Cartesian Dualism, Real and Literary Madness in the Regency, and the Mind and Madness in Austen's Novels

KARENLEIGH A. OVERMANN

Karenleigh A. Overmann is a Clarendon scholar at the University of Oxford, reading a D.Phil. in Archaeology. Her M.A. in psychology and B.A. in anthropology, philosophy, and English are from the University of Colorado. Her work has appeared in *Behavioral and Brain Sciences*, *Cambridge Archaeological Journal*, *Current Anthropology*, and *Persuasions*.

WHILE MODERN SCIENCE UNDERSTANDS the mind and its disorders on an increasingly fine-grained basis, the state-of-the-(cognitive) art when Austen wrote her novels had no such subtle distinctions. Hers was an era in which the mad were confined to horrendous asylums—for example, London's Bethlem Royal Hospital, whose nickname, Bedlam, would become a synonym for uproarious confusion—and put on display for a penny, a fee said to have been periodically waived because the sight of the mad was considered instructive.³⁶ Visitors were encouraged to poke inmates with sticks or otherwise excite them when their behavior was found insufficiently disturbed to yield the desired entertainment. Conceptions of the mind, its disorders, and how those disorders were treated were scarcely past the time when madness was demonic possession: the mind was thought to be immaterial, imperishable, and untreatable, except perhaps through severe shocks and frights administered in attempts (now of course recognized as thoroughly misguided) to restore sense to the afflicted. Madness was simply a mystery. As Dr. Thomas Percival,³⁷ a prominent physician with whom Austen was familiar, admitted, “the various diseases which are classed under the title of insanity, remain less understood than any others with which mankind are visited” (28).

Austen's ability to represent the psychology of her characters in a way that makes them convincingly real to the imagination poses the question of what she would have known about the mind and its disorders. An answer

requires insight into how sufferers from mental disorders were treated during the Regency and how mind and madness were perceived by authors whom she read—in particular, William Shakespeare, James Boswell, and Elizabeth Hamilton—as well as an examination of how prevailing wisdom in general and these literary sources in particular may have informed her novels. How Jane Austen presented mind and madness in her novels will be contrasted with what she knew and wrote about medicine and medical practices for physical illnesses and injuries. The tenor of the times and the way in which Austen wrote about mind and madness, in turn, suggest that whatever firsthand knowledge she would have had from the mental impairments of her brother George and uncle Thomas would have been scrupulously hidden—removed from society, like the relatives in question, to remove any taint of scandal.

HISTORIC SUPPORT OF THE MENTALLY ILL

The times into which Austen was born (1775) were turbulent: the American colonies fought for their independence during her childhood (1775–1783); France slaughtered its nobility during her teens and early twenties (1789–1799) while she wrote juvenilia and *Lady Susan* and adapted *Sir Charles Grandison* as a satiric play (Le Faye, *Family Record* xviii–xxix, 150). Between 1803 and 1815, British slaves revolted in the Caribbean and Napoleon created havoc across Europe, the period when she wrote *The Watsons* and her novels, revised *Lady Susan*, and continued her voluminous correspondence (*Family Record* xviii–xxix). The novels refer to these latter events—Captain Wentworth becomes wealthy capturing enemy ships; Sir Thomas owns a sugar plantation in Antigua—suggesting that Austen chose to let what transpired in the wider world inform but not overly intrude upon the intimate neighborhoods her characters inhabited. At the same time, these worldly hints highlight that Austen wrote what she knew, either from her personal experience or from that of her emissaries, the friends and family members who wrote to her of places and events. Omissions—few illnesses or injuries beyond what an apothecary might treat, no madness entailing social and legal implications—therefore suggest the limits of her experience, or an authorial inability to tackle truly dismal matters, or an unwillingness to treat subjects that had the potential to reveal secrets embarrassing to her own family, and perhaps to the royal family as well, since the King’s health was fragile enough to necessitate the Regency and undoubtedly would have made the topic a sensitive one.

During Austen's lifetime, the ecclesiastical and feudal institutions that historically had provided social support and caring for the mentally ill were being eroded by an industrial revolution (1760–1820) and by the economic and social changes it wrought, pressures Austen made evident in Sir Walter's need to retrench and rent Kellynch Hall. Ecclesiastical support included the parish services that Austen would have known as a rector's daughter: rectors encouraged parishioners to provide private charity, managed parish alms for paupers, and kept lists of the mentally ill (Arieno 20–22; Dudgeon 59–61). Private charity is delicately portrayed in the support given Miss Bates, who receives periodic donations like the pork Emma sends (*E* 172); alms are not treated at all. Such support was being overwhelmed as poverty doubled between 1785 and 1802; by 1818 it had nearly doubled again (Tate 21). Insanity, by comparison, increased "sixfold" between 1807 and 1844 (Arieno 115).

Feudal institutions were primarily focused on designating who would control and profit from any property, with care of the mentally ill a distant, secondary matter. The Crown, which had assumed an overall responsibility for such care in the thirteenth century, sold guardianships to private individuals, who paid the Crown rent on managed lands and were, at least in theory, accountable for profits and responsible for the afflicted person's maintenance (Neugebauer 1–10). From 1540 to 1660, such guardianships and rents were overseen by the Court of Wards and Liveries (Neugebauer 1–10); in 1661 the Crown's responsibilities were delegated to the Lord Chancellor, who was charged with delivering justice on the King's behalf (Keely 195). The Lord Chancellor acted through the Court of Chancery, an administrative body dated to the Norman invasion that was hated and feared for its inefficiency, corruption, and expense (MacDonald 300–01), qualities later exposed in Dickens's *Bleak House*. Whatever the soundness of the judicial system itself, being of sound mind (*compos mentis*) was critical to the legal right to enter into contracts such as marriage or to inherit and control land and other property. Mental incapacity (*non compos mentis*) was adjudicated through an inquest conducted by a jury of propertied men, who listened to witness accounts, considered evidence, and rendered verdicts on whether the person was capable of managing his or her affairs (Houston and Frith 19–21).

An example of the judicial process in action, detailed in Houston and Frith's account, is the case of Hugh Blair, an eighteenth-century man who was possibly autistic, judging from witness descriptions of his impaired communication, limited sociality, prodigious feats of memory, and

repetitive and sometimes odd behaviors, such as carrying stones around with him, an apparent obsession inconsistent with his standing as a member of the gentry (97). Possibly with the goal of gaining unencumbered right to the family estate, Hugh's younger brother John sued—successfully, it turned out—to have the older brother's marriage annulled on the grounds that his idiocy prevented his entering into such a contract (1). Notably, no such legal processes are apparent in any of Austen's novels, where issues related to marriage are instead concerns of social rank and propriety, and matters of property are mainly questions of gendered fairness.

THE STATE OF 'MIND' IN THE REGENCY

Though the nineteenth century saw an increased interest in mental illness, the result of public concern with the King's health (Bewley 5), the events contributing to modern psychology, psychiatry, and medicine would not occur until long after the deaths of both Austen (1817) and monarch (1820). For example, Sigmund Freud was born in 1856, Carl Jung in 1875; neither would begin practicing until nearly 30 years of age (Schacter et al. 13–14). Standardized descriptions and diagnostic criteria would not be formulated until the middle of the twentieth century. Antiseptics were unknown; surgeons performing back-to-back operations were encouraged to change “besmeared” aprons to prevent patients from becoming “agitated by the knowledge of the sufferings of another” (Percival 22–23). The idea that germs had something to do with illness was demonstrated only in 1854, when cholera deaths were linked to contaminated water. Diseases of mind and body were instead understood in terms of lingering medieval notions: as related to moral depravity and sin, especially when the lower classes were afflicted (Kroll and Bachrach 513); through Humorism, a theory of health, disease, and personality attributed to Galen of Pergamum, second-century physician of Rome; and by Dualism, the view of mind and body as distinct substances.

Dualism is most famously associated with seventeenth-century French philosopher René Descartes, who wrote that the mind was immaterial and the body physical, a conception often conflated with religious ideas about the soul and its vessel. Since the mind was of a wholly different substance than the body, it had very little to do with the brain, and in fact the ontological difference dividing mind from body posed a problem in how the two might interact. Descartes's solution to the causal conundrum was

to propose that mind communicated with brain (and hence the rest of the body) through the exceedingly subtle movements of the pineal gland:

although the soul is joined to the whole body, nevertheless there is a certain part of the body where it exercises its functions more particularly than in all the others. . . . [T]he part of the body in which the soul directly exercises its functions is not the heart at all, or the whole of the brain. It is rather the innermost part of the brain, which is a certain very small gland situated in the middle of the brain's substance and suspended above the passage through which the spirits in the brain's anterior cavities communicate with those in its posterior cavities. The slightest movement on the part of this gland may alter very greatly the course of these spirits, and conversely any change, however slight, taking place in the course of the spirits may do much to change the movements of the gland.

(22)

Descartes assigned this weighty responsibility to the pineal gland on the grounds that while brain structures are generally bilateral (i.e., one in each cerebral hemisphere), there was only one pineal gland.³⁸

The idea that the brain might have a role in mental functions was introduced in the middle of the eighteenth century by British philosopher David Hartley and French physician Julien Offray de la Mettrie, who rejected Dualism to claim that mind and even soul were thoroughly physical, and again in the early nineteenth century by German physician Franz Joseph Gall. Gall's work in identifying the brain with cognition and personality is often overshadowed by the pseudoscience it would generate (phrenology, the notion that bumps on the skull determine character and mental faculties) and the racist purposes to which it would be applied, especially in Victorian colonialism (Schacter et al. 6–7). Phrenology was a fad during Austen's lifetime, flourishing particularly between 1810 and 1840, though it would not be formally introduced to England until 1814 (Arieno 63–64). Gall's work should thus be viewed as an emerging view of the mind–brain relationship, not necessarily something Austen might have encountered while writing her major works.

Gall argued that innate dispositions and faculties were located in the brain, an organ whose “material condition” made possible their “exercise or . . . manifestation” (234). If phrenology seems fantastic today, it was Gall's now commonplace identification of mind with brain that was sufficiently heretical for the Church to ban his writings (1802), expel him from Austria (1805), and excommunicate him (1817). Gall's fall from

grace demonstrates just how fierce a grip Dualism had on the time's imagination and conscience. Treating the mind as part of the physical body denied its immateriality and was tantamount to denying the existence of the soul, perhaps even the truth of Christianity itself (Scull, "From Madness" 219). Disparaging such serious matters of faith was something Austen was unlikely to do, no matter how irreverent she could occasionally be about the foibles of the clergy.

Because it was immaterial, the mind was "incapable of disease or of its final consequence, death" (Gray 46). Yet the mind could nonetheless be disordered, posing another conundrum, that of how an immaterial substance might be treated; the solution was to treat it through the only thing available—the body (Arieno 11–19). The contradiction inherent in treating an immaterial mind through applications upon a physical body was ignored; the medical profession simply reasoned that mental disorder reflected the mind's sympathy with some state of bodily disorder (Arieno 11–19). Thus, mental disorder was treated on the basis of whatever physical illness was thought to underlie the mind's distress; physical illness was itself attributed to causes of constitutional delicacy, peccant humors, and miasmatic exposure, with Humorism providing the model for treatment (Waller 9–11).³⁹

To balance the humors and restore health, patients were bled, covered with plasters or lotions, given various substances to ingest (including toxins like turpentine and mercury), forced to rest or confined, and limited to highly restricted diets (Waller 1–16). Those ordering the treatments—even the best physicians, the most skilled of a hierarchy including apothecaries and barber-surgeons—were little more than quacks. There were no unified standards for education or licensure, no requirement for advanced degrees, no oversight of practice or criteria for patient care, and no mechanisms in place for removing the incompetent; ultimately these unsatisfactory conditions were addressed by the Medical Act of 1858 (Peterson 34–40). Medical diagnoses were highly individual and informed by matters wholly ignored today, such as patient socioeconomic status; a condition like scurvy, now understood as deficient Vitamin C, might have been attributed to "poor clothing, a lack of personal hygiene and . . . unwholesome diet" in a working-class sufferer but "too much rich and hard-to-digest food" and excessive time spent indoors in an affluent one (Waller 15).

Glimpses of medicine in Austen's letters and novels show that she was familiar with the common medical practices and practitioners of the day.

Her letters mention, for example, bleeding, the applications of leeches, and the ingestion of almond oil, laudanum, and mercury, treatments given for “accidents, fevers, nervous [headaches], gout, hysterias, and rheumatisms” (Kaplan and Kaplan 117), while her works “demonstrate that she had a lifelong interest in matters related to medical treatment and ways to preserve health” (Takei). Apothecaries appear in *Emma*, *Mansfield Park*, *Sense and Sensibility*, and *Pride and Prejudice*, a surgeon in *Persuasion*. Prescriptions by the apothecary who frequents Mr. Woodhouse are not described beyond his single pronouncement on the tolerability of wedding-cake in moderation (*E* 19). Tom Bertram becomes “dangerously ill” with a fever (*MP* 427); his treatment too is left undescribed. Marianne Dashwood’s pulse is taken, her symptoms assessed, and she is prescribed rest, cordials, and whatever unspecified treatment was meant by “something more to try” (*SS* 313). Jane Bennet is similarly prescribed “draughts” (*PP* 33), and both novels consider calling in a physician (or at least “some other advice” [*SS* 312]), an escalation of presumed expertise reflecting the seriousness of the illnesses. A surgeon is called in to treat the “severe contusion” experienced by Louisa Musgrove (*P* 112). If the passages in question are lacking in the gory details, they nonetheless demonstrate both Austen’s knowledge and her ability to depict dismal subjects in a manner that successfully balanced explicitness with tact. In other words, she did not avoid the topic but rather presented it with both familiarity and discretion.

If the way in which physical illness was treated in the Regency is unrecognizable from the modern perspective, the treatment of mental illness is even more so, given today’s neuroscientific insights and more humane therapies. Simply, mental illness was not well treated, and its sufferers were not treated well. With or without parish support or process of law, persons who were mentally ill might be relegated to familial care; these so-called single lunatics were

patients of some social standing who remained in their own homes and received medical attention; patients who were “put away” by their families, usually in some deserted place where their existence might be forgotten, and the family scandal allowed to die down; and those in poorer families who were simply tied or chained in a corner of the house to prevent them from becoming a nuisance to other people. (Jones 10)

One such put away was George Austen, Austen’s elder by about a decade; another was their maternal uncle Thomas Leigh. Whatever malady

George or Thomas may have suffered remains mysterious; their conditions could have been physical, mental, or both, though the similar symptoms and genetic relationship suggest something heritable. George's hearing appears to have been impaired since Austen mentions talking with her fingers in an 1808 letter (Tomalin 9). George also suffered from (possibly epileptic) convulsions, difficulty speaking and moving, and poor eyesight, symptoms said to resemble those of the uncle (Byrne 45). Though George would be described as an "idiot" (Le Faye, *Outlandish Cousin* 125), he was apparently sweet-natured and capable of interacting with his cousins to the extent that he was a favored playmate during their childhood (Byrne 45). His malady was nonetheless such that he was removed to a nearby village, as his uncle before him had been, where both lived out the remainder of their lives at the family's expense, their existence kept out of the public view (Nokes 9).

For families who could not afford such private care, the options for the mentally ill were workhouses, madhouses, hospitals, and gaols—institutions for, respectively, the care of paupers, the insane, the physically ill, and criminals; people with varying degrees of mental illness were confined in all four (Bewley 4–5). Institutional therapies were intended to shock patients out of their madness: a centrifugal chair, invented and put into practice around 1800, induced nausea, vomiting, urination, bowel evacuation, and unconsciousness (Wade 254); maniacal or melancholic patients subjected to the chair were "rotated at various rates up to one hundred gyrations in a minute" (Conolly 147), sometimes "until blood oozed from their mouths, ears, and noses" (Ackerknecht 38). Another treatment was the so-called bath of surprise: "an unsuspecting patient was sometimes induced to walk across a treacherous floor; it gave way, and the patient fell into a bath of surprise, and was there half drowned and half frightened to death" (Conolly 147). Other therapies included ducking, submersion in ice-cold water, beating, burning, confinement in fetters and other restraints, sensory deprivation, phlebotomy, castration, force feeding, starvation and vomits, and the ingesting (voluntary or otherwise) of purgatives, soporifics, and highly toxic substances.⁴⁰

If these therapies were not grotesque enough, they are scarcely improved by adding that patients were generally ill fed, socially isolated, unwashed, and confined in dark, sometimes damp, usually filthy and vermin-infested conditions; they were also subjected to whims and abuses, including being displayed to the public for money, tortured for their keeper's amusement, or raped (Andrews 106; Arieno 20–33). Writing

about Continental patients in similar circumstances, physician Johann Christian Reil described them as “abandoned, chained, to rot in their own filth. Their bonds grate their flesh to the bone, and their hollow and pale faces await the nearby tomb that covers up their shame and our disgrace” (14–15). William Norris, a patient in Bedlam (London’s Bethlem Royal Hospital), was discovered in 1814 to have been confined for over a dozen years in riveted iron bars and chains that permitted him only to stand and lie on his back, his punishment for trying to protect himself from his keeper’s abuses (Gilman 153–54). Unsurprisingly, the “unsanitary conditions, lack of nourishment, wounds inflicted by the chains, and application of drastic skin irritants to increase the torment killed a large number of these patients” (Alexander and Selesnick 116).

The impression may be that single lunatics fared better than those confined to institutions. However, consider the case of a single lunatic, wellborn and wealthy, whose care was provided at home by his family and several respectable, knowledgeable physicians. The patient suffered from depression, agitation, insomnia, “rapid and incessant talking, disturbed rambling, agitation, incoherence, physical violence and bizarre sexual fantasies and behavior” (Peters and Beveridge 24). To treat these symptoms, his body, according to a contemporary observer, “was encased in a machine which left it no liberty of motion. He was sometimes chained to a stake. He was frequently beaten and starved, and at best he was kept in subjection by menacing and violent language” (qtd. in Bynum 319). The machine in question may have been the so-called English camisole or straitjacket, invented in the late eighteenth century (Gilman 153). The patient’s legs were additionally “tied to the Bed posts” (Lockhart 37), possibly by the device known as the maniac’s bed (Gilman 153). The patient was additionally blistered and purged,⁴¹ bled, and given digitalis, tartar emetic, mercury, and quinine—all toxins (Brownstein 40; Bynum 319; Peters and Beveridge 33).

The single lunatic in question was George William Frederick, better known by the title he used to rule England, Ireland, and the British colonies: King George III. His symptoms and treatment were described by Mary Danby Lockhart, Countess Harcourt, whose position as Lady of the Queen’s Bedchamber provided her with an unusual and intimate access to the royal malady (Brownstein 39–40); confirmatory insight into the King’s odd behavior comes from novelist Fanny Burney,⁴² who for several years was the Queen’s Second Keeper of the Robes (Brownstein 38–39). In recent decades, the King’s symptoms have been variously interpreted as

porphyria, a condition in which normal body chemicals increase to levels adversely affecting the central nervous system (Macalpine and Hunter 69), or *acute mania*, the abnormal elation or irritability associated with Bipolar Disorder (Peters and Beveridge 33). The toxins the King ingested for more than three decades undoubtedly contributed to his mental impairments, as well as his blindness; mercury, for example, is specifically toxic to the brain, while quinine is toxic to the retina of the eye. In addition, George III was almost certainly poisoned while ingesting these so-called medicines: tartar emetic, administered to the King as a purgative, contains antimony, which is often contaminated with arsenic, and arsenic has been found in unusually high quantities during a modern analysis of George III's hair (Cox et al. 2–3). Symptoms of arsenic poisoning include, among others, delirium and mental status changes.

One can scarcely imagine a patient more likely to have secured the best treatment from the most skilled practitioners available,⁴³ or one whose recovery was more fervently desired and sought by people with means and connections. The treatment of the unfortunate King suggests the worse horrors meted out to patients lacking such resources or stakes in recovery, especially in institutional settings, which tend to dehumanize inmates. Not everyone, however, agreed that the mentally ill were mistreated: lunatics' "complaints of ill-usage are so often false or fanciful, as to obtain little credit or attention, even when well founded" (Percival 29).

"GOD MADDENS HIM WHOM 'TIS HIS WILL TO LOSE,
AND GIVES THE CHOICE OF DEATH OR PHRENZY—CHOOSE!" —BYRON

While it is unlikely that Austen would have known the grim details of the poorly kept secret that was the nature of the King's illness, rumors did escape, to the point where the matter was addressed publicly. In December 1810, for example, the "notoriously unreliable" newspapers reported that the King suffered an abdominal complaint (Peters and Wilkinson 8). Since the King actually did suffer from them (abdominal pain, diarrhea, and vomiting are, not surprisingly, symptoms of arsenic poisoning), such descriptions while accurate served to misdirect attention from the true state of the royal malady. That something was seriously amiss with the King was made undeniably public by the elevation of his eldest son to Regent. Dramatic, royal madness such as that experienced by George III, however, would not have been unknown to Austen: it figures in several of Shakespeare's plays, perhaps most prominently in *King Lear*. Austen

would have had to have encountered the play in print during the Regency (1811–1820), the period in which she wrote her major works and the Prince of Wales ruled the British Empire because of his father's incapacity. Apparently too sensitive for public performance, the play was not staged between 1811 and 1820, George III's most troubled decade (Potter 189). If the play was kept out of sight, its banishment did not mean it was also kept from public consciousness: it was offered again only three months after the King's death by both of London's only licensed theaters, Drury Lane and Covent Garden (Potter 189).

Once his daughters' perfidy causes Lear to go mad, his symptoms include cursing the weather, wandering off in a storm, abdicating his kingship, and attempting to rip away the clothing that not only protects him from the elements but attests to his social position. Lear's madness strips him to his essence but also serves to clarify his understanding of what it means to be father, man, and king; in clarifying, the catharsis is ultimately beneficial (Neely 322). Mr. Woodhouse, Emma's dotting, dotty father, has been described as "Lear writ small" (Benson 1). Parallels include Woodhouse's erratic behavior and his ability to extract affection and duty from his younger child, though everything about him, from the extent of his madness to the number of his daughters, is ironically diminished. Another character possibly influenced by Lear is Marianne Dashwood, who goes mad the most intensely of all of Austen's characters, willing to sacrifice "worldly propriety" (Ogawa) and thus her future and perhaps even her life to her passion for Willoughby. Marianne's madness, albeit dramatic, is nonetheless transitory and ultimately enlightening, recalling the clarifying effect of madness upon Lear: she is the better for her catharsis because she is afterward more favorably disposed toward Colonel Brandon, as Lear learns to value his faithful Cordelia. In Marianne's case, the realization comes fortunately not too late to be enacted.

The madness of Lear's companion Edgar, the elder son of Gloucester, is more transitory and less enlightening than that of his master (Neely 332–34). Edgar, disguised as a madman, complains of being misled and tormented by spirits ("poor Tom . . . whom the foul fiend vexes" [3.4.1859–60]). Edgar's borrowed name and feigned madness invoke Tom o' Bedlam, the mad beggar whose confinement in Bedlam is recounted in a popular seventeenth-century poem (Carroll 430–34). As stereotype, Poor Tom associated feigned madness with cunning, chicanery, and the absence of money and class, making madness a disguise to be

assumed or discarded at will by persons of ill repute and worse breeding (Carroll 431). Madness in Frank Churchill is perhaps of Edgar's sort. Churchill writes to Mrs. Weston that he "should have gone mad" had Jane Fairfax refused his request for a secret engagement (*E* 437); he subsequently describes himself alternating between being "mad with joy" over Jane's "kindness and favour" and being "mad with anger" at himself over how little he has deserved this treatment (*E* 439–40). Notably, Churchill's madness is revealed only after he has taken off the disguise of his feigned affection for Emma and disinterest in Jane, an ironic reversal (the sort in which Austen often delights) of Edgar's mad posturing possibly meant to instill in readers a greater distaste for Emma's unworthy lover through an allusion to low breeding and chicanery.

After Prince Hamlet spurns her, Ophelia too goes mad—"There's rosemary, that's for remembrance. Pray, love, remember. And there is pansies; that's for thoughts" (4.5.173–74)—and then drowns herself. Lady Macbeth is driven mad by her guilt over the regicide she has encouraged and the unwomanly nature she has had to assume to accomplish the deed. She wanders the castle at night, "troubled with thick coming fancies" (5.3.38) and obsessively washing her hands of imagined blood. Austen was familiar with both of these plays: in 1811, about the time she was revising *Pride and Prejudice*, she wrote to Cassandra of impending plans to see both *Hamlet* and *Macbeth* (April 18). *Hamlet* is something left unfinished between Marianne and Willoughby (*SS* 85). Suggestively, the symptoms and purported cause of Marianne's illness—her inability to sleep, Willoughby's spurning, and the wet grass in which she walks—invoke Lady Macbeth's insomnia, Ophelia's lovelorn rejection, and her subsequent fate in watery weeds, even as Marianne's more mundane circumstances ironically reverse those of her possible literary predecessors.

Disappointed love is the basis of other Shakespearean madness, instances providing insight into the way madmen were treated. In *Twelfth Night*, Malvolio is suspected of madness after he tries to court Lady Olivia with cross-gartered yellow stockings; the madman is put "in a dark room and bound" (3.4.121). Romeo, obsessed and unsuccessful with fair Rosaline, is "Not mad, but bound more than a mad-man is; / Shut up in prison, kept without my food, / Whipp'd and tormented" (1.2.53–55). The mental affliction of Malvolio and Romeo, however lovelorn and transitory, broadly characterizes the treatment given to the mentally ill at the time and shows that Austen would have had at least this general insight. Madness,

in the lighthearted sense reflected by these characters, features in *Emma*: Mr. Knightley questions whether Miss Bates is ““mad”” for letting Jane Fairfax sing too much (*E* 229); Emma worries that Mr. Knightley might think her “mad” were she to display excessive happiness over Harriet’s acceptance of Martin (*E* 472). Madness is directly referred to and perhaps even captured in the disjointed ebullience of *Love and Freindship* (““Run mad as often as you chuse; but do not faint—”” [*MW* 102]), writing of such cheeky energy that it might be described as manic, were its purpose not instead satirical (Wiesenthal 10). Interestingly, Marianne’s full cure of love-struck madness involves, as Romeo’s does, turning her passion toward a worthier object for her affections—from Willoughby to Brandon. As was also the case in the parallels with Lear, Marianne quite fortunately experiences happier consequences in tying her future to Brandon than Romeo does to Juliet.

The idea that “disappointed Love” like that experienced by Ophelia and Marianne was “one of the most frequent causes of madness” was affirmed by James Boswell (“On Love” 197). Boswell treated madness at greater length in his 1791 *Life of Johnson*. In the biography, Boswell defended his subject’s “Dread of Insanity,” a condition that Johnson feared he would inherit from his father and thus the “object of his most dismal apprehension” (45). Boswell additionally distinguished the mental power of imagination from that of judgment (45), a nuance that Austen understood, writing in 1807 that, “like my dear Dr Johnson I beleive I have dealt more in Notions than Facts” (8–9 February). Regarding madness in general, Boswell noted that it typically made itself known “merely by unnecessary deviation from the usual modes of the world” (265) and could be partial and intermittent (355); he also agreed, citing the Gospels as his inspiration, that its “most probable cause” was possession by “evil spirits” (135), though he allowed that it could also be caused by “too much indulgence of imagination,” “disease, or . . . distressing events” (487). Modern diagnoses of the symptoms Boswell described in his subject include depression (Johnson’s bouts of melancholia [Bate 116–18]) and Tourette’s Syndrome (Johnson’s involuntary sounds and movements, manic energy and wit, and obsessively ritualized behaviors [Pearce 398]).

That Boswell was an influence on Austen’s understanding of the mind and its machinations is perhaps reflected in Captain Benwick, the dolorous naval officer who appears to mourn deeply the death of fiancée Fanny Harville but then suddenly marries a woman he has just met. Benwick’s grief recalls a passage from *Life of Johnson* in which Boswell explains,

all unnecessary grief is unwise, and therefore will not be long retained by a sound mind. . . . We disapprove of [a man who soon forgets the loss of a wife or a friend], not because he soon forgets his grief, for the sooner it is forgotten the better, but because we suppose, that if he forgets his wife or his friend soon, he has not had much affection for them. (104)

Benwick's grieving is manifested with excessive melancholy and an undue sensitivity to poetry that seemingly attest his sincere affection for Fanny Harville. Taken in the light of Boswell's passage, Benwick's sudden, odd change of attachment—his engagement to Louisa Musgrove, whose mind is quite "dissimilar" to his own (*P* 166), barely six months after learning of Fanny's death and only three months after meeting Louisa—reveals a possible insincerity in his character, the "interesting state" posed by Louisa's injury and his own susceptibility to romance notwithstanding (*P* 167).

A third author whose work may have influenced Austen's views of mind and madness was Elizabeth Hamilton, the "respectable Writer" (6 November 1813) of two volumes on the principles of improving the mind. Hamilton professed that the mind's "intellectual powers" (e.g., judgment and attention) and "benevolent affections" (love of family and devotion to religion) could be "cultivated" through education, an endeavor vital to society because it enabled morality to be transmitted between the generations; studying the mind, no matter how difficult the endeavor, was thus a worthy pursuit because the understanding of its "faculties" could inform the educational process (1–28). Educating the mind was especially important when it came to "the poor," whose "taste" and other perceptions needed elevating above their natural lazy slovenliness to enable them to resist the destructive "passions" that would otherwise perpetuate their misery (29–44):

Let us now consider the situation of the female children of the poor, where habits of dirt and sloth prevail. Their attention never having been directed to any of the objects around them, but in a slight and superficial way, these objects afford not any exercise to the perceptions. Their perceptions, of a consequence, become so languid, that they have no power of observing what is placed before their eyes. They know no distinction between black and white, clean and dirty; and as the stupidity that arises from languid perceptions renders every species of exertion painful, such habits

of sloth are formed as frequently prove incorrigible, and are not without difficulty to be even partially conquered. (33–34)

Hamilton's views on the mind and its potential for improvement through education suggest Austen's remarks on the mind's capacity for being improved through "extensive reading" (*PP* 39) or "tainted" by the absence of the right sort of exposure (*MP* 269).

Elinor Dashwood, who experiences a disappointment in love comparable to that of her sister Marianne, may command respect with a calm and uncomplaining behavior, but her rigid rationality also serves to divorce her from her heart, just as Marianne's heart manages to overcome her reason. Seen through this lens, the sisters become a study in mental balance, the state achieved when Hamilton's injunction is followed: to "unite, or rather blend, two distinct principles of our nature—the affections of the heart, and the faculties of the understanding" (110). In this regard, *Sense and Sensibility* is perhaps the most concerned with mind and madness of all of Austen's novels. Madness in both sisters is a period in which heart and understanding are sundered by disappointed love. Marianne's more severe madness requires, as Elinor's does not, the shock of physical illness to restore her sanity, an interpretation consistent with the way in which it was believed mental illness might be cured in Austen's day.

Not merely were the mind's powers capable of being divided, as Boswell and Hamilton would affirm, the mind was conceived as immaterial and impervious to the physical realm, reflecting the pervasive influence of Descartes's ontological duality. Boswell, for example, described his biographical subject as "an Hypochondriack" whose "powers of . . . mind might be troubled, and their full exercise suspended at times; but the mind itself was ever entire" (44–45). The description, while characterizing the mind's powers as divisible and Johnson's mental health struggles as transitory, suggests both the Cartesian distinction and the mind's immaterial immunity from disease and possibly even death. For her part, Hamilton averred that the mind's immateriality made it inherently mysterious and unknowable (3); an immaterial mind was incomprehensible in a way that the physical body was not. Immateriality was thought to pose a significant barrier to studying the mind on a scientific basis, as contrasted with a religious or moral one, where the mind—even an immaterial one—might be usefully instructed and improved (1–28).

Austen often described the mental reactions of her characters to important events in physical terms that suggest the ontological differences between mind and body (Ogawa 1). Fanny Price, for example, experiences “feelings of sickness” that pass “from hot fits of fever to cold” from the shock of discovering the adulterous misconduct of Mr. Crawford and Mrs. Rushworth (*MP* 441). Emotional disturbance is felt in the body and experienced by the mind as a result; such descriptions highlight the prevailing medical view of mental disorder as the immaterial mind’s sympathy with some physical disorder, to be treated by applications upon the body (Arieno 34–54). Fanny avoids allowing her mind to fall into a more serious state of melancholy through physical activity; keeping herself busy affords the efficacy of “employment, active, indispensable employment, for relieving sorrow” (*MP* 443). This surprising self-discipline shows that her mind, though distressed, nonetheless maintains its ability to control her body (Pellérdi), in the process revealing something of the sterner stuff of which Fanny is composed.

Sanditon, Austen’s final, unfinished novel, is perhaps her most explicit statement of Cartesian duality. Hypochondriac sisters Diana and Susan Parker are described as possessing “weaker constitutions & stronger minds than are often met with” (*MW* 385), an opposition of mind and body reflecting their fundamental divide. The sisters are “wretched” because they “are subject to a variety of very serious Disorders” that preclude them from “know[ing] what a day’s health is” (385). This physical affliction is contrasted with an “energy of Character” described as “force[ful]” and “extraordinary” (385). Written at a time when Austen’s own health was in serious decline, the novel would be left unfinished because of the author’s death. Her description of the sisters cannot help but evoke an image of a writer not only struggling to separate her spirit from her illness but one possibly also hoping that an immaterial mind might indeed prove “incapable of . . . death” (Gray 46).

CONCLUSION

Four sources of information were readily available to Austen to give her insight into the mind and madness: the prevailing dualistic perception of the mind and the general characterization and treatment of mental disorders; her firsthand interaction with two family members who were ultimately removed from society over their behavior and probable mental infirmity; the persistent rumors about and occasional denials of the King’s (mental) illness as well as the very public circumstance of his heir’s

Regency; and writers whose works she mentioned in letters and whose literary conventions would have been familiar to her. Yet despite the authorial confidence she would surely have had from such an abundance of resources, she depicted mind and madness in ways that bear uncoincidental similarities to the literary conventions used by other authors. An Austenian mind is Cartesian; it may go mad from disappointed love from time to time, perhaps even dramatically so, but it will recover with physical health and useful activity, often without needing to experience the restorative shocks thought necessary. Austen's explicit references to madness are blithe and rather flippant, and serve mainly to produce humorous effects. None of her characters is removed as a single lunatic, let alone institutionalized, and not one is described as experiencing the mistreatment she would have received in such care. There are none of the legal complications that would have attended situations of mental infirmity; this omission is curious since the frequent matters of marriage and property so essential to her plots would have made such complications obligatory. Quite possibly the delicacy of the topic of the King's unsoundness of mind would have additionally dissuaded Austen—had she ever been inclined to endow one of her characters with mental illness after the instances of it in her own family—from alluding even slightly to such circumstances, except in the fashion of literary conventions. Given the social perceptions of and reactions to mental illness of the times in which she lived, what Jane Austen knew likely approached the secret of her own and the royal families too closely to be mentioned, especially in so public a venue as her novels.

ACKNOWLEDGMENTS

Thanks are due to Professor Emerita Joan Ray for her 2012 talk "Diagnosing Darcy" and Professor Frederick L. Coolidge for his idea of studying Darcy's psychology, sources that inspired this analysis. I also thank Professor Susan Allen Ford and an anonymous reviewer for their insightful comments, which enabled the manuscript's significant improvement. Finally, I am grateful to Elizabeth Warren Fry for verifying several of the Chapman page numbers as well as to the Pikes Peak Region members who attended my July 2013 talk and asked such interesting questions.

WORKS CITED

- Ackerknecht, Erwin H. *A Short History of Psychiatry*. 2nd ed. Trans. Sula Wolff. New York: Hafner, 1968.
- Alexander, Franz G., and Sheldon T. Selesnick. *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present*. New York: Harper, 1966.
- Andrews, Jonathan. *Bedlam Revisited: A History of Bethlem Hospital c1634–c1770*. Diss. U. of London, 1991.
- Ard, Patricia M. "George Austen's Absence from Family Life: The Shifting Biographical Response." *Persuasions On-Line* 34.1 (2013).
- Arieno, Marlene A. *Victorian Lunatics: A Social Epidemiology of Mental Illness in Mid-Nineteenth-Century England*. London: Associated UP, 1989.
- Austen, Jane. *Jane Austen's Letters*. Ed. Deirdre Le Faye. 3rd ed. Oxford: OUP, 1997.
- _____. *The Works of Jane Austen*. Ed. R. W. Chapman. 3rd ed. London: Oxford UP, 1932–69.
- Bate, Walter Jackson. *Samuel Johnson*. New York: Harcourt, 1977.
- Benson, Ophelia. "Social Intelligence and the Novel." *Butterflies & Wheels* 21 July 2007. 17 Nov. 2013. Web.
- Bewley, Thomas. *Madness to Mental Illness: A History of the Royal College of Psychiatrists*. London: Royal College of Psychiatrists, 2008.
- Boswell, James. *The Life of Samuel Johnson, LL.D.* 1791. 3rd ed. London, 1799.
- _____. "On Love." *The London Magazine* 63.9 (1778). *The Hypochondriack*. Vol. 1. Stanford: Stanford UP, 1928.
- Brownstein, Shale. "George III: A Revised View of the Royal Malady." *Journal of the History of the Neurosciences* 6.1 (1997): 38–49.
- Burney, Fanny. *Cecilia, or Memoirs of an Heiress*. 1782. 5 vols. 6th ed. London, 1791.
- _____. *The Wanderer; or, Female Difficulties*. 5 vols. London, 1814.
- Bynum, William F. "Rationales for Therapy in British Psychiatry: 1780–1835." *Medical History* 18 (1964): 317–34.
- Byrne, Paula. *The Real Jane Austen: A Life in Small Things*. New York: Harper, 2013.
- Carroll, William C. "'The Base Shall Top Th' Legitimate': The Bedlam Beggar and the Role of Edgar in *King Lear*." *Shakespeare Quarterly* 38.4 (1987): 426–41.
- Conolly, John. "The Treatment of the Insane before and after the Advent of Moral Management." 1856. *Madness and Morals: Ideas on Insanity in the Nineteenth Century*. London: Routledge, 1975. 146–53.

- Cox, Timothy M., Nicola Jack, Simon Lofthouse, John Watling, Janice Haines, and Martin J. Warren. "King George III and Porphyria: An Elemental Hypothesis and Investigation." *The Lancet* 366 (2005): 332–35.
- Crowther, Bryan. "Vomits." *Practical Remarks on Insanity: To Which Is Added, a Commentary on the Dissection of the Brains of Maniacs; with Some Account of Diseases Incident to the Insane*. London, 1811. 108–13.
- Crump, Justine. "'Turning the World Upside Down': Madness, Moral Management, and Frances Burney's *The Wanderer*." *Eighteenth-Century Fiction* 10.3 (1998): 325–40.
- Descartes, René. "The Passions of the Soul." 1649. *Philosophy of Mind: Classical and Contemporary Readings*. Ed. David J. Chalmers. Oxford: Oxford UP, 2002. 21–23.
- Dudgeon, George. *The Duties of Overseers of the Poor and Assistant Overseers*. 2nd ed. London, 1840.
- Gall, François Joseph. *On the Functions of the Brain and of Each of Its Parts*. Trans. Winslow Lewis, Jr. Vol. 1. Boston, 1835.
- Gilman, Sander L. *Seeing the Insane*. New York: Wiley, 1982.
- Gray, John. "Insanity: Its Frequency: And Some of Its Preventable Causes." *Documents of the Senate of the State of New York. One Hundred and Ninth Session, 1886*. Vol. I. Albany, 1886. 43–70.
- Hamilton, Elizabeth. *A Series of Popular Essays, Illustrative of Principles Essentially Connected with the Improvement of the Understanding, the Imagination, and the Heart*. 1796. Vol. 1. Boston, 1817.
- Houston, Rab, and Uta Frith. *Autism in History: The Case of Hugh Blair of Borgue*. Oxford: Blackwell, 2000.
- Jones, Kathleen. *Lunacy, Law, and Conscience 1744–1845: The Social History of the Care of the Insane*. London: Routledge, 1955.
- Kaplan, Laurie, and Richard S. Kaplan. "What Is Wrong with Marianne? Medicine and Disease in Jane Austen's England." *Persuasions* 12 (1990): 117–30.
- Keely, T. C. S. "One Hundred Years of Lunacy Administration." *Cambridge Law Journal* 8.2 (1944): 195–200.
- Kroll, Jerome, and Bernard Bachrach. "Sin and Mental Illness in the Middle Ages." *Psychological Medicine* 14 (1984): 507–14.
- Le Faye, Deirdre. *Jane Austen: A Family Record*. 2nd ed. Cambridge: CUP, 2004.
- _____. *Jane Austen's "Outlandish Cousin": The Life and Letters of Eliza de Feuillide*. London: British Library, 2002.
- Lockhart, Mary Danby, Countess Harcourt. *Mrs. Harcourt's Diary of the Court of King George III. Miscellanies of the Philobiblon Society*. Vol. 13. London, 1871–72.
- Macalpine, Ida, and Richard Hunter. "The 'Insanity' of King George III: A Classic Case of Porphyria." *British Medical Journal* 1 (1966): 65–71.

- MacDonald, Michael. "Lunatics and the State in Georgian England." *The Society for the Social History of Medicine* 2.3 (1989): 299–313.
- Neely, Carol Thomas. "'Documents in Madness': Reading Madness and Gender in Shakespeare's Tragedies and Early Modern Culture." *Shakespeare Quarterly* 42.3 (1991): 315–38.
- Neugebauer, Richard. *Mental Illness and Government Policy in Sixteenth and Seventeenth Century England*. Diss. Columbia U, 1976.
- Nokes, David. *Jane Austen: A Life*. Berkeley: U California P, 1997.
- Ogawa, Kimiyo. "Marianne's Addiction: Amorous Pleasures in *Sense and Sensibility*." *Persuasions On-Line* 32.2 (2012).
- Pearce, J. M. S. "Doctor Samuel Johnson: 'The Great Convulsionary': A Victim of Gilles de la Tourette's Syndrome." *Journal of the Royal Society of Medicine* 87.7 (1994): 396–99.
- Pellérdi, Márta. "Idleness and Melancholy in *Sense and Sensibility*." *Persuasions On-Line* 32.2 (2012).
- Percival, Thomas. *Medical Ethics*. Manchester, 1803.
- Peters, Timothy J., and Allan Beveridge. "The Madness of King George III: A Psychiatric Re-assessment." *History of Psychiatry* 21.1 (2010): 20–37.
- Peters, Timothy J., and D. Wilkinson. "King George III and Porphyria: A Clinical Re-examination of the Historical Evidence." *History of Psychiatry* 21.1 (2010): 3–19.
- Peterson, M. Jeanne. *The Medical Profession in Mid-Victorian London*. Berkeley: U California P, 1978.
- Potter, Lois. "Shakespeare in the Theatre, 1660–1900." *The Cambridge Companion to Shakespeare*. Ed. Margreta de Grazia and Stanley Wells. Cambridge: CUP, 2006. 183–98.
- Reil, Johann Christian. *Rhapsodien über die Anwendung der Psychischen Kurmethode auf Geisteszerrüttungen*. 2nd ed. Halle, Ger., 1818.
- Scull, Andrew T. "From Madness to Mental Illness: Medical Men as Moral Entrepreneurs." *European Journal of Sociology* 16.2 (1975): 218–51.
- _____. "Scholarship of Fools: The Frail Foundations of Foucault's Monument." *The Times Literary Supplement* 23 Mar. 2007: 3–4.
- Schacter, Daniel L., Daniel T. Gilbert, and Daniel M. Wegner. *Psychology*. 2nd ed. New York: Worth, 2011.
- Shakespeare, William. *The Norton Shakespeare*. Ed. Stephen Greenblatt, Walter Cohen, Jean E. Howard, and Katherine Eisaman Maus. New York: Norton, 1997.
- Shattock, Joanne. "Burney, Fanny." *The Oxford Guide to British Women Writers*. Oxford: OUP, 1993.

- Takei, Akiko. “‘Mr. Cole is Very Bilious’: The Art of Lay Medicine in Jane Austen’s Characters.” *Persuasions On-Line* 30.1 (2009).
- Tate, W. E. *The Parish Chest: Study of the Records of Parochial Administration in England*. 3rd ed. Cambridge: CUP, 1969.
- Tomalin, Claire. *Jane Austen: A Life*. New York: Vintage, 1999.
- Von Hohenheim, Theophrastus. *The Diseases That Deprive Man of His Reason, Such as St. Vitus’ Dance, Falling Sickness, Melancholy, and Insanity, and Their Correct Treatment*. 1567. Trans. C. Lilian Temkin, George Rosen, Gregory Zilboorg, and Henry E. Sigerist. *Four Treatises of Theophrastus von Hohenheim Called Paracelsus*. Ed. Henry E. Sigerist. Baltimore: Johns Hopkins UP, 1941. 142–212.
- Wade, Nicholas J. “The Original Spin Doctors: The Meeting of Perception and Insanity.” *Perception* 34 (2005): 253–60.
- Waller, John. *The Discovery of the Germ: Twenty Years That Transformed the Way We Think About Disease*. Revolutions in Science. Duxford, UK: Icon, 2002.
- Wiesenthal, Chris. *Figuring Madness in Nineteenth-Century Fiction*. New York: St. Martin’s, 1997.
- Zilboorg, Gregory. “The Place of Paracelsus in the History of Psychiatry.” *Four Treatises of Theophrastus Von Hohenheim Called Paracelsus*. Ed. Henry E. Sigerist. Baltimore: Johns Hopkins UP, 1941. 129–34.