium in addition to other physical causes of delusory reverie, such as fever, prolonged study, and head wounds’ (p. 87). This ambiguous and slippery relationship to more seriously impaired, uncontrolled, or altered states of consciousness dominated medical definitions of daydreaming throughout the century, and informs Southey’s fear of Brontë’s possible spiral into depression or madness.

Brunonian fears of overstimulation, gynaecological concerns with female activity, and early psychological suspicions about semi-conscious states therefore all overlap and combine to make Southey’s letter a powerful expression of Victorian hypochondriasis – one which seems to have baffled its recipient. That Brontë was disappointed to receive a discouragement to her literary ambitions is unsurprising, but when she wrote back to Southey on March 16th, the tenor of that reply also suggests a resistance towards (or simply confusion about) the unsolicited diagnosis in which that discouragement had been couched:

You only warn me against the folly of neglecting real duties for the sake of imaginative pleasures [...] to pursue that single, absorbing, exquisite gratification [...] but I am not altogether the idle dreaming being [my first letter] would seem to denote [...] I find enough to occupy my thoughts all day long, and my head and hands too, without having a moment’s time for one dream of the imagination. In the evenings, I confess, I do think, but I never trouble any one

else with my thoughts. I carefully avoid any appearance of pre-occupation and eccentricity [...] I have endeavoured not only attentively to observe all the duties a woman ought to fulfil, but to feel deeply interested in them.³³

What is immediately apparent about this letter is how its conscientious tone and dutiful promises belie the earlier attitudes towards ‘imaginative pleasures’ and ‘duties’ expressed in her private journal; underneath her deference to the Poet Laureate and apparent compliance to his advice, however, the letter also chafes against his authority.³⁴ Conspicuously and carefully missing from her reply is any acknowledgement of the medical implications that dominate the letter to which she’s replying – her suggestion that Southey ‘only’ warned her against the unproductivity, impropriety, and pre-occupation for which she provides apologetic reassurances is far from the truth. In place of any reference to her mental or physiological health is an account of her ‘day dreams’ which is distinctly affective and experiential, rather than medical: describing writing poetry as an ‘absorbing [...] gratification’, she is insistent on how duties ‘occupy my thoughts’, notes her distaste for ‘any appearance of pre-occupation’, resolves to ‘attentively’ fulfil her tasks, and to be ‘deeply interested’ in them. The language of mental absorption, (pre)occupation, attention, and interest in these outwardly deferent assurances represents daydreaming not as a state of dangerous trance, but a much more ordinary and conscious (if socially unconscientious) choice to disengage from the boredom of work. That Southey wrote back to restate his point more explicitly ‘for your health’ might reflect a concern about this failure (or refusal) to acknowledge his warnings.

Perhaps expectedly for correspondence between a twenty-year-old governess and a sixty-year-old Poet Laureate, the two of them wrote somewhat at cross-purposes, at the root of which is an incompatibility between Southey’s inherited medical knowledge and Brontë’s personal lived experience. Not only were the mental, moral, and physiological dangers publically ascribed to daydreaming evidently not apparent to

³³ Charlotte Brontë, Letter to Robert Southey, 16 Mar. 1837, in *The Letters of Charlotte Brontë*, pp. 168-9.

³⁴ The undercurrent of resentment in Brontë’s response has also been noted by Lyn Pykett, for whom ‘Brontë’s apparently prim acceptance [...] also has the effect of foregrounding the sources of (some) women’s more general dissatisfactions with a woman’s proper duties’. Lyn Pykett, ‘Women and the Sensation Business.’ *Writing: A Woman’s Business: Women, Writing and the Marketplace*. Ed. Judy Simons and Kate Fullbrook (Manchester: Manchester University Press, 1998), pp. 17-30 (p. 19).

Brontë herself, such medical characterisations of her mental habit represent almost a mirror opposite of her own autobiographical descriptions. What is for Brontë the mind at rest and relaxation is diagnosed as a brain in dangerous 'over-excitement'. Far from an awakening of 'energies' and 'living feelings' that daily life fails to capture, Southey sees a redirection of limited vital energy from the body to the brain. Rather than a reality of work which is an involuntary and 'merely mechanical' (p. 158) experience she is economically compelled to perform, it is daydreaming that is considered a loss of volition through 'trancelike conditions'.³⁵ Instead of 'the ark' that shelters and recuperates her sanity from the truly traumatic experiences in 'the world's desolate and boundless deluge' (p. 158), in Southey's medical narrative, her daydreams are the real precursors to mental illness. The exchange between Brontë and Southey and their implicit (but stark) disagreement over how to interpret her daydreams exemplifies a confrontation between private subjective experience and objectivising scientific definitions.

At stake in this confrontation is not only an interpretation of daydream, but an individual's right to explain their own mental experiences against scientific determinations of their behaviour. Brontë's accounts of her own daydreams are also expressions of discontent with 'the task, the theme, [and] the exercise' of her work and the difficulty of being 'deeply interested' in what is deeply *uninteresting*. But if such accounts describe critically the limits and dissatisfactions of her social reality, Southey's suggestion that it is daydreaming making these 'ordinary uses of the world [...] flat and unprofitable' to her mind conversely locates a psychological disorder inside the self, rather than a social disorder constricting the lives of middle-class Victorian women. More than passive misreading, the medicalisation of individual experience explains (and explains *away*) social or political unhappiness as the result of psychological abnormality, simultaneously dismissing the legitimacy of complaint and actively reasserting its causes: if Brontë wrote seeking a literary solution to the mental emptiness of her life and work, Southey's advice to be more 'engaged in her proper duties' and 'to keep a quiet mind' offer renewals of the problem ostensibly as solutions. The idiomatic language of Southey's advice is particularly telling of the social strategies of medical diagnosis: the conflation between health, activity, and audibility in the injunction 'to keep a quiet mind' defines healthiness as a lack of stimulation or expression, conveniently rendering any expression

³⁵ Ford, 'Interpretation', p. 81.

of dissatisfaction or desire for stimulation automatic symptoms of disorder.

Southey's letters represent to Brontë not only a rejection of her literary hopes, but a more categorical rejection of her ability to explain her own experiences; in a kind of long-delayed self-vindication, every protagonist in Brontë's eventual literary career is given the narrative authority to express experiences strikingly similar to Brontë's in 1836. Both *Jane Eyre* and *Villette* are narrated by protagonists who daydream in the midst of teaching work. Jane Eyre, frustrated by the limits of being a governess at Thornfield, finds it 'my sole relief [...to] allow my mind's eye to dwell on whatever bright visions rose before it [...] to open my inward ear to a tale [...] quickened with all of incident, life, fire, feeling, that I desired and had not in my actual existence.'³⁶ Lucy Snowe, more explicit in her avowal that 'my work [at a *pensionnat*] had neither charm for my taste, nor hold on my interest', declares herself nonetheless 'capable of sitting twenty years teaching infants the hornbook' because of a capacity 'to hold two lives – the life of thought, and that of reality; and, provided the former was nourished with a sufficiency of the strange necromantic joys of fancy, the privileges of the latter might remain limited'.³⁷ The strategies with which both characters survive the realities of labour recall Brontë's own reliance on 'the ark' of fantasy keeping her afloat at the Roe Head School – and their representation contest Southey's diagnosis in the very literary works which also contravene his advice.

But the clearest reflection of Brontë's continued resistance to the medicalisation of her experiences is found in her second published novel, *Shirley*. Published twelve years after her correspondence with Southey and six years after his death, the terms of her youthful promise to have 'enough to occupy my thoughts all day long, and my head and hands too' resurface almost verbatim in Caroline Helstone's desire 'to have something absorbing and compulsory *to fill my head and hands, and to occupy my thoughts*'.³⁸ One way to explain the faithfulness with which this phrase from a private letter in 1837 reappears in a published novel in 1849 is to examine Caroline's encounter with her uncle, who frustrates her desire for activity by being 'as ignorant as the table supporting his coffee-

³⁶ Charlotte Brontë, *Jane Eyre*. Ed. Jane Jack and Margaret Smith (Oxford: Clarendon, 1969), p. 132.

³⁷ Charlotte Brontë, *Villette*. Ed. Herbert Rosengarten and Margaret Smith (Oxford: Clarendon, 1984), p. 105.

³⁸ Charlotte Brontë, *Shirley*. Ed. Herbert Rosengarten and Margaret Smith (Oxford: Clarendon, 1979), p. 257, emphasis added. Further references to this edition are given after quotations in the text.

cup of all his niece had undergone and was undergoing' (p. 210). Mr Helstone forms a familiar male figure of well-intentioned but unsympathetic paternalism:

"These women are incomprehensible [...] they exhibit themselves effete as dead weeds, blanched and broken down. And the reason of it all? that's the puzzle. She has her meals, her liberty, a good house to live in, and good clothes to wear as usual [...] I suppose I must send for advice. Will you have a doctor, child?"

"No, uncle; I don't want one: a doctor could do me no good. I merely want change of air and scene."

Caroline's discontent represents a 'puzzle' to Mr Helstone because she ostensibly fulfils his mechanistic criteria for female sufficiency – 'She has her meals, her liberty [...] a good house [...] and good clothes' – qualities that also inform his initial proposed solutions of 'two guineas to buy a new frock' and a retirement 'to a watering-place' (p. 212). His wrongheaded, Southey-like determination that calmness and quiet is the solution, rather than the cause, of her restlessness leads him to offer solutions which only leave Caroline more restricted and under-stimulated than ever; his concern with keeping her healthy 'as usual' misapprehends her need for 'change'.³⁹ Such a scene visibly restages Southey's pathologising advice to Brontë 'to keep a quiet mind', and suggests the continued impression of that specific early encounter even twelve years later, midway through the very literary career he had so strongly discouraged. More generally, however, the failure of personal sympathy in Mr Helstone's willingness to 'send for advice' from a doctor *rather than* accept the explicit explanations Caroline offers of her own mental state is also indicative of the growing authority of medical knowledge over an individual's account of their own mind.

For Brontë and Caroline, these confrontations represent not only painfully unsympathetic misreadings of their experiences, but a dismissal of their right to critique the conditions of their own lives. Much of what Brontë's women have to say about their daydreams centre around the use of the word *interest*, which cuts across these accounts – just as Brontë and Lucy Snowe come to the conclusion that they daydream because their

³⁹ As the psychoanalyst D. W. Winnicott would note in the twentieth century, 'You may cure your patient and not know what it is that makes him or her go on living [...] absence of psychoneurotic illness may be health, but it is not life.' D. W. Winnicott, *Playing and Reality* (New York: Basic, 1971), p. 134.

work is too tedious for them ‘to feel deeply interested’ (Brontë) or to have any ‘hold on my interest’ (Lucy Snowe), Caroline’s daydream of romance with her cousin Robert Moore in a ‘tale full of fire, quick with interest’ (p. 291) also identifies ‘interest’ as something missing in her daily reality and compensated by fantasy. Conversely, Caroline observes that Robert himself does not daydream because ‘Nothing that they had ever talked of together was now in his mind: he was wrapt from her by interests and responsibilities in which it was deemed such as she could have no part.’ (p. 191) For Robert the industrialist, the word ‘interest’ resonates beyond mental attention (‘to feel deeply interested’), attraction (‘quick with interest’, p. 291), or taste (‘hold on my interest’). In making similar observations about Robert’s focussed mind, the narrator of *Shirley* repeatedly characterises him as an obsessive agent of *economic self-interest* whose ‘circumstances rendered him specially prone to confine his attention and efforts to the furtherance of his individual *interests*’ (p. 187, emphasis added). The novel also explains his fixation with mill machinery with reference to his *business interests*, because ‘Speculations most important to his *interests* depended on the results to be wrought by them’ (p. 39, emphasis added). In yet another sense, Robert’s drive to achieve profits serves his greater goal of paying the debts incurred by his father’s business losses, including his accrual of *financial interest*. By moving across these multiple senses of ‘interest’, ones ‘deemed such as [Caroline] could have no part’ (p. 191), *Shirley*’s account of boredom and daydream articulate the restrictions which keep women from being not only mentally but also economically invested in reality.

The conceptual bridge which Brontë’s use of ‘interest’ builds between mental stimulation and economic return therefore suggests the contribution of these otherwise innocuous passages of daydream to *Shirley*’s broader (yet critically disputed) purpose as an industrial novel. *Shirley*’s setting, during the Luddite uprisings of Yorkshire in 1811-12, has been a major point of contention for critics debating the narrative’s ambiguous engagement with workers’ rights. Catherine Gallagher’s influential suggestion that the novel’s ‘industrial conflict [...] is little more than a historical setting and does not exert any strong pressure on the form’ has only relatively recently begun to be resisted by critics like Peter Capuano, whose analysis of domestic sewing and mill manufacturing has argued for ‘a more direct and more historicized claim about how Brontë’s treatment of manufacturing in the novel connects or networks two very different constituencies: hardened Luddite machine breakers and dispossessed middle-class women for whom professional opportunities

outside the home were extremely limited.’⁴⁰ Along similar lines, Shuttleworth’s has pointed out that Brontë’s letter to her publisher on May 12th 1848 about *Shirley* makes clear her intention to address the labour economics of gender in ‘the present market for female labour [which] is quite overstocked’, and specifically the problem that ‘When a woman has a little family to rear and educate and a household to conduct, her hands are full, her vocation is evident – when her destiny isolates her – I suppose she must do what she can – complain as little – bear as much, work as well as possible.’⁴¹ As Shuttleworth argues, the novel’s structural analysis of the overstocking of the marriage market forms a parallel to the issues of unemployment driving Luddite violence in 1812.⁴²

While the textile workers in *Shirley* express dissatisfaction with their economic redundancy through the violence of political agitation, the mental agitation of Caroline’s daydreaming comes to express her own discontent with social redundancy. The partial reappearance of the expression ‘to fill my head and hands’ in the statement of intention foregrounded by Shuttleworth’s discussion, to describe the married woman whose ‘hands are full’, points by omission to a more subtle mental component in *Shirley*’s economic critique. If the unfilled hands of the unmarried woman can only ‘do what she can’ without a family of her own in which she can invest her labour, what should the unmarried woman do with her head? The obviously unsatisfactory options for physically occupying an unmarried woman’s hands (as Brontë tentatively writes, ‘I suppose she must’) still omit the other half of the problematic Brontë had been concerned with since 1837. Although the topic is evaded in her letter, the novel itself grapples with the problem of the female mind in spinsterhood. After spending (another) evening with an ‘imagination full of pictures – images of Moore, scenes where he and she had been together’ (p. 192), Caroline increasingly identifies for herself the social fate which is also the title of the chapter: ‘Old Maids’, women for whom only the economic self-sacrifice of community charity remains as activity. Such a fate, as she acknowledges, is ‘a terrible hollowness, mockery, want, craving, in that existence which is given away to others, for want of something of your own to bestow it on’ (p. 193-4), a stark contrast to the

⁴⁰ Catherine Gallagher, *The Industrial Reformation of English Fiction: Social Discourse and Narrative Form, 1832-1867* (Chicago: University of Chicago, 1985), p. xi; Peter J. Capuano, ‘Networked Manufacture in Charlotte Brontë’s *Shirley*’, *Victorian Studies* 55.2 (2013), pp. 231-42 (p. 232).

⁴¹ Charlotte Brontë, Letter to W. S. Williams, 12 May 1848, in *The Letters of Charlotte Brontë*, Vol. 2, p. 66, quoted in Shuttleworth, p. 183.

⁴² See Shuttleworth, p. 183.

self-interests which occupy Robert's mind, and a means to fill spare hands which have been excluded from economic competition. With a corresponding mental disengagement, as Caroline grimly consoles herself, 'life is short...Seventy years, they say, pass like a vapour, like a dream when one awaketh' (p. 195). Even as the daydream vapourizes the dissatisfactory limits of worldly existence, an acknowledgement of its necessity also brings the social and economic causes of those dissatisfactions into sharp focus.⁴³

Remarkably, Brontë was not alone in looking back to Luddism to explore the politics of the daydream – the advice she received from Southey in 1837 was itself a recycled thought from a previous article Southey had written for the *Quarterly Review* in the December of 1812. Reviewing Patrick Colquhoun's *Propositions for ameliorating the Conditions of the Poor*, Southey had written of 'the Luddite committees' and 'The armed associations of Nottingham and Yorkshire':

Discussions and speculations upon first principles of government and abstract rights, with a view to the formation of some New Atlantis or Utopia, have an effect upon men analogous to that which novel-reading produces upon girls: as long as the inebriation lasts, it unfits them to bear their parts in the realities of life, which appear 'stale, flat and unprofitable' to their heated and high-fed fancies.⁴⁴

The Brunonian and psychological rhetoric with which Southey discredits political uprising as 'heated and high-fed fancies' and 'inebriation' is the exact same with which he later dismisses Brontë's literary 'day dreams' as the precursor to 'a distempered state of mind [...] as all the "ordinary uses of the world" seem to you "flat and unprofitable", you will be unfitted for them'; indeed, Hamlet is a much more gender-appropriate example in discussing disaffected working men than in its recycled use as a warning for a governess. Gavin Budge's sympathetic reading of this article has argued that 'the medical underpinnings of Southey's characterization of the attractions of political radicalism for factory workers [...] is dismissive

⁴³ Jane Eyre's daydreams of 'all of incident, life, fire, feeling, that I desired and had not in my actual existence' also perform this paradoxical double role of disengagement and critique, of what Heather Glen describes as 'a refusal to acquiesce in the given [...] realized in a series of figures of autonomous imaginative power'. Brontë, *Jane Eyre*, p. 132; see Heather Glen, *Charlotte Brontë: The Imagination in History* (Oxford: Oxford University Press, 2004), p. 101.

⁴⁴ Robert Southey, 'Art. IV.' Rev. of *Propositions for Ameliorating the Condition of the Poor...By P. Colquhoun*, *Quarterly Review* (Dec. 1812), pp. 319-56 (p. 353).

of workers' political radicalism as a mere symptom of the conditions created by the "manufacturing system," but his naturalistic view of radicalism as originating in a craving for "excitement" then puts the onus on the manufacturers to change conditions for their workers.' But while any such compassionate recognition of the conditions causing workers' political daydreams is distinctly *not* recycled into his advice for Brontë (presumably because he was much less willing to acknowledge an 'onus [...] to change conditions' for womanhood than for factory work) Southey's reuse of a diagnostic strategy from 1812 to 1837 suggests that he, too, saw a continuity between working-class radicalism and female daydream – as experiences of social discontent which needed to be invalidated by medical labels of overstimulation and delusion, and suppressed by medical treatment.⁴⁵

The struggle of women and workers to affirm their credibility as witnesses of their own experiences makes clear the objectivising threat of medical interpretation. While the Luddite communities themselves exercised no right of reply to the medical explanation (and dismissal) of what they probably perceived as reasoned political positions founded on all-too-real experiences of economic distress, Brontë's autobiographical records and published fictions offer a rare voice for the resistance of first-person experiences. Although the fantasies of Brontë and her protagonists fall short of the political abstractions and utopianisms of radical workers, daydreaming for Jane, Caroline, and Lucy nonetheless represents a deliberate rejection of their social and economic reality based on a critical awareness of its shortcomings and dissatisfactions – as well as a desire to imagine more satisfying alternatives of how reality could be. To read between the lines of Brontë's journal in 1836, then, is potentially to read a narrative where months of daydreaming about more engaging avenues for 'my spirit', 'my living feelings', and 'my energies' (p. 158) than teaching eventuated in a dramatic decision to contact the Poet Laureate for help in effecting a career change. To read otherwise – for example, to follow a very canonical view that considers Brontë's daydreams and her literary output as bursts of intense, spontaneous, and pathological creativity – is to leave no room to credit Brontë's dissatisfaction, volition, and determination. In short, it is to call her desire for a literary career her 'day dreams', rather than her *ambitions*.

'Symptomatic' Reading

Daydreaming about 'the continent of Europe, like a wide dream-land' while sailing to the titular Vilette, Lucy Snowe describes the horizon as

⁴⁵ Budge, p. 63.

‘grand with imperial promise [...] an arch of hope’, before suddenly checking herself. ‘Cancel the whole of that, if you please, reader – or rather let it stand, and draw thence moral – an alliterative, text-hand copy – Day-dreams are delusions of the demon’ (p. 76). She retreats below deck with sea-sickness. As Ford has argued, such a scene seems to exemplify a ‘conflict between Lucy’s imagination and reason that portends more severe contests to come.’⁴⁶

Lucy’s psychic shocks and collapses throughout *Villette*, as well as her experience of being drugged with opium, seem to corroborate this reading of internal conflict between self-discipline and passionate intensity – one which has a long heritage in Brontë biography and criticism. Even from 1857, Elizabeth Gaskell’s biography of Brontë read her early writings as indicative of ‘her fancy and her language run riot, sometimes to the very borders of delirium’,⁴⁷ a concern later echoed by Q. D. Leavis’s characterisation that the Brontës’ ‘practice of creating a fictional daydream world persisted into adult life, so that from being the most precocious of children they became retarded adults.’⁴⁸ The rise of psychoanalysis gave more ballast to such narratives, characterising Brontë as an ‘abnormally developed personality – the neurotic or the genius’, whose fiction ‘to the very words, came to her whole and unalterable, out of what some of us now choose to call the Unconscious [...from] emotional conflict in her own soul’.⁴⁹ Even as feminist critics like Sandra Gilbert and Susan Gubar overturned such judgemental pathologising into a history of repressed female creativity, their rereading nonetheless kept intact an image of Brontë as ‘essentially a trance writer’,⁵⁰ and of *Villette* as ‘not a literary object but a literature of consciousness.’⁵¹ Whether as ‘delirium’, ‘daydream’, ‘Unconscious’, or ‘trance’, the discipline or repression of an involuntary or intuitive mental state is at the heart of Brontë’s mythology as an author.

⁴⁶ Ford, ‘Vision and Pathology’, p. 147.

⁴⁷ Elizabeth Gaskell, *The Life of Charlotte Brontë*. Ed. Elisabeth Jay. (London: Penguin, 1997), p. 66.

⁴⁸ Q. D. Leavis, *Collected Essays*. Ed. G. Singh. Vol. 1. (Cambridge: Cambridge University Press, 1983), p. 174.

⁴⁹ See Lucile Dooley, ‘Psychoanalysis of Charlotte Brontë, as a Type of the Woman of Genius’, *The American Journal of Psychology* 31.3 (1920), pp. 221-72 (pp. 222-3).

⁵⁰ Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-century Literary Imagination* (New Haven: Yale University Press, 1980), p. 311.

⁵¹ Gilbert and Gubar, p. 439.

The recent growth of medical humanities research has helped to qualify, contextualise, and demystify this narrative, but has also in its own way contributed to it. In the last two decades, a growing recognition of the porousness between science and culture in the nineteenth century has meant that, as Helen Small has written, ‘the general emphasis in interdisciplinary studies is on complementarity [...] literary critics have turned to medical history to ground their readings of fiction’s mad people in the lived experience of eighteenth- and nineteenth-century men and women’.⁵² One exemplar of such studies is Shuttleworth’s project of tracing the medical categories and terminologies co-opted into Brontë’s fiction. Locating Brontë’s use of terms like ‘monomania’ and ‘moral insanity’ to the medical texts on the shelves of the Parsonage, Shuttleworth’s unpacking of the scientific specificity of Brontë’s language represents an influential model for historicising literary representations of mental illness.⁵³ On the one hand, such acknowledgements of Brontë’s own engagement with nineteenth-century medical science affords her more autonomy and self-knowledge than earlier stereotypes of ‘a quivering wreck naively spewing forth her complexes into her books’,⁵⁴ or of her work ‘as merely the output of a neurotic unconsciousness writing ignorantly and compulsively’.⁵⁵ On the other, the natural predominance of mental illness as a topic in medical sources has also continued to skew scholarship towards a focus on representations of disorder and mental abnormality in literature. This methodological focus comes under some tension when individual lived experiences struggle for recognition *against* medical sources – indeed, when individuals disagree with medical science about whether they are ill at all.

Ford’s work in excavating the complicated diagnostic history of the daydream from a large archive of medical texts explicitly follows Shuttleworth’s example in moving from medical history into literary interpretation. For example, Ford’s 2010 medical-historical study ‘The Interpretation of Daydreams: Reverie as Site of Conflict in Early Victorian Psychology’ makes use of a survey of the ‘important medical and philosophical treatises published between 1830 and 1870’ by John Abercrombie, Robert Macnish, James Cowles Prichard, John G. Millingen,

⁵² Helen Small, *Love’s Madness: Medicine, the Novel, and Female Insanity, 1800-1865* (Oxford: Clarendon, 1996), pp. 36-7.

⁵³ Shuttleworth, pp. 48-56.

⁵⁴ See Lucasta Miller, *The Brontë Myth* (London: Vintage, 2002), p. 138.

⁵⁵ See John Maynard, *Charlotte Brontë and Sexuality* (Cambridge: Cambridge University Press, 1984), p. 71, quoted in Carol Bock, *Charlotte Brontë and the Storyteller’s Audience* (Iowa City: University of Iowa, 1992), p. 164.

Henry Holland, George Henry Lewes, and Walter Cooper Dendy to argue that the diagnostic definition of 'reverie' was in 'conflict [...] between what could be summed up as generative and degenerative brands' (p. 83). Her literary study in *Brontë Studies* the following year, ' "The track of reverie": Vision and Pathology in *Shirley* and *Villette*', sets out an explicit statement of intention to build on Shuttleworth's methodology: 'My aim here is to add 'reverie' to the list of pathological vocabulary employed by Charlotte Brontë [...] in a text that, as Sally Shuttleworth has stressed, combines Gothic elements with medico-cultural discourse'.⁵⁶ Her reading retraces her earlier medical-historical narrative of reverie's unstable medical definition to a literary interpretation that Brontë's fictions 'invest "reverie" repeatedly with ambivalent and gendered force [...] the notion veered between positive and negative interpretations' (p. 141). Scenes like Lucy's reverie at sea are therefore read as examples which show Brontë reflecting 'contemporary psychological discourse' and repudiating 'reverie' as 'unstable if compelling [...] best for her sensitive female protagonists to avoid, despite its enduring allure' (p. 149-150). Read alongside Lucy's experience of opium, such a reading attributes daydreaming with the inherent attraction of chemical agents, and the involuntary behaviour of addiction, and is therefore replicative of Victorian attitudes towards overstimulation and opiated consciousness. Ford ultimately presents Brontë as prescribing something much like Southey's 'best advice for your health', or Gaskell's concerns with fancies 'run riot [...] to the very borders of delirium'. The movement of her research between medical-historical evidence and literary texts follows a 'track' which she argues Brontë herself has travelled in assimilating a 'pathological vocabulary' into fiction.⁵⁷

But just as Brontë's response to Southey's advice is not necessarily as acquiescent as it first appears, there is potentially more to her engagement with contemporary medical knowledge than complementarity, reflection, or the smooth assimilation of ideas. Many of the medical texts owned, read, and annotated by Brontë's father reinforce Southey and Gaskell's attitudes: Thomas John Graham's *Modern Domestic Medicine* lists 'inactivity and a sedentary life', 'passions of the mind', and

⁵⁶ Natalie Mera Ford, ' "The Track of Reverie": Vision and Pathology in *Shirley* and *Villette*', *Brontë Studies* 36.2 (2011), pp. 141-51 (p. 145). Further references given after quotations in the text.

⁵⁷ Ford, 'Vision and Pathology', p. 145.

‘every considerable emotion’ among the causes of hysteria,⁵⁸ while Robert Macnish’s *The Philosophy of Sleep* defines youthful reverie as ‘a habit of inattention, which, in extreme cases, may terminate in imbecility [...] it is apt to injure the usefulness of the individual’.⁵⁹ These texts come to be echoed later in the century by Carter’s recommendations ‘to avoid everything likely to produce emotion of any kind [...] to enjoin regular daily exercise, not confined to a lounging walk, but carried to the point of fatigue’.⁶⁰ But if Brontë was familiar with these medical cautions by the time they were restated to her in 1839 as recommendations to combine ‘a quiet mind’ with ‘proper duties’ and ‘ordinary uses’,⁶¹ she would have also encountered Macnish’s claim that reverie is ‘frequently induced by forcing young people to learn what they dislike’ (p. 278), and that ‘In such a case, the person should be strongly directed to those subjects in which he feels most *interest*, and never be made to study what he has not a positive liking for’ (p. 283, emphasis added). What would Brontë, for whom the crushingly uninteresting duties of the unmarried woman are performed because ‘I must, so to speak’ (p. 158) or ‘she must, I suppose’,⁶² have made of this advice? Such an example suggests the possibility of a more idiosyncratic and less disciplinary relationship between the individual and their contemporary medical knowledge. While Brontë may have turned to external definitions for a vocabulary with which to describe and understand types of mental illness, for a mental state which she once described as ‘the ark’ in which her ‘heart’ sheltered, she was more than capable of discriminating between which parts chimed with her experience, and which utterly opposed it.

Such a possibility leaves us with the challenge of discerning the difference between a genuine assimilation of medical theories and a strategic balancing of public knowledge with private experience. To return to Lucy’s apparent self-disciplining in *Villette*, it is significant that while her narration is often riddled with gaps and ambiguities from psychological pressures and involuntary lapses in consciousness, she is also often deliberately evasive, or even deceptive: at one point withholding her recognition of a returning character from the reader, and refusing to confirm the fate of her lover at the end of the novel. To build

⁵⁸ Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, 1827), p. 387.

⁵⁹ Robert Macnish, *The Philosophy of Sleep* (Glasgow: W.R. M’Phun, 1836), p. 279. Further references given after quotations in the text.

⁶⁰ Carter, p. 101.

⁶¹ Southey, 22 Mar. 1837, p. 159; Southey, 12 Mar. 1837, p. 166.

⁶² Brontë, 12 May 1848, p. 66.

on Carol Bock's argument that 'to take Brontë seriously as a thinker and as a writer' requires interpretations which 'see the ambiguities in her novels as intentional – the apparent contradictions as a sign of complexity rather than a symptom of confusion',⁶³ one can read Lucy's renegeing of her daydream in more 'intentional' ways than as a 'conflict between [...] imagination and reason'.⁶⁴ Her sudden and explicit request to 'Cancel the whole of that, if you please, reader', to overwrite a heartfelt description of her aspirational daydream with a self-disciplinary (even alliterative) 'moral',⁶⁵ could be read either as a genuine check on a dangerous habit or as a more cynical protestation of compliance specifically addressed to a patronising 'reader' – that 'I am not altogether the idle dreaming being it would seem to denote'.⁶⁶ The too-freely offered 'moral', to refrain from a mental exercise which Lucy obviously enjoys and which evidently sustains her, also recalls by contrast the narrator's joke at the ending of *Shirley*, of spying 'the judicious reader putting on his spectacles to look for the moral. It would be an insult to his sagacity to offer directions.' (p. 740-1) It would be a denial of Brontë's sagacity, in turn, to take her or Lucy's meekness too much at face value.

The tendency to read over the potential for volition, deliberation, and consciousness in Brontë and her protagonists is broadly indicative of the temptation to a very literal kind of 'symptomatic reading'. To borrow and literalise the term from Stephen Best and Sharon Marcus, such readings are 'symptomatic' in that they too readily interpret fictional representations of mental experience as representations of medical symptoms, based on an assumption that the experience being explored is necessarily a form of disorder.⁶⁷ This affinity for characterising Brontë's protagonists as individuals suffering or under threat from internal mental disorders (whether innate or born of repression), rather than healthy individuals reacting rationally and creatively to external social dissatisfactions, is where the focus on mental illness in recent medical humanities research most resembles the traditional morbidity of Brontë

⁶³ Bock is arguing against what she calls a 'confessional tradition' of interpreting Brontë's work as a psychological outpouring, something which Ford avoids in her representation of Brontë as consciously engaging with medical theories rather than simply being a victim to them. My argument here takes more specific issue with Brontë's implied compliance in that engagement. See Bock, p. 164.

⁶⁴ Ford, 'Vision and Pathology', p. 147.

⁶⁵ Brontë, *Villette*, p. 76.

⁶⁶ Brontë, 16 Mar. 1837, p. 169.

⁶⁷ See Stephen Best and Sharon Marcus "Surface Reading: An Introduction", *Representations* 108.1 (2009), pp.1-21 (pp. 3-5).

criticism and biography. As Mary Jacobus has also written of Gilbert and Gubar, 'The warning might run: Doesn't this view of women's writing as symptom, this privileging of the female gothic, deny its variousness and multiformity?'⁶⁸ How might critics put more faith in the nuance and range of individuals' responses to the authority and objectivity of medical knowledge, practitioners, and institutions?

The fact that medical-historical archives are much more public, objective, and accessible than the rare and fragmentary records of subjective experiences contributes significantly to the elusiveness of 'variousness and multiformity'. Ubiquitous yet invisible, the private experiences of the daydream form a slippery topic of investigation compared to the visible public process of medical research and discussion. As Debra Gettelman has pointed out of scholarship in the *History of Reading*, investigations into the contents of subjectivity rather than categories of public knowledge must 'remain as aware as ever that readers' minds are stubbornly resistant to the historical record [...and] openly self-conscious about the difficulty or impossibility of recovering something as intangible as the psychological experience of a long-gone reader.'⁶⁹ But if such epistemological barriers make individual, everyday mental states like reading or daydreaming difficult to detect and to tease out from their traces in the historical and literary record, the regularity with which Charlotte Brontë's novels continually return to such experiences points to the importance of resisting their erasure. Equally important as investigating intense, altered, and abnormal forms of consciousness is recognising the important role which quotidian, undramatic, and non-pathological mental states played in shaping the agency and self-determination of historical individuals. To take daydreaming seriously without sending for the doctor is a difficult but important task of listening to what is 'not in the wind nor the fire nor the earth-quake', but in 'the still small voice alone'.

⁶⁸ Mary Jacobus, Rev. of *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Imagination*. *Signs* 6.3 (1981), pp. 517-23 (p. 521).

⁶⁹ Debra Gettelman, 'The Psychology of Reading and the Victorian Novel', *Literature Compass* 9.2 (2012), pp. 199-212 (p. 202).

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